Practice Name : **LK Archive**

Release Date: **04/30/2025**

Patient Name : **Jeanne Hoffman**

Date of Birth : **01/06/1925**

Chart No : **1908754**

MRN : **U8170135**

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Consultations	Consultation - Inpt	Consultation - Inpt	05/28/2020 17:06	2
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Emergency/Code/Rapid Response	EDIE Notifications	EDIE Notifications	05/27/2020 17:40	3
Emergency/Code/Rapid Response	ED Note	ED Triage Form	05/27/2020 17:40	4
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Progress Notes	Admit Note	Admit Note	05/27/2020 23:30	4
Consent/Authorization/Agreement	Property Record	PROPERTY RECORD	05/27/2020 17:39	1
Emergency/Code/Rapid Response	Airlift Northwest	AIRLIFT NORTHWEST	05/27/2020 17:39	4

Emergency/Code/Rapid Response	Ambulance Record	AMBULANCE RECORD	05/27/2020 17:39	3
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	05/27/2020 17:39	1
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	05/27/2020 17:39	2
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	05/27/2020 17:39	2
Insurance	Medicare Documentation	MEDICARE DOCUMENTATION	05/27/2020 17:39	8
Discharge/Transfer/Interim	Patient Discharge Instructions	PATIENT DISCHARGE INSTRUCTIONS - INPT	05/27/2020 17:39	1
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Discharge/Transfer/Interim	Discharge Summary	General Surgery Trauma Discharge Summary	08/05/2019 11:29	21
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	08/05/2019 13:46	2
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Discharge/Transfer/Interim	Patient Discharge Report	Patient Discharge Report	08/05/2019 14:40	13
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Discharge/Transfer/Interim	Discharge Follow-Up Note	Discharge Call (sv_doc_seq: 348241)	08/05/2019 23:59	2
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Progress Notes	Social Work - Inpt Record	Social Work Progress Note	08/04/2019 08:45	2
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Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	08/04/2019 17:50	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	08/04/2019 23:49	3
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Progress Notes	Surgery - Inpt Record	Surgery - Inpt Record	08/03/2019 16:18	5

Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	08/03/2019 17:43	3
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	08/03/2019 23:18	3
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Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	08/01/2019 06:54	2
Progress Notes	Surgery - Inpt Record	Surgery - Inpt Record	08/01/2019 12:03	5
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	08/01/2019 14:25	2
Progress Notes	Interdisciplinary Note/Plan - Inpt	CCN Discharge Planning Note	08/01/2019 14:32	2
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	08/01/2019 15:14	2
Progress Notes	Physical Therapy - Inpt Record	Physical Therapy Note - HMC Acute-Progress	08/01/2019 15:11	5
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/31/2019 05:52	2
Progress Notes	Social Work - Inpt Record	Discharge Placement Center Note	07/31/2019 13:10	2
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	07/31/2019 14:12	2
Progress Notes	Surgery - Inpt Record	Surgery - Inpt Record	07/31/2019 05:32	4
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/31/2019 17:55	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/30/2019 03:17	2
Progress Notes	Ortho - Inpt Record	Ortho - Inpt Record	07/30/2019 05:28	3
Consultations	Consultation - Inpt	Wound Care Consult	07/30/2019 08:55	2
Progress Notes	ICU - Inpt Record	ICU progress note	07/30/2019 10:59	5
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	07/30/2019 11:39	2
Progress Notes	Social Work - Inpt Record	Discharge Placement Center Note	07/30/2019 11:57	4
Progress Notes	Physical Therapy - Inpt Record	Physical Therapy Note - HMC Acute-Progress	07/30/2019 14:53	5
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/30/2019 15:38	2
Progress Notes	Surgery - Inpt Record	Surgery - Inpt Record	07/30/2019 16:49	2

Progress Notes	Nutrition - Inpt Record	Nutrition Assessment Note	07/30/2019 17:09	3
Discharge/Transfer/Interim	Transfer/Transition Note	Nursing Progress Note - HMC	07/30/2019 21:07	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/30/2019 21:39	2
Discharge/Transfer/Interim	Interim Summary	Update	07/29/2019 05:49	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/29/2019 06:00	2
Progress Notes	ICU - Inpt Record	ICU Progress Note	07/29/2019 05:57	8
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	07/29/2019 10:47	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/29/2019 18:52	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/28/2019 06:00	2
Progress Notes	ICU - Inpt Record	ICU Progress	07/28/2019 07:23	8
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/28/2019 18:37	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/27/2019 02:59	2
Progress Notes	Respiratory Care - Inpt Record	Respiratory Therapy Note - Night Summary	07/27/2019 04:42	2
Progress Notes	ICU - Inpt Record	ICU Progress Note	07/27/2019 06:42	8
Progress Notes	Ortho - Inpt Record	Ortho - Inpt Record	07/27/2019 07:43	5
Progress Notes	Occupational Therapy - Inpt Record	Occupational Therapy Note - HMC Acute - IA + tx	07/27/2019 11:31	5
Progress Notes	Surgery - Inpt Record	Surgery - Inpt Record	07/27/2019 16:29	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/27/2019 17:52	2
Discharge/Transfer/Interim	Interim Summary	Interim Summary	07/27/2019 19:51	4
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/26/2019 05:40	2
Progress Notes	ICU - Inpt Record	ICU Progress Notes	07/26/2019 05:51	8
Progress Notes	Respiratory Care - Inpt Record	Respiratory Therapy Note - Noc shift summary	07/26/2019 06:21	2
Progress Notes	Pain Management - Inpt Records	Pain Acute Inpatient Note	07/26/2019 07:48	4
Progress Notes	Surgery - Inpt Record	Surgery - Inpt Record	07/26/2019 08:25	2
Progress Notes	Physical Therapy - Inpt Record	Physical Therapy Note - HMC Acute-IA	07/26/2019 12:11	5
Progress Notes	Nutrition - Inpt Record	Nutrition Assessment Note	07/26/2019 14:06	3
Progress Notes	Trauma - Inpt Record	Trauma Patient Tertiary Survey Note	07/26/2019 14:46	2

Progress Notes	Occupational Therapy - Inpt Record	Occupational Therapy Note - HMC Acute consult/Attempt	07/26/2019 14:58	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/26/2019 17:53	2
Progress Notes	Diagnosis Clarification - Inpt	Diagnosis Clarification	07/26/2019 14:21	2
Progress Notes	Admit Note	ICU Admission note	07/25/2019 00:19	7
Progress Notes	Respiratory Care - Inpt Record	Respiratory Therapy Note - Rib Fracture Protocol	07/25/2019 00:52	2
Consultations	Surgery Admit/Initial Consult Note	General Surgery Trauma History&Physical	07/25/2019 00:58	13
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/25/2019 05:33	2
Progress Notes	Ortho - Inpt Record	Ortho - Inpt Record	07/25/2019 08:06	4
Progress Notes	Geriatric Medicine - Inpt Record	Geriatric Medicine - Inpt Record	07/25/2019 11:43	7
Progress Notes	Pharmacy Progress Note - Inpt Record	Anticoagulation Monitoring Note	07/25/2019 12:50	2
Consultations	Consultation - Inpt	Wound Care Consult	07/25/2019 12:36	5
Progress Notes	Surgery - Inpt Record	Surgery - Inpt Record	07/25/2019 14:30	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	07/25/2019 16:34	2
Progress Notes	Social Work - Inpt Record	Social Work Assessment	07/25/2019 15:44	5
Consultations	Consultation - Inpt	C320532	07/25/2019 00:00	3
Emergency/Code/Rapid Response	EDIE Notifications	EDIE Notifications	07/24/2019 11:26	3
Emergency/Code/Rapid Response	ED Note	ED Triage Form	07/24/2019 11:31	3
Emergency/Code/Rapid Response	ED Note	ED RN Discharge/Transfer	07/24/2019 14:32	2
Emergency/Code/Rapid Response	ED Note	ED Pre-Sedation Physicians Evaluation	07/24/2019 15:19	2
Emergency/Code/Rapid Response	ED Note	Procedure - Chest Tube Placement	07/24/2019 16:43	3
Emergency/Code/Rapid Response	ED Note	ED NOTE	07/24/2019 14:35	12
Emergency/Code/Rapid Response	ED Note	ED RN Discharge/Transfer	07/24/2019 17:53	2
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	07/24/2019 18:05	2
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	07/24/2019 18:05	4
Emergency/Code/Rapid Response	EDIE Notifications	EDIE Notifications	07/24/2019 18:25	3
Emergency/Code/Rapid Response	ED Pre-Arrival Summary	ED Pre-Arrival Summary	07/24/2019 18:32	1
Emergency/Code/Rapid Response	ED Note	ED Triage Form	07/24/2019 18:30	3

Emergency/Code/Rapid Response	ED Note	ED NOTE	07/24/2019 19:17	12
Emergency/Code/Rapid Response	Code Status Note	Code Status Documentation	07/24/2019 20:49	2
Emergency/Code/Rapid Response	ED Note	ED RN Discharge/Transfer	07/24/2019 22:52	2
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	07/24/2019 23:27	2
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	07/24/2019 23:27	4
Discharge/Transfer/Interim	Transfer Summary	Transfer Summary	07/24/2019 18:24	3
Progress Notes	Psychosocial History	PSYCHOSOCIAL HISTORY	07/24/2019 11:25	1
Discharge/Transfer/Interim	Transfer/Transition Note	TRANSFER/TRANSITION NOTE	07/24/2019 11:25	2
Consent/Authorization/Agreement	Property Record	PROPERTY RECORD	07/24/2019 18:24	3
Consultations	Consultation - Inpt	C318587	07/24/2019 00:00	4
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	07/24/2019 11:25	6
Insurance	Medicare Documentation	MEDICARE DOCUMENTATION	07/24/2019 18:24	4
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	07/24/2019 11:25	2
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	07/24/2019 18:24	2
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	07/24/2019 18:24	3
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	07/24/2019 18:24	2
Orders	Discharge Orders	DISCHARGE ORDERS	07/24/2019 18:24	2
Forms	eFacesheet		07/15/2019 11:04	2
Forms	eFacesheet		06/10/2019 10:57	2
Forms	eFacesheet		05/23/2019 10:00	2
Forms	eFacesheet		04/29/2019 09:36	2
Forms	eFacesheet		04/25/2019 11:02	2
Forms	eFacesheet		04/01/2019 09:38	2
Forms	eFacesheet		03/28/2019 09:47	2
Forms	eFacesheet		03/04/2019 09:38	2
Forms	eFacesheet		02/28/2019 00:00	2
Forms	eFacesheet		01/31/2019 10:44	2

Forms	eFacesheet		01/31/2019 10:25	2
Forms	eFacesheet		01/10/2019 10:56	2
Forms	eFacesheet		01/10/2019 00:00	2
Imaging (w/o internal order)	eDI	XR Tibia Fibula 2 Views Left	01/10/2019 00:00	1
Forms	eFacesheet		10/08/2018 09:38	2
Forms	eFacesheet		10/05/2018 09:38	2
Forms	eFacesheet		10/01/2018 00:00	2
Discharge/Transfer/Interim	eDischarge Plan		09/26/2018 14:48	5
Forms	eCoding Sheets		09/25/2018 00:00	1
Forms	eFacesheet		09/24/2018 00:00	1
Discharge/Transfer/Interim	Transition of Care		09/21/2018 03:44	12
Progress Notes	eClinical Notes		09/20/2018 00:00	4
Orders	eOrders		09/20/2018 00:00	8
Consent/Authorization/Agreement	ePlan of Care	Report	09/20/2018 00:00	3
Consent/Authorization/Agreement	ePlan of Care	Orders Report	09/20/2018 00:00	3
Progress Notes	eClinical Doc	Care Management Notes	09/20/2018 00:00	3
Progress Notes	eClinical Doc	Patient Assessment Report	09/20/2018 00:00	61
Progress Notes	eClinical Doc	Patient Education Report	09/20/2018 00:00	3
Progress Notes	eClinical Doc	Progress/Treatment Notes	09/20/2018 00:00	6
Progress Notes	eClinical Doc	Vital Signs Report	09/20/2018 00:00	13
Progress Notes	eClinical Doc	Intake and Output Report	09/20/2018 00:00	5
Progress Notes	eClinical Doc	Admission History/Evaluation	09/20/2018 00:00	3
Progress Notes	eClinical Doc	ADL Report	09/20/2018 00:00	16
Discharge/Transfer/Interim	Transition of Care		09/19/2018 14:59	12
Orders	eMAR		09/19/2018 00:00	17
Progress Notes	eProgress Note	Wound (Progress Note)	09/19/2018 15:27	3
Orders	eMed Reconciliation	Discharge Medication Instructions	09/19/2018 00:00	2

Forms	eFacesheet		09/19/2018 01:43	2
Discharge/Transfer/Interim	1-eDisch Sum		09/19/2018 21:09	5
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1360944)	09/19/2018 15:20	3
Discharge/Transfer/Interim	NWH Discharge Summary	NWH (sv_doc_seq: 1364181)	09/19/2018 00:00	5
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/18/2018 18:04	4
Discharge/Transfer/Interim	1-eInterim Disch Sum		09/18/2018 20:00	5
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/18/2018 12:55	1
Insurance	Ins Message		09/18/2018 00:00	2
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1360286)	09/18/2018 17:54	4
Imaging (w/o internal order)	eDI	MRI T Spine WO Cont	09/17/2018 00:00	1
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/17/2018 12:08	1
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/17/2018 11:20	4
Imaging (w/o internal order)	eDI	MRI C Spine WO Cont	09/17/2018 00:00	2
Progress Notes	eProgress Note	Wound (Progress Note)	09/17/2018 20:42	2
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1358868)	09/17/2018 11:00	4
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1359426)	09/17/2018 20:28	2
Discharge/Transfer/Interim	NWH Interim Summary	NWH (sv_doc_seq: 1370552)	09/17/2018 00:00	4
Progress Notes	eProgress Note	Advance Care Planning Note	09/16/2018 17:47	1
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/16/2018 11:57	1
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/16/2018 15:04	3
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1358450)	09/16/2018 14:48	3
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1358501)	09/16/2018 17:43	1
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/15/2018 16:52	2
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/15/2018 12:28	1
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1358074)	09/15/2018 16:46	2
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/14/2018 22:49	3
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/14/2018 13:41	1

Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1357727)	09/14/2018 22:47	3
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/13/2018 19:30	5
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/13/2018 11:40	1
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/13/2018 19:33	4
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1356627)	09/13/2018 13:07	4
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/12/2018 11:27	1
Consultations	Wound Care Consultation		09/12/2018 00:00	2
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1356624)	09/12/2018 10:00	5
Card/Vasc (w/o internal order)	eVascular Lab Report	Lower Extremity Arterial Exam40261930	09/11/2018 00:00	3
Orders	eMed Reconciliation	Home Medication List	09/11/2018 00:00	1
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	09/11/2018 13:08	1
Orders	eMed Reconciliation	Admission Medication Reconciliation Report	09/11/2018 00:00	3
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	09/11/2018 19:00	6
History and Physical Documents	2-eH and P		09/11/2018 04:57	5
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1354906)	09/11/2018 18:46	6
Emergency/Code/Rapid Response	eED PulseCheck Complete		09/10/2018 19:18	17
Imaging (w/o internal order)	eDI	CT Head WO Cont	09/10/2018 00:00	1
Imaging (w/o internal order)	eDI	XR Chest 2 Views	09/10/2018 00:00	1
Outside Records	External Documents		09/10/2018 00:00	41
Card/Vasc (w/o internal order)	eEKG		09/10/2018 19:25	1
Legal	Legal Documentation		09/10/2018 00:00	1
Progress Notes	Assessments		09/10/2018 00:00	1
Discharge/Transfer/Interim	DC Info		09/10/2018 00:00	4
Card/Vasc (w/o internal order)	Rhythm Strips		09/10/2018 00:00	7
Insurance	Medicare Outpatient Observat		09/10/2018 00:00	2
Forms	Valuables		09/10/2018 00:00	1
Orders	Med Reconciliation		09/10/2018 00:00	2
Orders	Orders Discharge		09/10/2018 00:00	2

Forms	eCoding Sheets		08/22/2018 00:00	2
Labs (w/o internal order)	eLab		07/27/2018 00:00	1
Orders	eOrders		07/27/2018 00:00	3
Card/Vasc (w/o internal order)	eEKG		07/26/2018 09:39	1
Surgery	eOp Documents	PHASE 2 RECOVERY RECORD64919	07/26/2018 00:00	8
Anesthesia	eAnesth Summary		07/26/2018 00:00	12
Orders	eMed Reconciliation	Admission Medication Reconciliation Report	07/26/2018 00:00	3
Orders	eMed Reconciliation	Discharge Medication Instructions	07/26/2018 00:00	1
Anesthesia	ePre Anesth		07/26/2018 00:00	3
Surgery	4-eOp Reports		07/26/2018 13:45	4
Forms	eFacesheet		07/26/2018 00:00	2
Forms	Valuables		07/26/2018 00:00	1
Progress Notes	Assessments		07/26/2018 00:00	1
Consent/Authorization/Agreement	Consent Surg		07/26/2018 00:00	2
Discharge/Transfer/Interim	DC Info		07/26/2018 00:00	3
Orders	Orders		07/26/2018 00:00	6
Outside Records	External Documents		07/26/2018 00:00	46
Test/Procedure (w/o internal order)	eProcedure Note	Vascular Surgery Brief Op Note	07/26/2018 12:39	1
Surgery	eOp Documents	PREOPERATIVE RECORD64919	07/26/2018 00:00	8
Test/Procedure (w/o internal order)	eProcedure Note	Anesthesia Post Operative Assessment	07/26/2018 14:41	1
Progress Notes	eClinical Doc	OP Vital Signs	07/26/2018 00:00	1
Surgery	eOp Documents	POSTOPERATIVE RECORD64919	07/26/2018 00:00	9
Surgery	eOp Documents	INTRAOPERATIVE RECORD64919	07/26/2018 00:00	8
Surgery	NWH Operative Note	NWH (sv_doc_seq: 1321613)	07/26/2018 14:40	1
Surgery	NWH Operative Note	NWH (sv_doc_seq: 1323455)	07/26/2018 00:00	4
Surgery	eOp Documents	PREADMIT TESTING RECORD64919	07/25/2018 00:00	6
Anesthesia	ePre Anesth		07/25/2018 00:00	3
Orders	eMed Reconciliation	Home Medication List	07/23/2018 00:00	1

Insurance	Ins Message		07/06/2018 00:00	2
History and Physical Documents	2-H and P		07/06/2018 00:00	11
Forms	eFacesheet		06/23/2018 09:36	2
Letters	General Correspondence		06/07/2018 00:00	11
Discharge/Transfer/Interim	Transition of Care		06/06/2018 00:00	8
Discharge/Transfer/Interim	1-eDisch Sum		06/06/2018 15:39	4
Forms	eCoding Sheets		06/06/2018 00:00	1
Progress Notes	eClinical Notes		06/05/2018 00:00	4
Orders	eOrders		06/05/2018 00:00	7
Consent/Authorization/Agreement	ePlan of Care	Orders Report	06/05/2018 00:00	2
Consent/Authorization/Agreement	ePlan of Care	Report	06/05/2018 00:00	2
Progress Notes	eClinical Doc	Care Management Notes	06/05/2018 00:00	3
Progress Notes	eClinical Doc	Progress/Treatment Notes	06/05/2018 00:00	1
Insurance	Ins Message		06/05/2018 00:00	2
Progress Notes	eClinical Doc	Patient Education Report	06/05/2018 00:00	1
Progress Notes	eClinical Doc	Intake and Output Report	06/05/2018 00:00	2
Progress Notes	eClinical Doc	Patient Assessment Report	06/05/2018 00:00	27
Progress Notes	eClinical Doc	ADL Report	06/05/2018 00:00	6
Progress Notes	eClinical Doc	Vital Signs Report	06/05/2018 00:00	5
Progress Notes	eClinical Doc	Admission History/Evaluation	06/05/2018 00:00	2
Discharge/Transfer/Interim	eDischarge Plan		06/05/2018 14:15	2
Labs (w/o internal order)	eLab		06/05/2018 00:00	6
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	06/04/2018 14:23	1
Discharge/Transfer/Interim	1-eTransf Sum		06/04/2018 15:26	4
Discharge/Transfer/Interim	Transition of Care		06/04/2018 00:00	8
Orders	eMAR		06/04/2018 00:00	16

Discharge/Transfer/Interim	NWH Transfer Summary	NWH (sv_doc_seq: 1287325)	06/04/2018 00:00	4
Discharge/Transfer/Interim	NWH Discharge Summary	NWH (sv_doc_seq: 1304476)	06/04/2018 00:00	4
Progress Notes	eProgress Note	Infectious Disease (Progress Note)	06/03/2018 11:29	2
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	06/03/2018 15:19	2
Progress Notes	eProgress Note	Progress Note	06/03/2018 17:35	1
Orders	eMed Reconciliation	Discharge Medication Instructions	06/03/2018 00:00	2
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	06/03/2018 11:34	1
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1285674)	06/03/2018 11:23	2
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1285848)	06/03/2018 15:13	2
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1285900)	06/03/2018 17:29	1
Progress Notes	eProgress Note	Progress Note	06/02/2018 21:10	1
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	06/02/2018 18:20	1
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	06/02/2018 14:03	2
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	06/02/2018 11:27	1
Consultations	3-eConsultation		06/02/2018 11:54	4
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1285432)	06/02/2018 13:57	2
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1285519)	06/02/2018 21:03	1
Consultations	NWH Consultation	NWH (sv_doc_seq: 1287092)	06/02/2018 00:00	4
Progress Notes	eProgress Note	Pharmacy Medication Management/Review	06/01/2018 13:12	1
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	06/01/2018 16:31	3
Consultations	3-eConsultation		06/01/2018 17:10	5
Consultations	Wound Care Consultation		06/01/2018 00:00	2
Progress Notes	eProgress Note	Progress Note	06/01/2018 07:06	1
Labs (w/o internal order)	eLab		06/01/2018 00:00	2
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1284416)	06/01/2018 06:57	1
Progress Notes	NWH Progress Note	NWH (sv_doc_seq: 1285077)	06/01/2018 11:55	3
Forms	eFacesheet		05/31/2018 10:58	2

Progress Notes	eProgress Note	Pharmacy Medication Management/Review	05/31/2018 14:40	1
Discharge/Transfer/Interim	DC Info		05/31/2018 00:00	5
Forms	Valuables		05/31/2018 00:00	1
Orders	Med Reconciliation		05/31/2018 00:00	2
Orders	Orders		05/31/2018 00:00	1
Orders	Orders Discharge		05/31/2018 00:00	2
History and Physical Documents	2-eH and P		05/31/2018 18:02	5
Orders	eMed Reconciliation	Admission Medication Reconciliation Report	05/31/2018 00:00	5
Orders	eMed Reconciliation	Home Medication List	05/31/2018 00:00	2
Forms	eFacesheet		05/31/2018 00:00	2
History and Physical Documents	2-eH and P		05/31/2018 13:32	4
Forms	eFacesheet		05/31/2018 10:59	2
Forms	eFacesheet		05/21/2018 09:39	2
Labs (w/o internal order)	eLab		05/18/2018 00:00	1
Forms	eFacesheet		05/17/2018 00:00	2
Orders	Orders		04/26/2018 00:00	1
Progress Notes	Progress Notes		04/26/2018 00:00	3
Progress Notes	Assessments		04/26/2018 00:00	4
Forms	eFacesheet		04/26/2018 08:35	2
Legal	Legal Documents		04/20/2018 00:00	1
Orders	Orders		04/19/2018 00:00	1
Progress Notes	Progress Notes		04/19/2018 00:00	3
Photos	Wound Care Photos		04/19/2018 00:00	1
Progress Notes	Assessments		04/19/2018 00:00	4
Forms	eFacesheet		04/19/2018 09:51	2
Forms	eFacesheet		04/16/2018 09:39	2
Labs (w/o internal order)	eLab		04/13/2018 00:00	1
Orders	Orders		04/12/2018 00:00	1

Progress Notes	Progress Notes		04/12/2018 00:00	4
Forms	eFacesheet		04/12/2018 10:22	2
Progress Notes	Assessments		04/12/2018 00:00	4
Orders	Req Orders		04/09/2018 00:00	1
Forms	eFacesheet		04/06/2018 02:31	2
Progress Notes	Assessments		04/06/2018 00:00	4
Orders	Orders		04/06/2018 00:00	1
Labs (w/o internal order)	eLab		03/30/2018 00:00	4
Orders	eOrders		03/30/2018 00:00	1
Forms	eFacesheet		03/29/2018 00:00	2
Progress Notes	Progress Notes		03/29/2018 00:00	1
Emergency/Code/Rapid Response	ED Documents		03/29/2018 00:00	2
Consent/Authorization/Agreement	UW Care Financial NOPP		03/29/2018 00:00	4
Card/Vasc (w/o internal order)	eEKG		03/29/2018 13:46	1
Imaging (w/o internal order)	eDI	CT Head WO Cont	03/29/2018 00:00	1
Emergency/Code/Rapid Response	eED PulseCheck Complete		03/29/2018 13:37	9
Forms	eFacesheet		03/29/2018 04:46	2
Orders	eMed Reconciliation	Home Medication List	03/29/2018 00:00	1
Forms	eFacesheet		03/15/2018 10:47	2
Orders	Orders		03/15/2018 00:00	1
Progress Notes	Progress Notes		03/15/2018 00:00	3
Progress Notes	Assessments		03/15/2018 00:00	4
Forms	eFacesheet		03/15/2018 10:48	2
Progress Notes	Assessments		03/01/2018 00:00	4
Forms	eFacesheet		03/01/2018 11:17	2
Orders	Orders		03/01/2018 00:00	1
Progress Notes	Progress Notes		03/01/2018 00:00	4

Progress Notes	Assessments		02/08/2018 00:00	4
Progress Notes	Progress Notes		02/08/2018 00:00	4
Orders	Orders		02/08/2018 00:00	1
Photos	Wound Care Photos		02/08/2018 00:00	1
Forms	eFacesheet		02/08/2018 09:58	2
Forms	eCoding Sheets		02/06/2018 00:00	1
Forms	eFacesheet		02/06/2018 09:44	2
Progress Notes	eClinical Doc	Patient Assessment Report	02/05/2018 00:00	20
Progress Notes	eClinical Doc	Patient Education Report	02/05/2018 00:00	1
Progress Notes	eClinical Doc	ADL Report	02/05/2018 00:00	4
Progress Notes	eClinical Doc	Vital Signs Report	02/05/2018 00:00	3
Progress Notes	eClinical Doc	Admission History/Evaluation	02/05/2018 00:00	2
Progress Notes	eClinical Doc	Intake and Output Report	02/05/2018 00:00	1
Labs (w/o internal order)	eLab		02/05/2018 00:00	4
Discharge/Transfer/Interim	Transition of Care		02/05/2018 00:00	7
Progress Notes	eClinical Notes		02/05/2018 00:00	3
Orders	eOrders		02/05/2018 00:00	5
Consent/Authorization/Agreement	ePlan of Care	Orders Report	02/05/2018 00:00	2
Consent/Authorization/Agreement	ePlan of Care	Report	02/05/2018 00:00	3
Progress Notes	eClinical Doc	Care Management Notes	02/05/2018 00:00	3
Orders	eMAR		02/04/2018 00:00	10
Discharge/Transfer/Interim	Transition of Care		02/04/2018 00:00	5
Discharge/Transfer/Interim	1-eDisch Sum		02/04/2018 08:39	4
Card/Vasc (w/o internal order)	eVascular Lab Report	Lower Extremity Venous Reflux Exam40226773	02/03/2018 00:00	3
Orders	eMed Reconciliation	Discharge Medication Instructions	02/03/2018 00:00	2
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	02/03/2018 13:26	3
Progress Notes	eProgress Note	Infectious Disease (Progress Note)	02/03/2018 12:07	2

Labs (w/o internal order)	eLab		02/02/2018 00:00	1
Progress Notes	eProgress Note	General Medical Adult (Progress Note)	02/02/2018 10:58	4
Insurance	Ins Message		02/02/2018 00:00	2
Consultations	Wound Care Consultation		02/02/2018 00:00	2
Card/Vasc (w/o internal order)	eVascular Lab Report	Lower Extremity Arterial Exam40226776	02/02/2018 00:00	2
Consultations	3-eConsultation		02/02/2018 11:53	4
Forms	eFacesheet		02/02/2018 12:09	2
History and Physical Documents	NWH History & Physical	NWH (sv_doc_seq: 1219803)	02/01/2018 00:00	4
Forms	eFacesheet		02/01/2018 01:29	2
Progress Notes	Assessments		02/01/2018 00:00	5
Progress Notes	Progress Notes		02/01/2018 00:00	3
Orders	Orders		02/01/2018 00:00	1
Forms	eFacesheet		02/01/2018 00:00	2
Orders	eMed Reconciliation	Admission Medication Reconciliation Report	02/01/2018 00:00	3
Consent/Authorization/Agreement	Consent Form		02/01/2018 00:00	1
Discharge/Transfer/Interim	DC Info		02/01/2018 00:00	4
Insurance	Ins Message		02/01/2018 00:00	4
Forms	Valuables		02/01/2018 00:00	4
Forms	Admit Financial		02/01/2018 00:00	2
Orders	Med Reconciliation		02/01/2018 00:00	2
Orders	Orders Discharge		02/01/2018 00:00	3
Consent/Authorization/Agreement	UW Care Financial NOPP		02/01/2018 00:00	4
Forms	eFacesheet		02/01/2018 12:18	2
Emergency/Code/Rapid Response	eED PulseCheck Complete		02/01/2018 12:40	8
History and Physical Documents	2-eH and P		02/01/2018 19:54	4
Orders	eMed Reconciliation	Home Medication List	02/01/2018 00:00	1
Progress Notes	Assessments		01/29/2018 00:00	4

Orders	Orders		01/29/2018 00:00	1
Forms	eFacesheet		01/29/2018 10:39	2
Labs (w/o internal order)	eLab		01/26/2018 00:00	1
Progress Notes	Progress Notes		01/25/2018 00:00	4
Forms	eFacesheet		01/25/2018 00:00	2
Progress Notes	Assessments		01/25/2018 00:00	4
Orders	Orders		01/25/2018 00:00	1
Orders	Req Orders		01/25/2018 00:00	1
Forms	eFacesheet		01/25/2018 11:29	2
Consent/Authorization/Agreement	Authorization or Referral		01/12/2018 00:00	1
Labs (w/o internal order)	eLab		01/12/2018 00:00	2
Forms	eFacesheet		01/11/2018 00:00	2
Orders	Req Orders		01/11/2018 00:00	3
Orders	Orders		01/11/2018 00:00	1
Forms	eFacesheet		01/11/2018 10:55	2
Progress Notes	Assessments		01/11/2018 00:00	4
Progress Notes	Progress Notes		01/11/2018 00:00	3
Labs (w/o internal order)	eLab		12/22/2017 00:00	1
Progress Notes	Assessments		12/21/2017 00:00	4
Orders	Orders		12/21/2017 00:00	1
Progress Notes	Progress Notes		12/21/2017 00:00	3
Forms	eFacesheet		12/21/2017 00:00	4
Forms	eFacesheet		12/11/2017 09:43	2
Labs (w/o internal order)	eLab		12/08/2017 00:00	1
Orders	Orders		12/07/2017 00:00	2
Progress Notes	Progress Notes		12/07/2017 00:00	3
Forms	eFacesheet		12/07/2017 10:47	2
Orders	Req Orders		12/07/2017 00:00	1

Progress Notes	Assessments		12/07/2017 00:00	4
Forms	eFacesheet		10/09/2017 09:38	2
Labs (w/o internal order)	eLab		10/06/2017 00:00	1
Progress Notes	Progress Notes		10/05/2017 00:00	4
Forms	eFacesheet		10/05/2017 12:02	2
Orders	Orders		10/05/2017 00:00	1
Progress Notes	Assessments		10/05/2017 00:00	4
Orders	Req Orders		10/05/2017 00:00	1
Nursing	Nursing Record/Note - Inpt	Nursing Shift Summary - UWMC 6NE 1900-0730	09/29/2017 05:34	2
Discharge/Transfer/Interim	Interdisciplinary Discharge Report	Interdisciplinary Discharge Report	09/29/2017 11:25	7
Discharge/Transfer/Interim	Patient Discharge Report	Patient Discharge Report	09/29/2017 11:25	9
Nursing	Nursing Record/Note - Inpt	Nursing Shift Summary - UWMC 6 NE 0700-1500	09/29/2017 12:05	2
Discharge/Transfer/Interim	Discharge Summary	Discharge Summary	09/29/2017 16:11	4
Progress Notes	Pharmacy Progress Note - Inpt Record	Anticoagulation Monitoring - Warfarin	09/29/2017 17:00	2
Progress Notes	Pharmacy Progress Note - Inpt Record	Discharge Medication Counseling	09/29/2017 17:00	2
Discharge/Transfer/Interim	Discharge Follow-Up Note	Discharge Call (sv_doc_seq: 1166132)	09/29/2017 23:59	2
Progress Notes	Social Work - Outpt Record	Social Work - Outpt Record	09/28/2017 03:42	2
Emergency/Code/Rapid Response	Code Status Note	Code Status Documentation	09/28/2017 04:15	2
Progress Notes	Admit Note	Admit Note	09/28/2017 04:32	7
Emergency/Code/Rapid Response	ED Note	ED RN Discharge/Transfer	09/28/2017 05:36	2
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	09/28/2017 05:54	2
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	09/28/2017 05:54	4
Progress Notes	Social Work - Inpt Record	Social Work Brief Note	09/28/2017 08:40	2
Progress Notes	Occupational Therapy - Inpt Record	Occupational Therapy Evaluation Note -6NE	09/28/2017 11:02	5
Progress Notes	Physical Therapy - Inpt Record	Physical Therapy Evaluation 6NE	09/28/2017 12:21	6
Progress Notes	Pharmacy Progress Note - Inpt Record	Inpatient Anticoagulation Monitoring - Warfarin	09/28/2017 12:39	3
Progress Notes	Social Work - Inpt Record	Social Work Brief Note	09/28/2017 15:25	2

Nursing	Nursing Record/Note - Inpt	Nursing Shift Summary - UWMC 6NE 0700-1900	09/28/2017 19:02	2
Emergency/Code/Rapid Response	EDIE Notifications	EDIE Notifications	09/27/2017 22:43	2
Emergency/Code/Rapid Response	ED Note	ED Triage Form	09/27/2017 22:42	3
Emergency/Code/Rapid Response	ED Note	ED NOTE	09/27/2017 23:44	8
Emergency/Code/Rapid Response	Ambulance Record	AMBULANCE RECORD	09/27/2017 22:39	1
Advance Care Planning	Power Of Attorney	POWER OF ATTORNEY	09/27/2017 22:39	12
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	09/27/2017 22:39	2
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	09/27/2017 22:39	2
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	09/27/2017 22:39	1
Insurance	Medicare Documentation	MEDICARE DOCUMENTATION	09/27/2017 22:39	2
Discharge/Transfer/Interim	Patient Discharge Instructions	PATIENT DISCHARGE INSTRUCTIONS - INPT	09/27/2017 22:39	1
Forms	eFacesheet		09/21/2017 10:52	2
Orders	Orders		09/21/2017 00:00	1
Progress Notes	Assessments		09/21/2017 00:00	4
Progress Notes	Progress Notes		09/21/2017 00:00	3
Forms	eFacesheet		09/11/2017 09:38	2
Labs (w/o internal order)	eLab		09/08/2017 00:00	1
Orders	Orders		09/07/2017 00:00	1
Progress Notes	Assessments		09/07/2017 00:00	4
Progress Notes	Progress Notes		09/07/2017 00:00	3
Orders	Req Orders		09/07/2017 00:00	2
Forms	eFacesheet		09/07/2017 10:19	2
Labs (w/o internal order)	eLab		08/25/2017 00:00	1
Forms	eFacesheet		08/24/2017 10:51	2
Orders	Orders		08/24/2017 00:00	1
Progress Notes	Assessments		08/24/2017 00:00	4
Progress Notes	Progress Notes		08/24/2017 00:00	3
Forms	eFacesheet		08/24/2017 11:11	2

Forms	eFacesheet		08/21/2017 09:38	2
Labs (w/o internal order)	eLab		08/18/2017 00:00	1
Orders	Orders		08/17/2017 00:00	1
Progress Notes	Assessments		08/17/2017 00:00	4
Progress Notes	Progress Notes		08/17/2017 00:00	3
Forms	eFacesheet		08/17/2017 11:00	2
Pathology (w/o internal order)	ePathology		08/17/2017 00:00	1
Imaging (w/o internal order)	eDI	XR Tibia Fibula 2 Views Left	08/17/2017 00:00	1
Forms	eFacesheet		08/17/2017 11:10	2
Orders	Req Orders		08/17/2017 00:00	1
Forms	eFacesheet		08/14/2017 09:38	2
Labs (w/o internal order)	eLab		08/11/2017 00:00	1
Forms	eFacesheet		08/10/2017 00:00	2
Orders	Req Orders		08/10/2017 00:00	1
Orders	Orders		08/10/2017 00:00	1
Progress Notes	Assessments		08/10/2017 00:00	4
Progress Notes	Progress Notes		08/10/2017 00:00	3
Forms	eFacesheet		08/07/2017 09:38	2
Labs (w/o internal order)	eLab		08/04/2017 00:00	1
Forms	eFacesheet		08/03/2017 10:09	2
Orders	Orders		08/03/2017 00:00	1
Progress Notes	Assessments		08/03/2017 00:00	4
Progress Notes	Progress Notes		08/03/2017 00:00	3
Orders	Req Orders		08/03/2017 00:00	1
Orders	Req Orders		07/21/2017 00:00	1
Forms	eFacesheet		07/20/2017 00:00	2
Orders	Orders		07/20/2017 00:00	1

Progress Notes	Assessments		07/20/2017 00:00	4
Progress Notes	Progress Notes		07/20/2017 00:00	3
Forms	eFacesheet		07/20/2017 12:15	2
Orders	Orders		07/05/2017 00:00	1
Progress Notes	Assessments		07/05/2017 00:00	4
Progress Notes	Progress Notes		07/05/2017 00:00	3
Forms	eFacesheet		07/05/2017 10:54	2
Forms	eFacesheet		07/05/2017 10:19	2
Forms	eFacesheet		06/21/2017 10:40	2
Orders	Orders		06/21/2017 00:00	1
Progress Notes	Assessments		06/21/2017 00:00	4
Progress Notes	Progress Notes		06/21/2017 00:00	3
Forms	eFacesheet		06/07/2017 00:00	2
Orders	Orders		06/07/2017 00:00	1
Progress Notes	Assessments		06/07/2017 00:00	4
Progress Notes	Progress Notes		06/07/2017 00:00	3
Forms	Health History Questionnaire - Outpt	SCCA (sv_doc_seq: 1109506)	05/31/2017 00:00	1
Forms	eFacesheet		05/24/2017 00:00	2
Orders	Req Orders		05/24/2017 00:00	2
Orders	Orders		05/24/2017 00:00	1
Progress Notes	Assessments		05/24/2017 00:00	4
Progress Notes	Progress Notes		05/24/2017 00:00	3
Forms	eFacesheet		05/17/2017 03:31	2
Orders	Orders		05/17/2017 00:00	1
Progress Notes	Assessments		05/17/2017 00:00	10
Progress Notes	Progress Notes		05/17/2017 00:00	3
Consent/Authorization/Agreement	Consent Form		05/17/2017 00:00	1

Consultations	3-eConsultation		05/17/2017 15:12	4
Orders	Medications		05/17/2017 00:00	1
Progress Notes	Clinical Doc		05/17/2017 00:00	1
Photos	Wound Care Photos		05/17/2017 00:00	3
Emergency/Code/Rapid Response	EDIE Notifications	EDIE Notifications	04/25/2017 12:23	2
Emergency/Code/Rapid Response	ED Note	ED Triage Form	04/25/2017 12:28	2
Emergency/Code/Rapid Response	ED Note	ED NOTE	04/25/2017 12:59	5
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	04/25/2017 15:07	2
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	04/25/2017 15:07	5
Emergency/Code/Rapid Response	ED Note	ED RN Discharge/Transfer	04/25/2017 15:06	2
Discharge/Transfer/Interim	ED Discharge Instructions	ED DISCHARGE INSTRUCTIONS	04/25/2017 12:18	1
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	04/25/2017 12:18	2
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	04/25/2017 12:18	1
Emergency/Code/Rapid Response	ED Note	ED Triage Form	07/15/2015 09:17	2
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	07/15/2015 13:25	2
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	07/15/2015 13:25	5
Emergency/Code/Rapid Response	ED Note	ED NOTE	07/15/2015 16:00	8
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	07/15/2015 09:07	1
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	07/15/2015 09:07	1
Discharge/Transfer/Interim	ED Discharge Instructions	ED DISCHARGE INSTRUCTIONS	07/15/2015 09:07	1
Imaging (w/o internal order)	Radiology Note	RADIOLOGY NOTE	11/05/2014 10:51	1
Imaging (w/o internal order)	Radiology Note	RADIOLOGY NOTE	08/30/2013 09:25	1
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	03/08/2013 12:09	4
Consultations	ED Consultation Note	Psychiatry Consult	02/23/2013 00:51	7
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	02/23/2013 05:13	2
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	02/23/2013 05:13	4
Emergency/Code/Rapid Response	ED Note	ED NOTE	02/22/2013 12:07	7
Progress Notes	Social Work - Outpt Record	Social Work - Outpt Record	02/22/2013 20:35	4

Progress Notes	Neurology - Outpt Record	521333	02/22/2013 00:00	5
Insurance	Medicare Documentation	MEDICARE DOCUMENTATION	02/22/2013 10:42	2
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	02/22/2013 10:42	2
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	02/22/2013 10:42	1
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	02/22/2013 10:42	1
Emergency/Code/Rapid Response	ED Note	ED NOTE	02/22/2013 10:42	3
Discharge/Transfer/Interim	ED Discharge Instructions	ED DISCHARGE INSTRUCTIONS	02/22/2013 10:42	1
Emergency/Code/Rapid Response	Ambulance Record	AMBULANCE RECORD	02/22/2013 10:42	2
Outside Records	Outside Record - General	OUTSIDE RECORD - GENERAL	02/22/2013 10:42	2
Progress Notes	Neurosurgery - Outpt Record	1323861	01/23/2013 22:00	2
Progress Notes	Outpt Progress Note - General	OUTPT PROGRESS NOTE - GENERAL	01/23/2013 10:24	2
Orders	Physicians Orders - General	PHYSICIANS ORDERS - GENERAL	01/23/2013 10:24	1
Orders	Clinic Orders	CLINIC ORDERS	01/23/2013 10:24	1
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/10/2012 04:58	2
Discharge/Transfer/Interim	Discharge Summary	Discharge Summary	12/10/2012 10:02	6
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	12/10/2012 11:16	2
Discharge/Transfer/Interim	Interdisciplinary Discharge Report	Interdisciplinary Discharge Report	12/10/2012 12:17	4
Discharge/Transfer/Interim	Patient Discharge Report	Patient Discharge Report	12/10/2012 12:17	4
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/10/2012 14:48	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/10/2012 17:30	2
Progress Notes	Prosthetics/Orthotics - Inpt Record	f/u TLSO	12/09/2012 11:10	2
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	12/09/2012 13:57	2
Progress Notes	Medicine - Inpt Record	Medicine progress note	12/09/2012 16:26	4
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/09/2012 18:37	2
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/08/2012 04:46	2
Progress Notes	Physical Therapy - Inpt Record	Physical Therapy Note - HMC	12/08/2012 13:21	4
Progress Notes	Occupational Therapy - Inpt Record	Occupational Therapy Note - HMC	12/08/2012 13:38	4

Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/08/2012 15:05	2
Progress Notes	Social Work - Inpt Record	Social Work Assessment	12/08/2012 15:56	3
Progress Notes	Medicine - Inpt Record	Medicine Progress Note	12/08/2012 17:14	4
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/08/2012 22:41	2
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	12/07/2012 00:03	3
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	12/07/2012 00:03	5
Emergency/Code/Rapid Response	ED Note	ED Note	12/07/2012 00:29	7
Progress Notes	Admit Note	Admit Note	12/07/2012 05:05	5
Emergency/Code/Rapid Response	ED Clinical Summary	ED Clinical Summary	12/07/2012 05:32	2
Emergency/Code/Rapid Response	ED Patient Summary	ED Patient Summary	12/07/2012 05:32	3
Nursing	Nursing Record/Note - Inpt	Nursing Progress Note - HMC	12/07/2012 13:43	2
Progress Notes	Prosthetics/Orthotics - Inpt Record	TLSO	12/07/2012 15:32	2
Progress Notes	Physical Therapy - Inpt Record	Physical Therapy Note - acknowledgement	12/07/2012 15:52	2
Progress Notes	Occupational Therapy - Inpt Record	Occupational Therapy Note - HMC	12/07/2012 16:10	2
Progress Notes	Social Work - Inpt Record	Social Work Progress Note	12/07/2012 16:20	2
Discharge/Transfer/Interim	Transfer/Transition Note	Transfer/Transition Note	12/07/2012 17:27	4
Progress Notes	Interdisciplinary Note/Plan - Inpt	Discharge Planning Note	12/07/2012 17:00	2
Emergency/Code/Rapid Response	ED Note	ED Note	12/06/2012 15:28	10
Insurance	Insurance Record	Discharge Medication Status Note	12/06/2012 16:29	2
Progress Notes	Prosthetics/Orthotics - Outpt Record	Orthotic Note Jewett Delivery	12/06/2012 16:58	2
Consultations	Consultation - Outpt Record	1298539	12/06/2012 00:00	4
Emergency/Code/Rapid Response	ED Note	ED NOTE	12/06/2012 23:47	3
Consent/Authorization/Agreement	Property Record	PROPERTY RECORD	12/06/2012 23:47	2
Emergency/Code/Rapid Response	Ambulance Record	AMBULANCE RECORD	12/06/2012 23:47	3
Emergency/Code/Rapid Response	ED Note	ED NOTE	12/06/2012 10:14	2
Discharge/Transfer/Interim	Referral Record	REFERRAL RECORD	12/06/2012 10:14	1
Emergency/Code/Rapid Response	Ambulance Record	AMBULANCE RECORD	12/06/2012 10:14	5

Insurance	Medicare Documentation	MEDICARE DOCUMENTATION	12/06/2012 10:14	2
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	12/06/2012 10:14	1
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	12/06/2012 10:14	1
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	12/06/2012 10:14	1
Insurance	Medicare Documentation	MEDICARE DOCUMENTATION	12/06/2012 23:47	6
Scanned Flowsheets	Adv Dir Flowsheet	ADV DIR FLOWSHEET	12/06/2012 23:47	1
Discharge/Transfer/Interim	Transfer/Transition Note	TRANSFER/TRANSITION NOTE	12/06/2012 10:14	2
Consent/Authorization/Agreement	Consent For Treatment	CONSENT FOR TREATMENT	12/06/2012 23:47	4
Consent/Authorization/Agreement	Financial Consent	FINANCIAL CONSENT	12/06/2012 23:47	2
Outside Records	Outside Record - General	OUTSIDE RECORD - GENERAL	12/06/2012 23:47	1
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	12/06/2012 23:47	1
Letters	Letter	LETTER	12/06/2012 23:47	1
Discharge/Transfer/Interim	Transfer Summary	TRANSFER SUMMARY	12/06/2012 23:47	2
Orders	Discharge Orders	DISCHARGE ORDERS	12/06/2012 23:47	1
Discharge/Transfer/Interim	Patient Discharge Instructions	PATIENT DISCHARGE INSTRUCTIONS - INPT	12/06/2012 23:47	6
Progress Notes	Patient Education Record - Inpt	PATIENT EDUCATION RECORD - INPT	12/06/2012 23:47	1
Outside Records	Outside Record - General	OUTSIDE RECORD - GENERAL	12/06/2012 10:14	3
Imaging (w/o internal order)	Radiology Note	RADIOLOGY NOTE	08/24/2012 12:58	1
Consent/Authorization/Agreement	Release Of Information	RELEASE OF INFORMATION	03/09/2012 11:11	3
Imaging (w/o internal order)	Radiology Note	RADIOLOGY NOTE	07/06/2011 11:34	1
Letters	Letter	LETTER	02/09/2011 07:18	3
Imaging (w/o internal order)	Radiology Review Note	RADIOLOGY REVIEW NOTE	06/15/2010 13:59	1
Progress Notes	Ophthalmology - Outpt Record	OPHTHALMOLOGY - OUTPT RECORD	12/12/2008 11:15	7
Orders	Clinic Orders	CLINIC ORDERS	12/12/2008 11:15	1
Progress Notes	Ophthalmology - Outpt Record	OPHTHALMOLOGY - OUTPT RECORD	05/23/2008 12:33	1
Progress Notes	Ophthalmology - Outpt Record	OPHTHALMOLOGY - OUTPT RECORD	04/07/2008 11:59	2
Letters	Letter	LETTER	04/07/2008 11:59	1
Progress Notes	Social Work - Outpt Record	Ortho Social Work: Concerns of abuse	12/19/2007 15:05	2

Progress Notes	Sports Medicine - Outpt Record	00455	12/19/2007 00:00	3
Progress Notes	Vascular - Outpt Record	16840	10/19/2007 00:00	2
Progress Notes	Sports Medicine - Outpt Record	UW Sports Medicine Clinic	08/17/2007 16:47	2
Progress Notes	Sports Medicine - Outpt Record	-ORTHO SPORTS MED CLINIC	06/13/2007 00:00	2
Progress Notes	Sports Medicine - Outpt Record	-ORTHO SPORTS MED CLINIC	05/02/2007 00:00	2
Emergency/Code/Rapid Response	ED/UCC Note	29144-***	04/13/2007 00:00	3
Anesthesia	Anesthesia Report	post op check	04/04/2007 10:13	2
Discharge/Transfer/Interim	Discharge Summary	17203	04/04/2007 15:47	5
Surgery	Operative Report	14065	04/02/2007 00:00	4
Emergency/Code/Rapid Response	ED/UCC Note	12321	03/30/2007 00:00	4
Progress Notes	Exercise Training - Outpt Record	Exercise Training - Outpt Record	03/07/2007 14:30	2
Emergency/Code/Rapid Response	ED/UCC Note	09237	01/15/2007 00:00	3
Letters	FMC Clinic Letter	24604	06/13/2006 00:00	2
Progress Notes	Family Medicine - Outpt Record	24597	06/12/2006 00:00	2
Progress Notes	Family Medicine - Outpt Record	17802	06/07/2006 00:00	3
Progress Notes	Family Medicine - Outpt Record	29039	05/23/2006 00:00	2
Progress Notes	Vascular - Outpt Record	08795	05/09/2006 00:00	3
Progress Notes	Family Medicine - Outpt Record	09121	05/09/2006 00:00	2
Telephone Encounter	Telephone Note	25721	04/28/2006 00:00	2
Progress Notes	Family Medicine - Outpt Record	27490	04/07/2006 00:00	3
Telephone Encounter	Telephone Note	CBT referral	04/04/2006 14:03	2
Progress Notes	Family Medicine - Outpt Record	12032	03/27/2006 00:00	3
Progress Notes	Dermatology - Outpt Record	00511-***	03/17/2006 00:00	2
Letters	Letter	22909	03/13/2006 00:00	2
Telephone Encounter	Telephone Note	01791	02/01/2006 00:00	2
Progress Notes	Oto Head & Neck - Outpt Record	04725	01/31/2006 00:00	2
Letters	Letter	04518	01/11/2006 00:00	2
Progress Notes	Family Medicine - Outpt Record	28484	12/13/2005 00:00	2

Progress Notes	Family Medicine - Outpt Record	13871	12/01/2005 00:00	3
Progress Notes	Family Medicine - Outpt Record	28547	11/18/2005 00:00	2
Progress Notes	Family Medicine - Outpt Record	01706	09/07/2005 00:00	2
Progress Notes	Vascular - Outpt Record	29923	09/06/2005 00:00	3
Progress Notes	Family Medicine - Outpt Record	19828	08/01/2005 00:00	2
Progress Notes	Family Medicine - Outpt Record	12926	07/26/2005 00:00	3
Progress Notes	Family Medicine - Outpt Record	20542	07/07/2005 00:00	3
Progress Notes	Family Medicine - Outpt Record	06275	05/05/2005 00:00	3
Emergency/Code/Rapid Response	ED/UCC Note	25803	04/04/2005 00:00	3
Progress Notes	Family Medicine - Outpt Record	10355	02/28/2005 00:00	3
Telephone Encounter	Telephone Note	22288	02/11/2005 00:00	2
Progress Notes	Family Medicine - Outpt Record	U8170135	01/13/2005 00:00	4
Progress Notes	Family Medicine - Outpt Record	U8170135	12/29/2004 00:00	2
Progress Notes	Family Medicine - Outpt Record	U8170135	11/15/2004 00:00	2
Telephone Encounter	Telephone Note	U8170135	11/08/2004 00:00	2
Progress Notes	Family Medicine - Outpt Record	U8170135	08/16/2004 00:00	3
Progress Notes	Family Medicine - Outpt Record	U8170135	03/23/2004 00:00	2
Progress Notes	Oto Head & Neck - Outpt Record	U8170135	03/12/2004 00:00	2
Progress Notes	Family Medicine - Outpt Record	U8170135	03/02/2004 00:00	2
Progress Notes	Family Medicine - Outpt Record	U8170135	02/24/2004 00:00	4
Progress Notes	Family Medicine - Outpt Record	U8170135	02/18/2004 00:00	2
Progress Notes	Family Medicine - Outpt Record	U8170135	12/04/2003 00:00	3
Progress Notes	Family Medicine - Outpt Record	U8170135	11/05/2003 00:00	2
Progress Notes	Family Medicine - Outpt Record	U8170135	10/22/2003 00:00	2
Progress Notes	Family Medicine - Outpt Record	Family Medicine - Outpt Record	09/29/2003 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/01/2003 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/17/2003 00:00	2

Progress Notes	Clinic Note	CLINIC NOTE	06/02/2003 00:00	1
Progress Notes	Clinic Note	CLINIC NOTE	04/02/2003 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/17/2003 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/10/2003 00:00	2
Emergency/Code/Rapid Response	ED/UCC Note	ER/UCC	01/17/2003 00:00	4
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/04/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/03/2002 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/25/2002 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/27/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/29/2002 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	07/29/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/12/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/05/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/20/2002 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	04/30/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/11/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/25/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/05/2002 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/12/2001 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/10/2001 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	08/21/2001 00:00	4
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/15/2001 00:00	3
Letters	FMC Clinic Letter	FMC CLIN LTR	07/31/2001 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/31/2001 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/21/2001 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/06/2001 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/14/2001 00:00	2

Progress Notes	Clinic Note	CLINIC NOTE	05/07/2001 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	04/18/2001 00:00	3
Progress Notes	Clinic Note	CLINIC NOTE	03/15/2001 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	02/28/2001 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	11/01/2000 00:00	3
Progress Notes	Clinic Note	CLINIC NOTE	07/19/2000 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	06/08/2000 00:00	2
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	06/01/2000 00:00	2
Surgery	Operative Report	OP REPORT	05/25/2000 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/22/2000 00:00	2
Consultations	Consultation - Inpt	CONSULT	05/22/2000 00:00	5
Progress Notes	Clinic Note	CLINIC NOTE	05/03/2000 00:00	2
Outside Records	Outside Record - General	Outside Record - General	03/31/2000 00:00	7
Emergency/Code/Rapid Response	Ambulance Record	Ambulance Record	03/31/2000 00:00	2
Discharge/Transfer/Interim	Discharge Summary	DISCHARGE SUMMARY	03/29/2000 00:00	5
Consent/Authorization/Agreement	Patient Registration Face Sheet	Patient Registration Face Sheet	03/29/2000 00:00	2
Consent/Authorization/Agreement	Financial Consent	Financial Consent	03/29/2000 00:00	1
Consent/Authorization/Agreement	Property Record	Property Record	03/29/2000 00:00	2
Discharge/Transfer/Interim	Discharge Medications	Discharge Medications	03/29/2000 00:00	1
Discharge/Transfer/Interim	Patient Discharge Instructions	Patient Discharge Instructions	03/29/2000 00:00	3
Scanned Flowsheets	I&O Flowsheet	I&O Flowsheet	03/29/2000 00:00	2
Scanned Flowsheets	Assessment Flowsheet	Assessment Flowsheet	03/29/2000 00:00	2
Progress Notes	CIS Progress Note	CIS Progress Note	03/29/2000 00:00	1
History and Physical Documents	Multidisciplinary Patient History	Multidisciplinary Patient History	03/29/2000 00:00	3
Progress Notes	Respiratory Care - Inpt Record	Respiratory Care - Inpt Record	03/29/2000 00:00	1
Progress Notes	Medication Administration Record - Inpt	Medication Administration Record - Inpt	03/29/2000 00:00	5
Progress Notes	Social Work - Inpt Record	Social Work - Inpt Record	03/29/2000 00:00	2

Scanned Flowsheets	Vital Signs Flowsheet	Vital Signs Flowsheet	03/29/2000 00:00	4
Scanned Flowsheets	Adv Dir Flowsheet	Adv Dir Flowsheet	03/29/2000 00:00	2
Discharge/Transfer/Interim	Discharge & Prescription Record	Discharge & Prescription Record	03/29/2000 00:00	1
Orders	Discharge Orders	Discharge Orders	03/29/2000 00:00	1
Insurance	Medicare Documentation	Medicare Documentation	03/29/2000 00:00	1
Emergency/Code/Rapid Response	Airlift Northwest	Airlift Northwest	03/29/2000 00:00	6
Emergency/Code/Rapid Response	ED Note	ED Note	03/29/2000 00:00	5
Emergency/Code/Rapid Response	ED Restraint Note	ED Restraint Note	03/29/2000 00:00	1
Progress Notes	Inpatient Progress Note - General	Inpatient Progress Note - General	03/29/2000 00:00	4
Card/Vasc (w/o internal order)	Rhythm Strips	Rhythm Strips	03/29/2000 00:00	3
Orders	Restraint Orders	Restraint Orders	03/29/2000 00:00	2
Orders	Physicians Orders - General	Physicians Orders - General	03/29/2000 00:00	3
Discharge/Transfer/Interim	Discharge Abstract Summary	Discharge Abstract Summary	03/29/2000 00:00	2
Card/Vasc (w/o internal order)	EKG/ECG Report	EKG/ECG Report	03/29/2000 00:00	2
Discharge/Transfer/Interim	Discharge Summary	Discharge Summary	03/29/2000 00:00	4
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/27/2000 00:00	1
Progress Notes	Clinic Note	CLINIC NOTE	03/15/2000 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/24/2000 00:00	2
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	02/02/2000 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	02/02/2000 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/27/2000 00:00	2
Letters	Letter	STD LTR	01/24/2000 00:00	2
Surgery	Operative Report	OP REPORT	01/21/2000 00:00	3
Progress Notes	Clinic Note	CLINIC NOTE	01/14/2000 00:00	5
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/20/1999 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	11/19/1999 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	11/03/1999 00:00	2
Letters	Letter	STD LTR	10/28/1999 00:00	2

Progress Notes	Clinic Note	CLINIC NOTE	10/06/1999 00:00	3
Letters	FMC Clinic Letter	FMC CLIN LTR	09/28/1999 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/21/1999 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	08/30/1999 00:00	1
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	08/16/1999 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/08/1999 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/01/1999 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/30/1999 00:00	1
Progress Notes	Clinic Note	CLINIC NOTE	03/30/1999 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/27/1999 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	01/19/1999 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/11/1999 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/04/1998 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	11/18/1998 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/30/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/05/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/04/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/07/1998 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/09/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/13/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	04/15/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/31/1998 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	03/26/1998 00:00	2
Emergency/Code/Rapid Response	ED/UCC Note	ER/UCC	03/25/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/17/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/12/1998 00:00	2

Test/Procedure (w/o internal order)	Procedure Report	PROCEDURE	03/11/1998 00:00	3
Letters	FMC Clinic Letter	FMC CLIN LTR	02/24/1998 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/24/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/17/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/06/1998 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	02/05/1998 00:00	4
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/27/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/13/1998 00:00	4
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/05/1998 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/30/1997 00:00	4
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/11/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	11/26/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	11/24/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/17/1997 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/20/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/11/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/22/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/25/1997 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/21/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	04/22/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	04/07/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	04/01/1997 00:00	2
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	04/01/1997 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/13/1997 00:00	1
Progress Notes	Clinic Note	CLINIC NOTE	02/11/1997 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/05/1997 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/03/1997 00:00	1

Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/29/1996 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/22/1996 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/21/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/08/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/25/1996 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/16/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/10/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/27/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/13/1996 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/08/1996 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/01/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/24/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/15/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/12/1996 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	05/29/1996 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	05/14/1996 00:00	2
Progress Notes	Clinic Note	CLINIC NOTE	05/08/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/08/1996 00:00	1
Progress Notes	Clinic Note	CLINIC NOTE	04/17/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/15/1996 00:00	1
Progress Notes	Clinic Note	CLINIC NOTE	03/06/1996 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	02/29/1996 00:00	1
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	01/11/1996 00:00	3
Surgery	Operative Report	OP REPORT	01/04/1996 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/12/1995 00:00	1
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	12/05/1995 00:00	2
Letters	FMC Clinic Letter	FMC CLIN LTR	10/27/1995 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/13/1995 00:00	1

Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/07/1995 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	08/17/1995 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/28/1995 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/27/1995 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	06/08/1995 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/22/1995 00:00	1
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	03/29/1995 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/20/1995 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	01/04/1995 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	12/28/1994 00:00	1
Progress Notes	Clinic Note	CLINIC NOTE	11/17/1994 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/25/1994 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	10/21/1994 00:00	1
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/21/1994 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	09/13/1994 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	07/16/1994 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	05/11/1994 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	04/01/1994 00:00	1
Discharge/Transfer/Interim	Discharge Summary	DISCH SUMM	03/22/1994 00:00	3
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/19/1994 00:00	2
Progress Notes	Family Medicine - Outpt Record	FMC CLIN NT	03/17/1994 00:00	2

Results

Category	Order Test Name	Date of Service	Page Count
Not Mapped	12 Lead ECG	05/27/2020 18:20	1
Not Mapped	12 Lead ECG	07/15/2015 10:59	1
Not Mapped	12 Lead ECG	07/15/2015 10:56	1
Not Mapped	12 Lead ECG	02/22/2013 11:42	1
Not Mapped	12 Lead ECG	12/07/2012 01:19	1
Not Mapped	12 Lead ECG	03/30/2007 19:19	1

Not Mapped	12 Lead ECG	02/27/2007 14:25	1
Not Mapped	12 Lead ECG	02/08/2006 13:53	1
Card/Vasc (w/o internal order)	Rhythm Strips	03/29/2000 00:00	3
Card/Vasc (w/o internal order)	EKG/ECG Report	03/29/2000 00:00	2
Not Mapped	XR T Spine	10/21/2020 10:03	1
Not Mapped	CXR 1 View	05/27/2020 18:14	1
Not Mapped	CTA NECK ANGIO	05/27/2020 18:12	3
Not Mapped	US Lower Extremity	01/22/2020 13:26	3
Not Mapped	XR Shoulder	09/19/2019 13:21	1
Not Mapped	XR Humerus	09/19/2019 13:21	1
Not Mapped	Chest XR 1 View	08/01/2019 13:14	1
Not Mapped	XR Pelvis Min 3 Views	07/30/2019 01:31	1
Not Mapped	XR Chest 1 View	07/29/2019 05:23	1
Not Mapped	CXR 1 View	07/28/2019 04:34	1
Not Mapped	Chest XR 1 View	07/27/2019 16:46	1
Not Mapped	Chest XR 1 View	07/27/2019 05:28	1
Not Mapped	Chest XR 1 View	07/26/2019 14:11	1
Not Mapped	XR Chest 1 View	07/26/2019 06:35	1
Not Mapped	CXR 1 View	07/25/2019 04:58	1
Not Mapped	XR CHEST 1 VIEW	07/24/2019 18:34	1
Not Mapped	Chest XR 1 View	07/24/2019 16:31	1
Not Mapped	CT T Spine W/O Contrast	07/24/2019 14:35	2
Not Mapped	CT L Spine W/O Contrast	07/24/2019 14:35	2
Not Mapped	CT Chest Abdomen and Pelvis W/ Contrast	07/24/2019 14:02	2
Not Mapped	CT Head W/O Contrast	07/24/2019 13:30	2
Not Mapped	CT C Spine W/O Contrast	07/24/2019 13:30	2
Not Mapped	XR Tibia Fibula	01/10/2019 11:49	1
Not Mapped	XR Chest 2 Views	09/28/2017 00:35	1
Not Mapped	CT Head W/O Contrast	09/28/2017 00:29	2
Not Mapped	XR Wrist	05/10/2017 12:47	1
Not Mapped	Tibia Fibula XR 2 Views Left	04/25/2017 13:37	1
Not Mapped	Ankle XR Min 3 Views Left	04/25/2017 13:37	1
Not Mapped	US Upper Extremity	03/15/2017 10:07	2
Not Mapped	XR Pelvis Supine	01/04/2017 13:22	1
Not Mapped	XR Hip	01/04/2017 13:22	1
Not Mapped	US Lower Extremity	11/02/2016 13:08	2
Not Mapped	US Aorta Iliac Artery	11/02/2016 13:08	2
Not Mapped	XR Pelvis	08/24/2016 13:07	1
Not Mapped	Head CT W/O Contrast	07/15/2015 11:30	2
Not Mapped	XR Tibia Fibula 2 Views Right	07/15/2015 10:27	1
Not Mapped	Knee XR 4 Min Views Right	07/15/2015 10:27	1
Not Mapped	MAM Screening Mammography	11/05/2014 11:34	1
Imaging (w/o internal order)	Radiology Note	11/05/2014 10:51	1
Not Mapped	XR Lumbar Spine	10/22/2014 12:42	1
Not Mapped	XR Femur	10/22/2014 12:42	1
Not Mapped	XR Hip	10/22/2014 12:42	1
Not Mapped	MAM Screening Mammography	08/30/2013 10:13	1
Imaging (w/o internal order)	Radiology Note	08/30/2013 09:25	1
Not Mapped	US Thyroid	05/23/2013 14:31	2

Not Mapped	US Lower Extremity	05/08/2013 13:56	2
Not Mapped	US Carotid	04/23/2013 11:40	2
Not Mapped	XR Chest 1 View	02/22/2013 11:45	1
Not Mapped	CT Head W/O Contrast	02/22/2013 11:32	2
Not Mapped	XR Lumbar Spine	01/23/2013 11:41	1
Not Mapped	XR CHEST 1VIEW	12/07/2012 01:56	1
Not Mapped	CT Head W/O Contrast	12/07/2012 01:55	2
Not Mapped	CT C Spine W/O Contrast	12/07/2012 01:55	1
Not Mapped	CT T Spine W/O Contrast	12/07/2012 01:55	1
Not Mapped	Lumbar Spine XR 2-3 Views	12/06/2012 17:11	1
Not Mapped	Lumbar Spine CT W/O Contrast	12/06/2012 12:41	3
Not Mapped	XR L SPINE 2-3 VIEWS	12/06/2012 11:13	1
Not Mapped	XR PELVIS 2 W 1 VIEW HIP RIGHT	12/06/2012 11:13	1
Not Mapped	MAM Screening Mammography	08/24/2012 13:33	1
Imaging (w/o internal order)	Radiology Note	08/24/2012 12:58	1
Not Mapped	CT Head	06/20/2012 15:28	2
Not Mapped	XR Foot	05/30/2012 12:41	1
Not Mapped	MAM Screening Mammography	07/06/2011 12:00	1
Imaging (w/o internal order)	Radiology Note	07/06/2011 11:34	1
Not Mapped	XR Hand 1-2 Views Bilateral	03/29/2011 12:05	2
Not Mapped	XR Ankle Minimum 3 Views	12/16/2010 12:18	1
Not Mapped	MAM Screening Mammography	06/15/2010 14:18	1
Imaging (w/o internal order)	Radiology Review Note	06/15/2010 13:59	1
Not Mapped	US Upper or Lower Extremity - VDS	03/03/2010 14:53	2
Not Mapped	XR Pelvis w 2 View Hip	12/29/2009 16:06	1
Not Mapped	XR Hip Bilateral 2 Views w AP Pelvis	06/05/2009 15:27	1
Not Mapped	MAM Screening Mammography	06/05/2009 14:12	1
Not Mapped	MAM Screening Mammography	06/03/2008 12:26	1
Not Mapped	XR T Spine 2 Views	02/25/2008 15:09	1
Not Mapped	XR Chest 2 Views	12/11/2007 12:04	1
Not Mapped	XR Hip Bilateral 2 Views w AP Pelvis	08/20/2007 08:40	1
Not Mapped	XR Hip Unilateral 2 Views	06/13/2007 13:27	1
Not Mapped	XR Knee 1-2 Views	05/02/2007 11:53	1
Not Mapped	XR Hip Unilateral 2 Views	05/02/2007 11:07	1
Not Mapped	US Upper or Lower Extremity - VDS	04/13/2007 15:27	2
Not Mapped	US Lower Extremity	04/13/2007 15:27	3
Not Mapped	XR Hip Unilateral 2 Views	04/02/2007 17:00	1
Not Mapped	US Lower Extremity	03/31/2007 10:07	2
Not Mapped	CT Head	03/30/2007 22:51	2
Not Mapped	XR Chest 1 View	03/30/2007 20:11	1
Not Mapped	XR Pelvis 1-2 Views	03/30/2007 20:11	1
Not Mapped	XR Femur 2 Views	03/30/2007 20:11	1
Not Mapped	MAM Screening Mammography	03/22/2007 12:58	1
Not Mapped	US Lower Extremity	01/17/2007 16:11	2
Not Mapped	XR Hip Bilateral 2 Views w AP Pelvis	09/28/2006 14:48	1
Not Mapped	CT Abdomen	06/08/2006 11:41	2
Not Mapped	CT Pelvis	06/08/2006 11:41	2
Not Mapped	US Upper or Lower Extremity - VDS	04/11/2006 08:00	2
Not Mapped	MAM Screening Mammography	01/11/2006 14:25	1
Not Mapped	US Carotid - VDS	09/26/2005 10:50	5

Not Mapped	US Aorta Iliac Artery Vein - VDS	09/26/2005 10:50	5
Not Mapped	US Upper or Lower Extremity - VDS	09/26/2005 10:50	5
Not Mapped	XR Cervical Spine Min 4 Views	04/04/2005 14:46	1
Not Mapped	XR L Spine 2-3 Views	04/04/2005 14:44	1
Not Mapped	CT Head	04/04/2005 14:10	1
Not Mapped	MAM Screening Mammography	12/07/2004 14:08	1
Not Mapped	MAM Screening Mammography	12/09/2003 10:44	1
Not Mapped	CT Head	01/17/2003 14:18	2
Not Mapped	MAM Screening Mammography	10/22/2002 11:33	1
Not Mapped	Surgical Pathology Report	08/03/2005 00:00	1
Not Mapped	Surgical Pathology Report	03/12/1998 00:00	2
Not Mapped	Surgical Pathology Report	01/04/1996 00:00	1
Not Mapped	COVID-19 Coronavirus Qualitative PCR Bty	09/15/2020 11:29	1
Not Mapped	Drug Screen, Standard, URN	05/27/2020 19:30	1
Not Mapped	COVID-19 Coronavirus Qualitative PCR	05/27/2020 18:50	1
Not Mapped	Culture Blood, Bact, Peripheral Collect	05/27/2020 18:43	1
Not Mapped	Culture Blood, Bact, Peripheral Collect	05/27/2020 18:30	1
Not Mapped	Culture MRSA Surveillance	07/24/2019 23:45	4
Not Mapped	Culture VRE Surveillance	07/24/2019 23:45	1
Not Mapped	Drug Screen, Standard, URN	07/24/2019 21:26	1
Not Mapped	Urine C and S	10/17/2018 20:27	1
Not Mapped	Urine C and S	10/20/2018	1
Not Mapped	Standard Drug Screen Bty, URN	09/10/2018 21:16	1
Not Mapped	Procalcitonin (NWH) Bty	09/10/2018 19:38	1
Not Mapped	Stool C and S + Enteric Battery	06/02/2018 15:30	1
Not Mapped	Wound C and S w/Gram	06/04/2018	1
Not Mapped	Wound C and S w/Gram	05/31/2018 10:32	1
Not Mapped	Wound Culture w/Gram Order	05/31/2018 10:32	1
Not Mapped	Tissue C and S w/Gram	01/11/2018 10:40	1
Not Mapped	Tissue C and S w/Gram	01/13/2018	1
Not Mapped	Surveillance Culture, MRSA	09/28/2017 06:40	2
Not Mapped	Emergency Drug Screen, URN	09/28/2017 00:12	1
Not Mapped	Opioid Confirmation, Urine	09/28/2017 00:12	1
Not Mapped	Tissue C and S w/Gram	07/20/2017 11:30	1
Not Mapped	Wound C and S w/Gram	05/10/2017 12:34	1
Not Mapped	Wound Culture w/Gram Order	05/10/2017 12:34	1
Not Mapped	Urine C and S	08/24/2016 11:11	1
Not Mapped	Urine C and S	08/26/2016	1
Not Mapped	Urine C and S	02/26/2016	1
Not Mapped	Urine C and S	02/24/2016 11:12	1
Not Mapped	Urine C and S w/Gram	09/18/2015	1
Not Mapped	Urine C and S w/Gram	09/16/2015 11:59	1
Not Mapped	Urine C and S w/Gram	11/05/2014 14:32	1
Not Mapped	Urine C and S w/Gram	11/08/2014	2
Not Mapped	Urine C and S w/Gram	10/22/2014 11:32	1
Not Mapped	Urine Tox Screen, UWMC Emergency Room	02/22/2013 16:13	1
Not Mapped	Urine C and S w/Gram	11/08/2007 17:37	1
Not Mapped	Urine C and S	10/16/2007 14:32	1
Not Mapped	Urine C and S	10/18/2007	1

Not Mapped	Urine C and S w/Gram	03/30/2007 19:20	1
Not Mapped	Wet Mount Exam	08/17/2004 10:01	1

Documents

University of Washington Medical Center

HOFFMAN,JEANNE LEONIE			Female		Birth Date:	01/06/1925
Age:	95 y	Religion:	CATHOLIC		VIP:	No
MRN:	U8170135	SSN:			Organ Donor:	
MPI Number:		Race:	White		Marital Status:	Widowed
Adv Directive:	No	Mother MN:			Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1852866840	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	UWMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	11/2/2020 8:34:55AM	Discharge D/T:	11/2/2020 9:49:43AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	7806885
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN ALLOIN,LOUIS		Relationship:	Son
Address:	321 HIGH SCHOOL ROAD NE	STE D3 PMB 292		
	BAINBRIDGE ISLAND	WA	98110	
Home Phone:	(206)7806885~(360)649-5		Work Phone:	

Contact:	HOFFMAN ALLOIN,LOUIS		Relationship:	Son
Address:	321 HIGH SCHOOL RD NE	STE D3 PMB 292		
	BAINBRIDGE ISLAND	WA	98110	
Home Phone:	(360)6495702~(360)649-5		Work Phone:	

Contact:	HOFFMANN ALLOIN,LOUIS		Relationship:	Son
Address:	321 HIGH SCHOOL ROAD NE	STE D3 PMB 292		
	BAINBRIDGE ISLAND	WA	98110	
Home Phone:	(360)6495702~(360)649-5		Work Phone:	

University of Washington Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE		Sex: Female	Guarantor No:	492839
Address:	321 HIGH SCHOOL ROAD NE			Home Phone:	(206)7806885
	BAINBRIDGE ISLAND	WA 98110		Work Phone:	
Employer:			Job Title:	Employment Status:	5

Insurance Details

Insurance 1:	MEDICARE		Plan: 35	Status:	
Contact:			Group No:	Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE		Birth Date : 01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	

University of Washington Medical Center

HOFFMAN,JEANNE LEONIE			Female		Birth Date:	01/06/1925
Age:	95 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:	Job Title:	Emp Status:

Visit Details

Patient #:	1852343582	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	UWMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	10/5/2020 9:00:39AM	Discharge D/T:	10/5/2020 12:22:08PM	Financial Type:	Medicare

Address Details

Perm Address:			Mobile Phone:	7806885
			Email Address:	
Home Phone:	Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN ALLOIN,LOUIS	Relationship:	Son
Address:	321 HIGH SCHOOL ROAD NE	STE D3 PMB 292	
	BAINBRIDGE ISLAND	WA 98110	
Home Phone:	(206)7806885~(360)649-5	Work Phone:	

Contact:	HOFFMAN ALLOIN,LOUIS	Relationship:	Son
Address:	321 HIGH SCHOOL RD NE	STE D3 PMB 292	
	BAINBRIDGE ISLAND	WA 98110	
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Contact:	HOFFMANN ALLOIN,LOUIS	Relationship:	Son
Address:	321 HIGH SCHOOL ROAD NE	STE D3 PMB 292	
	BAINBRIDGE ISLAND	WA 98110	
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

University of Washington Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE		Sex: Female	Guarantor No:	492839
Address:	321 HIGH SCHOOL ROAD NE			Home Phone:	(206)7806885
	BAINBRIDGE ISLAND	WA 98110		Work Phone:	
Employer:			Job Title:	Employment Status:	5

Insurance Details

Insurance 1:	MEDICARE		Plan: 35	Status:	
Contact:			Group No:	Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE		Birth Date : 01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	

DISCHARGE/TRANSFER:

Transfer details:

Patient meets clinical criteria for transfer.

Vital Signs Data

5/28/2020 0:54	Temperature - C	36.7 degC
	Temperature Source	Temporal Artery
	Heart Rate	74 bpm
	Respiratory Rate	18 br/min
	SBP - Noninvasive	105 mmHg
	DBP - Noninvasive	**49 mmHg Low**
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper
	Vital Sign Reason	Routine .

Oxygenation Data

5/28/2020 0:54	SpO2	97 %
	O2 Delivery Device	Room air
	SpO2 Activity	SLEEPING .

Condition at transfer stable.

Patient transfered to 4E.

Report given to accepting 4E RN.

Patient transfered via bed.

Transferred by 4E staff . Precautions and appropriate monitoring maintained during transport.

Electronically Reviewed/Signed On: 05/28/20 at 01:16

_____

Idzik RN, Sabina
Registered Nurse, ED
Box 359875
Seattle WA

SI
DD:05/28/20

ED RN Discharge/Transfer

Harborview Medical Center
Emergency Department
Clinical Summary
325 9th Ave, Seattle, WA 98104
Phone: (206) 744-3074

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: H0571976

Provider Contact Time: 05/27/2020 17:58

Sex: Female

DOB: 01/06/1925

Age: 95 Years

Acuity: 2 Emergent

Visit Reason:CVA, Fever

Disposition: Admit as Inpatient

Address:
321 HIGH SCHOOL ROAD NE
BAINBRIDGE ISLAND WA
98110

Phone: 360 649-5702

ED Admit Date/Time (EPIC Registration Date/Time)
05/27/2020 17:39

ED Discharge Date/Time (ED Checkout)
05/28/2020 01:17

ED Decision to Admit (ED Decision to Admit Order Date/Time)
05/27/2020 22:26

FirstNet Disposition Date/Time
05/28/2020 01:17

DIAGNOSIS:
Attending Provider:
Jenelle Badulak; Graham Nichol

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Patient Education and Follow-up Information

Instructions:

Follow up:

Harborview Medical Center
Emergency Department
Discharge Instructions

325 9th Ave, Seattle, WA 98104
Phone: (206) 744-3074

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 95 Years

MRN: H0571976 **Printed at:** 5/28/2020 01:17:08

Arrival Date/Time: 5/27/2020 5:39 PM

Attending Provider:
J. Badulak; G. Nichol

Other Providers:
H. Wynn-Williams; A. Van Buskirk; M. Marolf

Diagnosis:

Comment:

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Comment:

Follow-up Instructions:

IMPORTANT EMERGENCY DEPARTMENT COMMUNICATION AFTER YOUR VISIT:

If you have questions about your ED visit, please call:
Harborview Medical Center ED: 206-744-3074

You may receive a phone call from us in the next few days to ensure that you are improving. Please be sure that we have an accurate phone number and address for you.

To assist us with continuing to improve the quality of the Emergency Care we provide, we would like your input. In the coming weeks, you may receive a survey in the mail about our processes. Please complete this and return it to us. Our goal is to provide you with excellent medical care. If we have not reached this goal, please let us know how we can improve our services.

Harborview Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. For help scheduling your UW Medicine or Harborview Clinic doctor appointment, call the Patient Contact Center at 206.520.5000 or toll free at 877.520.5000.

If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

Additional Information/Special Instructions

Suicide Prevention
If you or someone you know is thinking about harming yourself or attempting suicide, there are resources available to help 24/7. Call the toll-free National Suicide Prevention Lifeline to speak with a trained counselor or find a suicide crisis center near you.
Telephone: (800) 273-8255
TTY: (800) 799 - 4889

Antibiotics & You:
Antibiotics treat or prevent infections. If your provider prescribed this medicine for you, take it exactly as instructed. If you do not take it as prescribed, your infection can get worse or start to resist treatment. Please call your provider if you have problems taking your medicines, or if you have side effects.

EM Medicine Discharge - Signature Page

Harborview Medical Center

Emergency Department
Discharge Instruction
325 9th Ave
Seattle, WA 98104

Name: HOFFMAN, JEANNE LEONIE **DOB:**1/6/1925 **Date/Time:**5/28/2020 01:17:08
MR#: H0571976 **Acct#:** 1848748734 **Visit Date:**5/27/2020 17:39:00

Patient Education Material(s)

I, HOFFMAN, JEANNE LEONIE, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

_____

Patient/Guardian Signature Relation to Patient Date/Time

_____

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

PLACE EPIC PATIENT LABEL HERE

Category: Emergency/Code/Rapid Response
Date of Service: 05/28/2020 01:17
Document Status: Authenticated
Title: ED Patient Summary
Document Version : 0

Encounter Number: 1848748734
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 05/27/2020 17:39:00
Discharge Date Time: 05/28/2020 15:47:00

Performed By: Idzik RN, Sabina
Performed Date Time: 05/28/2020 01:17:09
Verified By: Idzik RN, Sabina
Verified Date Time: 05/28/2020 01:17:09

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

ID / CC / REASON FOR REFERRAL:
Pt is 95 y/o female BIB ALNW s/p altered mental status and febrile. SW recvd referral from off going shift to follow pt.

HISTORY OF PRESENT ILLNESS:
Per previous shift SW pt resides with son on Bainbridge Island. Son contacted SW earlier when pt arrived and reported pt is normally active. Son reported he and pt live together. Per previous shift son reported he would remain available.

SW then notified pt was medically cleared for discharge and would be ready to return home . SW then attempted to call pt's son to get address and ensure he would be available to receive pt. SW also needed to verify address. Pt is hard of hearing and SW was unable to get close to pt as she was still COVID pending at time of discharge. SW called son approx 6 times and left two messages. Son never called back.

During this time pt became feverish again. SW then informed MD that pt's son was not able to be reached to ensure safe dispo. MD then elected to admit pt.

HEALTH CARE DECISION MAKING:
CONTACT IN FOLLOWING ORDER FOR LEGAL NEXT OF KIN DECISION MAKING:
1 : Louis Alloin , son , 206-708-6885 .

LANGUAGE:
Language: English.

IMPRESSION:
Pt sleeping when SW attempted to engage pt. Pt also very hard of hearing. .

PLAN:
Pt admitted to inpatient service. SW remains available to assist should further needs arise.

QUALITY MEASURES:
Internal SW Data: M18.
Internal SW Data: O30, O36, O42.

Electronically Reviewed/Signed On: 05/28/20 at 03:52

_____

Gans, Robin L
Box 359760

RLG
DD:05/28/20

EDSW- discharge issues

ASSESSMENT:
Assessment: Notable events: pt admitted from ER around 0100

Assumed care 0100-0700

Neuro: Pt A&Ox3, follows commands

CV: VSS, pulses palpable in all extremities, afebrile, no edema

Respiratory: RRR, room air

Pain: denies pain

Mobility: bedrest

Skin: chronic venous ulcers to BLE, dry dressings c/d/i

IV: right AC, saline locked

Plan: Will continue to monitor for any acute changes.
.
No restraints indicated.

MOBILITY:
Mobility goal for today: passive ROM.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was passive ROM.

PLAN:
PLAN OF CARE Interventions/Outcomes

```
      5/28/2020 1:16          HMC Fall Risk Interventions              Bed in lowest position
        with brakes on, Toileting, Maintain adequate lighting in room, Maintain call bell
        within reach of patient, Provided socks with non-skid soles
                              Skin Interventions       Elevate/offload heels, Pain management
        effective, Turn q2 Hrs, Assist patient to obtain adequate nutrition, Educate pt re:
        appropriate pressure redistribution technique, HOB < 30 degrees, Moisturize skin
                              Acute/chronic confusion
                                  Neuro Goal           Maintains usual level consciousness,
        cognition
                                  Neuro Interventions  Minimize unnecessary stimulation and
        noise, Mobilize 3x/day, Assess pain & sedation, Monitor for neuro/cognitive signs &
        symptoms, Maintain sleep/wake cycle, allow for periods of rest
                                  Neuro Target Date    6/1/2020
                                  Neuro Plan Assessment Met, continue with goal & plan  .
```

Electronically Reviewed/Signed On: 05/28/20 at 05:42

_____

Ramirez RN, Amber Sylvia
Registered Nurse, Medince
Box 359812
Seattle WA

ASR
DD:05/28/20

Nursing Progress Note - HMC

Wound Care Consult

REFERRED BY: Nursing

CC: Venous ulcers to bilateral LEs

HPI: Jeanne Hoffman is a 95 year old woman who is very hard of hearing who is seen at nursing request to evaluate wounds to bilateral lower extremities. History is obtained from patient, nursing and chart review.
Patient reports she has had these wounds for many years on and off. She reports they are intermittently very painful, especially with wound care, and at times itchy. She does not feel the wounds are significantly worse than they have been recently. Denies subjective fevers or chills and has been afebrile today. White count 15 on 5/27. She follows at NWH Wound Clinic for routine wound care and per chart review is believed to have mixed vascular disease causing ulcerations to her legs. Appears she was last seen in the wound clinic 10/2019 where she had her wounds debrided. RN reports patient to discharge home today.

Patient with HTN, HLD, chronic venous stasis wounds who presented 5/27/20 with AMS, fever. She was felt to have cellulitis of the right lower extremity and possible atypical pneumonia and was started on Augmentin and Doxycycline. Covid negative.

SOCIAL HISTORY: Lives with son on Bainbridge Island

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

LABS:

RESULTS FROM TODAY				RESULTS FROM YESTERDAY 05/27/20 17:58			
ICa				ICa			
Ca	138	102	15	Ca	9.1		
Mg				Mg	161		
Phos	4.3	25	0.83	Phos			

RESULTS FROM TODAY				RESULTS FROM YESTERDAY 05/27/20 17:58			
PT				PT	9.3		
INR				INR	15.32	312	1.1
PTT			30	PTT	32		

VITALS:
Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
05/28/20 08:44	Temp C:	36.7	36.1	-	38.8
05/28/20 08:44	HR:	73	69	-	95
05/28/20 08:44	RR:	18	16	-	20
05/28/20 08:44	SBP Non-Inv:	115	97	-	155
05/28/20 08:44	DBP Non-Inv:	58	41	-	109
05/28/20 08:44	MAP Non-Inv:	84	65	-	126

HEIGHT & WEIGHT:

Height for Calculation:	165 cm	(07/25/2019)
Weight for Calculation:	48 kg	(05/28/2020)
Body Mass Index (BMI):	17.8 kg/m2	(07/24/2019)
DAILY Weight - kg:	49.5 kg	(08/04/2019)

Braden Total Score:
05/28/2020:
Total Score: 17
Total Score: 18

PHYSICAL EXAM:
General: Elderly woman lying in bed in no acute distress, very hard of hearing
Resp: Unlabored on RA
CV: Feet are pink and warm with <3 seconds capillary refill. DP pulses palpable, diminished.
Neuro: Alert, answering questions appropriately for the most part though question her understanding versus just difficulty hearing
Skin: See wound assessment below.

Left lower extremity:
Photo (5/28):
Lateral:

Medial:

Etiology: Venous ulcers

Wound bed: Scattered openings with pink moist tissue and yellow fibrinous exudate
Edges: Attached
Undermining: N/A
Tunneling: N/A
Exudate: Moderate serosanguineous
Periwound: Hemosiderin staining. No significant erythema, warmth, induration or fluctuance.
Pain: Patient endorses moderate pain with wound care, none at rest.
Odor: Mildly malodorous

Right lower extremity:
Photos (5/28):
Lateral:

Medial:

Etiology: Venous ulcers
Wound bed: Scattered openings with pink moist tissue and yellow fibrinous exudate
Edges: Attached
Undermining: N/A
Tunneling: N/A
Exudate: Moderate serosanguineous
Periwound: Hemosiderin staining. No significant erythema, warmth, induration or fluctuance.
Pain: Patient endorses moderate pain with wound care, none at rest.
Odor: Mildly malodorous

IMPRESSION & RECOMMENDATIONS:
Jeanne Hoffman is a 95 year old woman with chronic ulcerations to her bilateral lower extremities consistent with venous stasis ulcerations. The wounds do not appear to be acutely infected. Wounds would benefit from a moist wound healing environment to promote autolytic debridement of avscular tissue and a dressing that will address exudate. She would also benefit from a local antimicrobial to address bioburden in these chronic wounds, given the mild malodor noted today. **After discharge patient should follow up at NWH Wound Clinic.**

Local treatment recommendations are as follows:

Right and left lower extremity wounds:
- Cleanse all affected areas with soap and water or normal saline
- Gently remove loose/dried exudate during cleansing as able.
- Pat dry
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to prevent maceration
- Cut Medihoney alginate to fit the wound beds (Medstores #53045)
- Cover with Mepilex nonbordered (Medstores #49218
- Secure with Kerlix and tape
- Change every 3 days or as needed with soiling

Alternative treatment recommendations for daily wound care if patient remains inpatient:
- Cleanse wound with soap and water OR normal saline
- Gently remove loose/dried exudate as able
- Pat dry
- Apply no-sting barrier to periwound skin and allow to dry for at least 30 seconds to prevent maceration
- Cover open wounds with Xeroform
- Secure Xeroform with Kerlix and tape
- Change daily or as needed with soiling, saturation or dislodgement

Discussed with RN, Andrew.

Wound care signing off but will be happy to see patient again for any new concerns. Please re-consult if indicated.

For questions please call the Wound Care Team at 744-7590.

Thank you

Electronically Reviewed/Signed On: 05/28/20 at 13:09

_____

Raskind ARNP, Claire Elizabeth
Nurse Practitioner, HMC Wound Care
Box 359822
Seattle WA

Electronically Co-Signed On: 05/29/20 at 11:41

_____

Zaros MD, Mark C
Attending Physician, General Internal Medicine
Box 359780
Seattle WA

CER
DD:05/28/20

Wound Care Consult

TRANSITION PLANNING NOTE:

ASSESSMENT NOTE TYPE

In Person Assessment Note:

Continuity of Care Nurse met with patient/family to discuss care coordination needs during and after this hospital stay. Patient/family preferences, availability of medical services close to home and insurance network options for home health, home equipment/supplies, medications and follow-up are all included in transition plans.

ADMISSION INFORMATION

Admit diagnosis:

95 year old woman who presents with AMS

Patient admitted within the last year

DISCHARGE INFORMATION:

Anticipated discharge date: 5/28/2020

DC date comments:

If medically stable

Discharge destination: Home

DC destination comments: Lives with son on Banibridge Island. Pt's son confirmed he is able and available to be with pt 24/7 to assist her w/care at home after discharge

Discharge transportation: Cabulance

DC transportation comments: CCN faxed Hopelink Cabulance request on Will Call. Pt. & her son need to be at GWL before 5:30pm to get her ride home. RN aware

MEDICATIONS

Pharmacy where patient will pick up current discharge medications:

HMC

Community pharmacy:

Safeway on Bainbridge Island

FOLLOW-UP PLAN

Primary care provider: Neighbor Jr, MD, William E
Primary care clinic:
PCP verified at HH. Phone: 206-685-1011.

per chart, hx.of:
HTN - not on any meds
DM2 - not on any meds
HLD
H/o DVTs, previously on warfarin
Chronic venous insufficiency
7/2019 GLF with R sided rib fractures, R hemothorax, non-operative pelvic fractures

Primary care provider follow up:
06/10/2020 10:00 AM

CONTACTS
Family member/ Legal next of kin (LNOK) / Durable power of attorney (DPOA):
Son, also is pt. POA. Louis Charles Hoffmann Alloin. Phone: 206-780-6885
Address prior to admit:
Address in ORCA verified w/pt's son Louis.

321 HIGH SCHOOL ROAD NE
STE D3 PMB 292
BAINBRIDGE ISLAND, WA 98110

Phone: 206-780-6885

FINANCIAL SCREENING
Current funding:
Medicare and QMB Medicaid

VULNERABILITY SCREENING
FUNCTIONAL LIMITATIONS PRIOR TO ADMIT
Per pt.'s son Louis. Pt. is independent with ambulation, bathe, dress and cook herself at home. Has a seated walker, in her hospital room.
LIVING/SOCIAL/EDUCATIONAL STATUS PRIOR TO ADMIT
Stable Housing: Per pt;s son, he lives upper half and pt. lives in bottom half of the house. Per Son, there are railing around the house, so pt. can hold on to the rail when get around inside the house. Per son, he stays upper portion of the house, often check in on pt. Son confirmed with CCN that he will be staying with pt. pt. 24/7 for few days to help her w/care until pt. back to her previous independent status.
Social Supports: Family and friends able to help.
ACCESS TO HEALTHCARE PRIOR TO ADMIT
No/minimal barriers to healthcare.
Interpreter needed
No.
Resources Provided
Primary care provider appointment.

Electronically Reviewed/Signed On: 05/28/20 at 13:33

_____

Le RN, Phuong M
Registered Nurse, PCS UDF
Box 359735
Seattle WA

PML

CCN Discharge Planning Note

Discharge Summary

DATE OF ADMISSION: 05/27/2020

DATE OF DISCHARGE: 05/28/2020

PCP: William Neighbor

DISCHARGE TEAM & ATTENDING: H Medicine Hospitalist 4 (Brusati, Allison)

DISCHARGE DIAGNOSIS:
Community acquired pneumonia, atypical
Cellulitis, acute on chronic
Venous stasis
Hearing loss
Hypertensive disorder
Hyperlipidemia
Type 2 diabetes mellitus

DISCHARGE FOLLOW-UP VISITS/APPOINTMENTS:

06/10/20 at 10:00 am
William Neighbor
Hall Health
4060 East Stevens Way NE
Seattle, WaPhone: 206-685-1011
Comment: This appointment is for post hospitalization follow up with your primary care provider.
The clinic will contact you if there will be any change to the appointment. Please check in at 9:45am

PENDING RESULTS THAT REQUIRE FOLLOW-UP: *(as of this summary)*
Culture Blood, Bact, Peripheral Collect

DIAGNOSTIC STUDIES RECOMMENDED:
Lab and/or Radiology Follow Up: None

INCIDENTAL FINDING THAT REQUIRE FOLLOW-UP: None

THERAPEUTIC RECOMMENDATIONS:
Equipment: None
Diet: Regular
Activity: ad lib with stand-by assistance from family (son Louis)
General Care and/or Wound Instructions:
Ms. Hoffman was treated for both a pneumonia and for cellulitis. She was started on 2 antibiotics (Cefpodoxime and Doxycylcine) and she should continued on these medications for a total of 5 days.

Our wound care team evaluated her leg wounds and made recommendations for wound care.

Patient at Risk For: Diabetic foot ulcers
Seizure Precautions: None

ALLERGIES: Sulfa drugs; penicillin; Adhesive Bandage; aspirin - reaction(s): Rash; nitrofurantoin

DISCHARGE MEDICATIONS:
1. atorvastatin 20 mg oral tablet Dose: 20 mg PO Daily
2. atorvastatin 20 mg oral tablet Dose: 10 mg PO Daily
3. cefpodoxime 100 mg oral tablet Dose: 100 mg PO Q12 Hours for 5 day(s)
4. cholecalciferol 1000 intl units (25 mcg) oral tablet Dose: 2,000 units PO Daily
5. doxycycline hyclate 100 mg oral tablet Dose: 100 mg PO Q12 Hours for 5 day(s)
6. lactobacillus acidophilus oral tablet Dose: 1 tab PO BID
7. lidocaine topical (lidocaine 4% topical solution) Dose: See Instructions Apply daily for wound care, bilateral leg wounds
8. lidocaine topical (lidocaine 2% topical spray) Dose: See Instructions Apply daily for wound care
9. multivitamin (Multiple Vitamins oral tablet) Dose: 1 tab PO Daily
10. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
11. timolol ophthalmic (Betimol 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
12. acetaminophen 500 mg oral tablet Dose: 500 mg PO BID PRN for pain
13. acetaminophen-codeine # 3 300 mg-30 mg oral tablet Dose: See Instructions as needed for pain Take 0.5 - 1 tablet twice daily as needed for pain

REASON FOR ADMISSION: *(Initial consult note by Dr. Brustin with Internal Medicine on 5/28/2020)*
Ms. Hoffman is a 95 year old woman with HTN, HLD, chronic venous stasis wounds who presents with AMS, fever.

Per ED, patient's son report progressive somnulence over the course of the day and requested airlift to HMC. Stroke code was called. Vitals signs were notable for a temp of 106 en route. Her son that previously she had behaved this way when overdosing on codeine. Narcan was given in CT scanner and patient normalized within a few minutes. CTH and CTA negative.

In the ED, patient was febrile with Tmax 38.8, mildly hypertensive, otherwise normal vitals. ED was concerned for L leg cellulitis superimposed on chronic wounds and ?PNA given CXR with bilateral patchy infiltrates. Given doxycycline. Felt stable to return home however transportation not possible at late hour given lives on Bainbridge. Given CXR findings, ruling out for COVID.

Jeanne, was sound asleep when I met her, and as reported to me by the ED, extremely hard of hearing. She was able to deny pain, cough, shortness of breath, chest pain. Said her leg was not worse but not sure if she understood the question. Denied fevers.

HOSPITAL COURSE:
Atypical CAP: Ms. Hoffman was admitted to the COVID-19 isolation unit and was started on treatment for CAP with Azithromycin. COVID-19 PCR was obtained (5/27) and was NEGATIVE. The patient had minimal respiratory symptoms, but had diffuse finding on CXR.

Altered Mental Status: Likely toxic encephalopathy from her active infections. Her confusion was largely resolved upon arrival to HMC.

Cellulitis/Acute on Chronic Venous Stasis: Slight increase warmth on right leg compared to left. Bilateral chronic leg wounds were evaluated

by wound care. Fevers in the ED, which resolved. She was started on Doxycycline for possible cellulitis.

Family: Spoke with son Louis Alloin at the bedside. We reviewed the plan and they were provided with supplies for wound care.

DISPOSITION: Self care Home/Apt, Shelter/Respite, Street (01)

PHYSICAL EXAM:
Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
05/28/20 08:44	Temp C:	36.7	36.1	-	38.8
05/28/20 08:44	HR:	73	69	-	95
05/28/20 08:44	RR:	18	16	-	20
05/28/20 08:44	SBP Non-Inv:	115	97	-	155
05/28/20 08:44	DBP Non-Inv:	58	41	-	109
05/28/20 08:44	MAP Non-Inv:	84	65	-	126

Last Height and Weights

Height for Calculation:	165 cm	(07/25/19 00:45)
Weight for Calculation:	48 kg	(05/28/20 01:16)
Body Mass Index (BMI):	17.8 kg/m2	(07/24/19 23:24)
DAILY Weight - kg:	49.5 kg	(08/04/19 12:30)

Frail woman, no increased work-of-breathing, no wheezing, no crackles, bilateral lower extremities are without edema, bilateral shin wound were bandaged by woud care RN and were not removed, her feet distally were warm and well perfused, right foot had more hyperemia and warms compared to left, patient grimaced with exam

CONDITION: Good

CONSULTS COMPLETED:
Consulting services in CORES:
COVID-19
Neurology

OPERATIONS/PROCEDURES: None

PRINCIPAL DIAGNOSTIC STUDIES/RESULTS:
Covid 19 Coronavirus
COVID-19 Coronavirus Qual PCR Result: None detected. (05/27/20 18:50:00)XR Chest (05/27/2020 18:14)

RESULTS FROM TODAY				RESULTS FROM YESTERDAY			
			---				05/27/20 17:58
			|- ICa - - -				|- ICa - - -
- - -	- - -	- - -	|- Ca - - -	138	102	15	|- Ca 9.1
---------|----------|----------< - - -			|- Mg - - -	---------|----------|----------< 161			|- Mg - - -

- - - - - - - - - |- Phos - - - 4.3 25 0.83 |- Phos - - -

RESULTS FROM TODAY

RESULTS FROM YESTERDAY
05/27/20 17:58

- - - |- PT - - - 9.3 |- PT 14.0
- - -]----------[- - - |- INR - - - 15.32]----------[312 |- INR 1.1
- - - |- PTT - - - 30 |- PTT 32

~RADIOGRAPH OF THE CHEST, 1 VIEW
CLINICAL INDICATION:
fever
COMPARISONS:
8/1/2019
FINDINGS AND IMPRESSION:
There is new patchy opacification within the bilateral mid and lower lungs and increased prominence of the interstitium which may represent mild superimposed edema. Findings are concerning for multifocal pneumonia in setting of fever including atypical/viral pneumonia.
No effusion or pneumothorax.
Heart size is normal and unchanged.
No acute osseous abnormality. The right AC joint is not visualized. Mild left AC joint and shoulder osteoarthritis. Soft tissues are normal.
ATTENDING RADIOLOGIST AND PAGER NUMBER
3763 MEDVERD JONATHAN RUSSELL MD
RESULT DETAIL
Ordering Provider:MARISSA DEE MAROLF 513286
Diagnosis:fever
History:
Comment:From ORCA:
Assisting Radiologist(s):AARON DAUB 508923

CTA Neck (05/27/2020 18:12)
~EXAMINATION:
CTA NECK ANGIO
CLINICAL INDICATION:
Stroke Code
TECHNIQUE:
CTA Head and Neck Stroke (N-48)
1. Non-contrast head: MDCT scanning was obtained through the head without contrast.
2. CTA Head/Neck: MDCT was obtained from the aortic arch to the vertex during bolus infusion of contrast. Slab 3D-MIP reformatted images of extracranial and intracranial vessels were obtained in multiple planes.

3. Post-contrast head: MDCT was obtained through the head after contrast injection.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.
CONTRAST:
Omnipaque 350 mg-ml 80 ml 05/27/2020 06:08 PM INTRAVENOUS
COMPARISON:
CT head without contrast 7/24/2019
FINDINGS:
NON-CONTRAST HEAD CT:
MASS EFFECT & VENTRICLES: No midline shift shift. The lateral ventricles are symmetric. Incidentally noted is a septum cavum pellucidum. Prominence of the ventricular system and extra-axial spaces is commensurate with mild cerebral volume loss. Basal cisterns are patent. No downward herniation.
BRAIN: No acute infarct, hemorrhage or mass lesion is seen. Mild periventricular and deep subcortical white matter hypodensities likely representing small vessel ischemic changes. Bilateral basal ganglia mineralization. Similar left parietoccipital calcification.
VASCULAR: Moderate calcification of bilateral cavernous carotids and intracranial segments of the vertebral arteries.
EXTRA-AXIAL: No abnormal extra-axial fluid collections or masses.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Bilateral lens replacement. Orbits are otherwise normal.
POST-CONTRAST HEAD CT:
ENHANCEMENT: Normal intracranial enhancement.
HEAD CTA:
ARTERIES: Normal intracranial arteries. No aneurysm, AVM, stenosis or occlusion.
VARIANTS: Circle of Willis is normally developed. No other vascular anatomic variants.
VEINS: Dural sinuses and deep venous structures are normal.
NECK CTA:
AORTIC ARCH: Common origin of the brachiocephalic and left common carotid arteries from the arch, a normal variant anatomy.
CAROTIDS: Common carotid vessels are normal. Mild calcified plaque at the carotid bulbs/origins of the bilateral ICAs without significant stenosis. Additional calcified plaque within the bilateral carotid canals, cavernous carotids and supraclinoid ICAs. Fusiform aneurysmal dilation of the right supraclinoid ICA to the circle of Willis measuring up to 0.6 cm. Internal carotid artery origins show no stenosis. Cervical ICA's are normal.
VERTEBRALS: Focal calcifications at the origins of the bilateral vertebral arteries without significant stenosis. There is flattening of the left vertebral artery within the V3 segment (12/132), although the more distal segments are well perfused. Right cervical segments are normal. Right vertebral artery is dominant.

IMPRESSION:
1. Head CT
- No acute infarct, hemorrhage or mass effect.
- Mild cerebral volume loss and sequela of chronic ischemic microvascular disease.
2. CTA head
- No high-grade stenosis or occlusion.
- Fusiform aneurysmal dilation of the right supraclinoid ICA measuring up to 0.6 cm.
3. CTA of the neck vessels
- No high-grade stenosis, dissection or occlusion.
- Mild calcified plaque in the bilateral carotid bulbs without significant ICA stenosis.
Internal carotid artery origin stenosis by NASCET criteria: No significant stenosis by NASCET criteria.
This is a preliminary report by Dr. Aaron Daub (PGY-5). A final report will be available by 10:00 AM on the following morning, or after 3 PM on weekends and holidays. Unless a final report appears below, an attending Radiologist has not yet reviewed the images.
ATTENDING FINAL REPORT
I agree with the preliminary report with the following comment(s) (Cat 2):
There is a 5 mm smooth, non-spiculated nodular density in the right medial lung (series 12, images 1 through 3).
IMPRESSION:
See impression above.
PULMONARY NODULE MANAGEMENT RECOMMENDATIONS:

Time: > 30 minutes were spent in the care and arrangement of this patients discharged plans.

Mark C Zaros, MD
Attending, Hospital Medicine
Today's Date: 05/28/2020

UW Medicine physicians mentioned in this note can be reached by calling MedCon at 800-326-5300. If any part of this transcript is missing or to request other transcripts for this patient call 206-744-9000. For online access to patient records enroll in U-Link at uwmedicine.org/u-link.

Electronically Reviewed/Signed On: 05/28/20 at 16:34

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Zaros MD, Mark C
Attending Physician, General Internal Medicine
Box 359780
Seattle WA

MCZ
DD:05/28/20

Addendum by Zaros MD, Mark C on May 28, 2020 16:38

Hospital Medicine Service (HMS)

After patient was discharged, the micobiology lab alerted the team that 1 or 2 blood cultures were found to be growing GPC's in clusters (5/27).

The patient and his son Louis were alerted and the team will reach out to PCP to assist with clincial follow-up and possible repeat cultures.

Mark C Zaros, MD
Attending, Hospital Medicine
Pager: 540-0734

Electronically Reviewed/Signed On: 05/28/20 at 16:38

_____

Zaros MD, Mark C
Attending Physician, General Internal Medicine
Box 359780
Seattle WA

MCZ
DD:05/28/20

Addendum by Zaros MD, Mark C on May 29, 2020 9:10

Hospital Medicine Service (HMS)

BCx (5/27) results were reviewed this AM. Cultures are growing Coag Neg Staph which is most likely contaminent. No further follow-up needed.

Mark C Zaros, MD
Attending, Hospital Medicine
Pager: 540-0734

Electronically Reviewed/Signed On: 05/29/20 at 09:10

_____

Zaros MD, Mark C
Attending Physician, General Internal Medicine
Box 359780
Seattle WA

cc: Neighbor Jr, MD, William E
Attending, Hall Health Primary Care
Box 354410
Seattle WA

MCZ
DD:05/29/20

Patient Discharge Instructions
Harborview Medical Center
325 9th Ave, Seattle WA 98104
206-744-3000

PERSON INFORMATION
Medical Record ID Number: H0571976
Patient Name: HOFFMAN, JEANNE LEONIE
Date of Birth: 01/06/1925

Age: 95 Years
Sex: Female
Race: White
Ethnicity: Not Hispanic or Latino
Preferred Language: English

Primary Health Care Provider
Provider Name: Neighbor Jr, MD, William E **Provider Phone #:** 206 598-5613

Medical Service taking care of patient during stay
Medical Service: H Medicine Hospitalist 4

Information Related to Stay
Code Status:
Fall Risk: 60 **(At Risk)**

Weight: 48 kg

Admission Date/Time: 5/27/2020 5:39 PM
Reason for Visit: altered mental status

Discharge Diagnosis(es): Cellulitis, acute on chronic; Community acquired pneumonia, atypical; Hearing loss; Hyperlipidemia; Hypertensive disorder; Type 2 diabetes mellitus; Venous stasis

Problem List: Cellulitis, Community acquired pneumonia, Hearing loss, Hyperlipidemia, Hypertensive

disorder, MRSA, MRSA, Supratherapeutic INR, Type 2 diabetes mellitus, Venous stasis

Allergies: nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Medication List:

It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.

Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.

Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

MEDICATIONS TO BE TAKEN AT HOME:

Medication	AM	Noon	PM	Bed	Comments
atorvastatin 20 mg oral tablet 20 mg by Mouth daily					
atorvastatin 20 mg oral tablet 10 mg by Mouth daily					
cefpodoxime 100 mg oral tablet 100 mg by Mouth every 12 hours Take for:5 day(s)					
cholecalciferol 1000 intl units (25 mcg) oral tablet 2,000 unit(s) by Mouth daily					
doxycycline hyclate 100 mg oral tablet 100 mg by Mouth every 12 hours Take for:5 day(s)					
lactobacillus acidophilus oral tablet 1 tablet(s) by Mouth twice daily					
lidocaine topical (lidocaine 4% topical solution) Apply daily for wound care, bilateral leg wounds					
lidocaine topical (lidocaine 2% topical spray) Apply daily for wound care					
multivitamin (Multiple Vitamins oral tablet) 1 tablet(s) by Mouth daily					
pentoxifylline 400 mg oral tablet, extended release					

400 mg by Mouth three times daily					
timolol ophthalmic (Betimol 0.5% ophthalmic solution) 1 drop(s) Each EYE twice daily					
acetaminophen 500 mg oral tablet 500 mg by Mouth twice daily as needed for pain					
acetaminophen-codeine # 3 300 mg-30 mg oral tablet as needed for pain Take 0.5 - 1 tablet twice daily as needed for pain					

Additional medication information:

Follow-up Information:

When:	06/10/20 at 10:00 am
Clinic Address:	UWMC - Hall Health 4060 East Stevens Way Univ. of WA Campus Seattle, WA 98195 (206) 616-2495
Comments:	This appointment is for post hospitalization follow up with your primary care provider, Dr. William Neighbor. The clinic will contact you if there will be any change to the appointment. Please check in at 9:45am

Documentation:

Discharge Arrangements/Plan

Transportation to Follow Up Appointment:	Patient/caregiver to arrange transportation to follow up

Discharged to/Discharged how

Patient Disposition:	Self care Home/Apt, Shelter/Respite, Street (01)
Disposition Code (01) Location:	Home
Discharge - Actual Transport Arrangement:	CABulance arranged

Belongings_

Belongings returned at discharge:	Yes

Discharge Signs/Symptoms

Call if following Signs/Symptoms Appear:	Fever greater than 101.5F, Increased pain, Change in color of affected extremity, Change in color of affected extremity unrelieved by elevation, Change in sensation of affected extremity unrelieved by elevation, Change in temperature of affected extremity, Change in temperature of affected extremity unrelieved by elevation, Swelling, pain or tenderness in a calf, Call 911 if unrelieved chest pain

Discharge Risk

Tobacco Use Status:	Never smoked/used tobacco

FIS (Functional Independence Score)

FIS - Communicates:	Independent (4)
FIS - Feeds Self:	Independent with equipment (3)

FIS - Ambulation: With assistance (2)

FIS TOTAL Score: 9

Discharge Activity Instr

Discharge Activity/Instructions: Activity as tolerated, Needs assistance when walking

Discharge Hygiene Instr

Discharge Hygiene Instructions: May shower, Assistance needed with transferring in and out of shower/ tub

Discharge Wound Instr

Discharge Wound Instructions, Additional:

Right and left lower extremity wounds:
- Cleanse all affected areas with soap and water or normal saline - Gently remove loose/dried exudate during cleansing as able
- Pat areas dry
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to prevent maceration
- Cut Medihoney alginate to fit the wound beds
- Cover with Mepilex nonbordered
- Secure with Kerlix and tape
- Change every 3 days or as needed with soiling

Alternative treatment recommendations for daily wound care if patient remains inpatient:
- Cleanse wound with soap and water OR normal saline
- Gently remove loose/dried exudate as able
- Pat dry
- Apply no-sting barrier to periwound skin and allow to dry for at least 30 seconds to prevent maceration
- Cover open wounds with Xeroform
- Secure Xeroform with Kerlix and tape
- Change daily or as needed with soiling, saturation or dislodgement)

Additional Nutrition Instr

Discharge Diet / Nutrition Instructions: Diet as tolerated, Thin Liquids

Special Instr/Info

Discharge Special Instructions:	Ms. Hoffman was treated for both a pneumonia and for cellulitis. She was started on 2 antibiotics (Cefpodoxime and Doxycylcine) and she should continued on these medications for a total of 5 days. Our wound care team evaluated her leg wounds and made recommendations for wound care.

Discharge Instructions - Provider

Diet:	Regular
Activity:	ad lib with stand-by assistance from family (son Louis)
General care and/or wound instructions:	Ms. Hoffman was treated for both a pneumonia and for cellulitis. She was started on 2 antibiotics (Cefpodoxime and Doxycylcine) and she should continued on these medications for a total of 5 days. Our wound care team evaluated her leg wounds and made recommendations for wound care.
Seizure Precautions:	None
Lab and/or Radiology follow up:	None
Equipment:	None
Patient at risk for:	Diabetic foot ulcers

Discharge Orders Form finalized by Zaros MD, Mark C on 05/28/20 09:45:14

Discharge Orders Form reviewed by UDF/Discharge RN Le RN, Phuong M on 05/28/20 13:42:53

Your Discharge Education:
No additional handouts

Yes - PATIENT/CAREGIVER/FACILITY PROVIDED COPY OF PRINTED DISCHARGE INSTRUCTIONS

UW Medicine
Discharge Instructions

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925

MRN: H0571976 **Acct #:** 1848748734
Current Date/Time: 5/28/2020 15:01:36 **Admission Date/Time**: 5/27/2020 5:39 PM

I (HOFFMAN, JEANNE LEONIE), have received printed discharge instructions and personalized patient education materials, including medications. I have verbalized understanding of instructions given.

_____

Patient/Guardian Signature Relation to Patient
Date/Time

_____

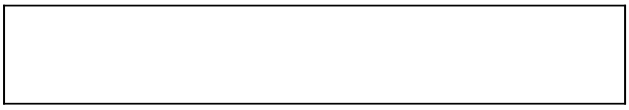
Discharge Staff Member

This form will be scanned and placed in the patient's medical record.

PLACE EPIC PATIENT LABEL HERE

Category: Discharge/Transfer/Interim
Date of Service: 05/28/2020 15:01
Document Status: Authenticated
Title: Patient Discharge Report
Document Version : 0

Encounter Number: 1848748734
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 05/27/2020 17:39:00
Discharge Date Time: 05/28/2020 15:47:00



Performed By: Wilson RN, Andrew K
Performed Date Time: 05/28/2020 15:01:37
Verified By: Wilson RN, Andrew Kelly
Verified Date Time: 05/28/2020 15:01:37

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Discharge Instructions
Harborview Medical Center
325 9th Ave
Seattle WA 98104

General Phone Numbers you may need to call after discharge if you have questions
For MEDICAL QUESTIONS please call the Discharge RN at (206) 744-DCRN or (206) 744-3276.
For APPOINTMENT SCHEDULING QUESTIONS please call the Patient Access Center at (206) 744-8845.
For MEDICATION REFILLS please call (206) 744-3218.
For questions regarding your bill please call (206) 744-3084.

PATIENT INFORMATION

Your Hospital ID Number: H0571976
Name: HOFFMAN, JEANNE LEONIE
Date of Birth: 01/06/1925

Age: 95 Years
Address: 321 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110
Phone: 360 649-5702

INFORMATION RELATED TO YOUR HOSPITAL STAY

Admission Date/Time 5/27/2020 5:39 PM

Your discharge diagnosis(es):

Cellulitis, acute on chronic; Community acquired pneumonia, atypical; Hearing loss; Hyperlipidemia; Hypertensive disorder; Type 2 diabetes mellitus; Venous stasis

Medical Team who took care of you when you were in hospital

Medical Service: H Medicine Hospitalist 4

Primary Health Care Provider

Provider Name: Neighbor Jr, MD, William E **Provider Phone #:** 206 598-5613

Category: Discharge/Transfer/Interim
Date of Service: 05/28/2020 15:01
Document Status: Authenticated
Title: Patient Discharge Report
Document Version : 0

Encounter Number: 1848748734
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 05/27/2020 17:39:00
Discharge Date Time: 05/28/2020 15:47:00

Performed By: Wilson RN, Andrew K
Performed Date Time: 05/28/2020 15:01:37
Verified By: Wilson RN, Andrew Kelly
Verified Date Time: 05/28/2020 15:01:37

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Your Follow-up Visits/Appointments:

When:	06/10/20 at 10:00 am
Clinic Address:	UWMC - Hall Health 4060 East Stevens Way Univ. of WA Campus Seattle, WA 98195 (206) 616-2495
Comments:	This appointment is for post hospitalization follow up with your primary care provider, Dr. William Neighbor. The clinic will contact you if there will be any change to the appointment. Please check in at 9:45am

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Medication List:
It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.

Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.

Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

MEDICATIONS TO BE TAKEN AT HOME:

Medication	AM	Noon	PM	Bed	Comments
atorvastatin 20 mg oral tablet 20 mg by Mouth daily					
atorvastatin 20 mg oral tablet 10 mg by Mouth daily					
cefpodoxime 100 mg oral tablet 100 mg by Mouth every 12 hours Take for:5 day(s)					
cholecalciferol 1000 intl units (25 mcg) oral tablet 2,000 unit(s) by Mouth daily					
doxycycline hyclate 100 mg oral tablet 100 mg by Mouth every 12 hours Take for:5 day(s)					
lactobacillus acidophilus oral tablet 1 tablet(s) by Mouth twice daily					
lidocaine topical (lidocaine 4% topical solution) Apply daily for wound care, bilateral leg wounds					
lidocaine topical (lidocaine 2% topical spray) Apply daily for wound care					
multivitamin (Multiple Vitamins oral tablet) 1 tablet(s) by Mouth daily					

pentoxifylline 400 mg oral tablet, extended release 400 mg by Mouth three times daily					
timolol ophthalmic (Betimol 0.5% ophthalmic solution) 1 drop(s) Each EYE twice daily					
acetaminophen 500 mg oral tablet 500 mg by Mouth twice daily as needed for pain					
acetaminophen-codeine # 3 300 mg-30 mg oral tablet as needed for pain Take 0.5 - 1 tablet twice daily as needed for pain					

Additional medication information:

Patient Instructions:

Signs/Symptoms

Call if following Signs/Symptoms Appear:

Fever greater than 101.5F
Increased pain
Change in color of affected extremity
Change in color of affected extremity unrelieved by elevation
Change in sensation of affected extremity unrelieved by elevation
Change in temperature of affected extremity
Change in temperature of affected extremity unrelieved by elevation
Swelling, pain or tenderness in a calf
Call 911 if unrelieved chest pain

Activity Instructions

Discharge Activity/Instructions:

Activity as tolerated
Needs assistance when walking

Hygiene Instructions

Discharge Hygiene Instructions:

May shower
Assistance needed with transferring in and out of shower/ tub

Wound Instructions

Discharge Wound Instructions, Additional:

Right and left lower extremity wounds:
- Cleanse all affected areas with soap and water or normal saline - Gently remove loose/dried exudate during cleansing as able
- Pat areas dry
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to prevent maceration
- Cut Medihoney alginate to fit the wound beds
- Cover with Mepilex nonbordered
- Secure with Kerlix and tape
- Change every 3 days or as needed with soiling

Alternative treatment recommendations for daily wound care if patient remains inpatient:
- Cleanse wound with soap and water OR normal saline
- Gently remove loose/dried exudate as able

- Pat dry
- Apply no-sting barrier to periwound skin and allow to dry for at least 30 seconds to prevent maceration
- Cover open wounds with Xeroform
- Secure Xeroform with Kerlix and tape
- Change daily or as needed with soiling, saturation or dislodgement)

Nutrition Instructions

Discharge Diet / Nutrition Instructions: Diet as tolerated
Thin Liquids

Special Instructions/Info

Discharge Special Instructions: Ms. Hoffman was treated for both a pneumonia and for cellulitis. She was started on 2 antibiotics (Cefpodoxime and Doxycylcine) and she should continued on these medications for a total of 5 days.

Our wound care team evaluated her leg wounds and made recommendations for wound care.

Transportation to Follow Up Appointment: Patient/caregiver to arrange transportation to follow up

Belongings_

Belongings returned at discharge: Yes

Your Discharge Education:

No additional handouts

Yes - PATIENT/CAREGIVER/FACILITY PROVIDED COPY OF PRINTED DISCHARGE INSTRUCTIONS

Additional Information/Special Instructions
If you experience chest pain or difficulty breathing - **CALL 911**

Quit Smoking
Quitting smoking or other tobacco use is the most important thing a person can do for their health. If you or a family member smokes, call the National Tobacco Quitline toll-free at 1-800-QUIT-NOW (1-800-784-8669) & talk to your primary care provider (PCP).

Suicide Prevention
If you or someone you know is thinking about harming yourself or attempting suicide, there are resources available to help 24/7. Call the toll-free National Suicide Prevention Lifeline to speak with a trained counselor or find a suicide crisis center near you.
Telephone: (800) 273-8255
TTY: (800) 799 - 4889

Opioid Safe Storage & Disposal
Only take opioids if you have strong pain that does not lessen by other methods.
Do not share your medications with others. Do not sell your medication.
Keep your medication in a safe place away from children and pets.
Discard expired or unused medication by taking it to a safe disposal location which can be found at www.takebackyourmeds.org
Naloxone is a prescription medicine that temporarily reverses an opioid overdose. In the state of Washington you can get naloxone without a prescription from any pharmacy. Cost may vary.

Antibiotics & You
Antibiotics treat or prevent infections. If your provider prescribed this medicine for you, take it exactly as instructed. If you do not take it as prescribed, your infection can get worse or start to resist treatment. Please call your provider if you have problems taking your medicines, or if you have side effects.

Website to View your Online Hospital Medical Record Summary
Get access to a secure website to view your summary from your hospital stay at Harborview Medical Center.
If you have already signed up for this website, check for an email from UW Medicine with instructions to view your summary.
If you did not sign up or cannot locate your email, call UW Medicine Medical Records at 206-744-9000 to request access.

ASSESSMENT:
Assessment: Pt alert and oriented x3-4. Able to verbalize needs. MAE. Ambulates with 1 person assist with FWW. Up to restroom for void, no BM this shift. VSS. Afebrile. Wound care consult one for BLE wounds, orders written. Son and DPOA at bedside for discharge planning, orders for discharge recieved, discharge and follow up instructions reviewed with son, who verbalized understanding and agreement with plan to discharge. PIV removed, patient off floor to hopelink lounge via wheelchair at 1530. .

Electronically Reviewed/Signed On: 05/28/20 at 15:56

_____

Wilson RN, Andrew Kelly
Registered Nurse, 4EH
Box 359815
Seattle WA

AKW
DD:05/28/20

Nursing Progress Note - HMC

Asked for consultation by emergency medicine team (Dr. Badulak attending) for evaluation of decreased responsiveness, facial droop and possible stroke. I saw and evaluated patient. I agree with the findings and plan as detailed in resident physician Dr. Kazanci's 5/27/20 note. Date of service: 5/28/20

Briefly, pt is a 95 yo W h/o multiple vascular risk factors with decreased responsiveness, diffuse weakness, L facial droop concerning for acute stroke. Patient reportedly took medication for back pain, possibly more than prescribed, then was noted by son to be less and less responsive. Patient noted to improved after administration of IV narcan. Non-contrast head CT and CTA head and neck were without acute abnormality; CTA with 6mm Rt fusiform aneurysmal dilation of the right supraclinoid ICA and mild calcified plaque in the bilateral carotid bulbs without significant stenosis. Patient was noted to be febrile with chest X-ray concerning for pneumonia so was started on antibiotics after being assessed for COVID infection.

On exam, patient alert though very hard of hearing so with limited communication. Mild L facial droop at rest but symmetric smile. Full ocular versions, equal pupils. Absent pronator drift and symmetric grip, arm extension and flexion. Full strength in bilateral hip flexion. Normal FNF without ataxia.

Presumed toxic-metabolic encephalopathy in setting of underlying infection and increased dose of psychoactive medications for pain. No evidence of vascular occlusion or stenosis to suggest TIA. Recommend continued treatment of pneumonia and cellulitis. Would consider low dose aspirin for multiple vascular risk factors if no increased bleeding risk.

Electronically Reviewed/Signed On: 05/28/20 at 18:39

_____

Khot MD, Sandeep Prakash
Attending, HMC Dept of Neurology
Box 359775
Seattle WA

SPK
DD:05/28/20

DIAGNOSIS CLARIFICATIONS:

1. Sepsis, unspecified, Present on Admit, 2/2 atypical pneumonia and bilateral LE cellulitis- Pt. with HTN, HLD, chronic venous stasis wounds who presented with AMS, fever. Patient's son reported progressive somnolence over the course of the day and requested airlift to HMC. Vitals signs were notable for a temp of 106 en route.
In the ED, patient was febrile with Tmax 38.8, mildly hypertensive, otherwise normal vitals. WBC=15.32. ED was concerned for L leg cellulitis superimposed on chronic wounds and ?PNA given CXR with bilateral patchy infiltrates. Given doxycycline.
Atypical CAP: treated with Azithromycin. COVID-19 test negative. The patient had minimal respiratory symptoms, but had diffuse finding on CXR.
Altered Mental Status: Likely toxic encephalopathy from her active infections.
Cellulitis/Acute on Chronic Venous Stasis: Slight increase warmth on right leg compared to left. Bilateral chronic leg wounds were evaluated by wound care.

2. Anemia, unspecified, Present on Admit- Initial Hct level on day of admit was 30. Previous record showed a Hct of 25 checked on 8/4/2019.

Electronically Reviewed/Signed On: 06/01/20 at 10:53

_____

Zaros MD, Mark C
Attending Physician, General Internal Medicine
Box 359780
Seattle WA

MCZ/MLC
DD:06/01/20
TD:06/01/20

Diagnosis Clarification

HOFFMAN, JEANNE LEONIE
Visit: 1848748734
MRN: H0571976

Patient Call

Report Date/Time: 6/3/2020 20:06:44 PT
Call Date: 6/2/2020 12:04:51 PT

Note: This report shows only exportable questions that have been answered.

Question: How did you complete your call?

Response: Voicemail. Squires, Josie 6/2/2020 12:04:51 PM PT
left message on son's #. Above number ,person who answered the phone stated no one lives there by that name.

Call History

Attempt	Started	Status	Caller	Comments
1	06/02/2020 12:04 PM PT	Completed	Squires, Josie	

Call Comments:

Electronic Signature: Squires, Josie **Date: 06/02/2020 12:04:51 PT**

UW Medicine
HARBORVIEW MEDICAL CENTER
Harborview-1053359729

MRN: H0571976 Visit: 1848748734 Type: Ip
HOFFMAN, JEANNE LEONIE Sex: F
DOB: 01/06/1925 Room: Unit: 4E
ADM: 05/27/2020 17:39:00 PT DISCH: 05/28/2020 15:47:00 PT
Home Phone: (360)649-5702 Alternate Phone: (360)649-5702
Additional Phone:
BRUSATI, ALLISON J (Attending)

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HOFFMAN, JEANNE LEONIE
Visit: 1848748734
MRN: H0571976

Patient Call

Report Date/Time: 6/3/2020 20:06:44 PT
Call Date: 6/2/2020 12:04:51 PT

Employee Number
881009286

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COLLECTIVE NOTIFICATION 05/27/2020 17:39 HOFFMAN, JEANNE MRN: H0571976

Criteria Met

- PDMP

Security and Safety

No recent Security Events currently on file

ED Care Guidelines

There are currently no ED Care Guidelines for this patient. Please check your facility's medical records system.

Prescription Drug Report (12 Mo.)

Rx Details

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2020-03-18	ACETAMINOPHEN-COD #3 TABLET	30	WILLIAM NEIGHBOR	3	4.5
2020-01-22	ACETAMINOPHEN-COD #3 TABLET	10	WILLIAM NEIGHBOR	3	4.5
2019-11-23	ACETAMINOPHEN-COD #3 TABLET	15	WILLIAM NEIGHBOR	3	4.5
2019-10-02	ACETAMINOPHEN-COD #3 TABLET	30	ANNE TERRY	3	4.5
2019-08-05	OXYCODONE HCL 5 MG TABLET	5	SABINE VON PREYSS	2	7.5

Rx Summary

Metric	Count
CS II-V Rx	5
CS-II Rx	1
Quantity Dispensed	90
Unique Prescribers	3
Unique Pharmacies	2
Benzos	0
Opioids	5
Long Acting Opioids	0

E.D. Visit Count (12 mo.)

Facility	Visits	Low Acuity
Harborview Medical Center	2	0
UW Medical Center	1	0
Total	**3**	**0**

Note: Visits indicate total known visits. Medicaid Low Acuity Dx are the number of primary diagnoses on the Medicaid's Low Acuity dx list.

Recent Emergency Department Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
May 27, 2020	Harborview M.C.	Seatt.	WA	Emergency	Chief Complaint: B ALNW AND AMR
Jul 24, 2019	Harborview M.C.	Seatt.	WA	Emergency	• GLF WITH RIB FRACTURES
Jul 24, 2019	UW M.C.	Seatt.	WA	Emergency	Chief Complaint: GLF/BACK PAIN

Recent Inpatient Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Jul 24, 2019	Harborview M.C.	Seatt.	WA	Surgery	• GLF WITH RIB FRACTURES

Care Team

Provider	Specialty	Phone	Fax	Service Dates
DANNA, LEI , ARNP	Nurse Practitioner: Family	(206) 744-5415		Current
NEIGHBOR, WILLIAM	Family Medicine			Current
Danna Lei	Other	(206) 520-7202		Current
WILLIAM E NEIGHBOR JR	Primary Care			Current

Collective Portal

This patient has registered at the Harborview Medical Center Emergency Department

For more information visit: https://secure.collectivemedical.com/notify/7a186a46-d8b6-458e-bdfc-8f982cadb5c2

PLEASE NOTE:

1. **Any care recommendations and other clinical information are provided as guidelines or for historical purposes only, and providers should exercise their own clinical judgment when providing care.**
2. **You may only use this information for purposes of treatment, payment or health care operations activities, and subject to the limitations of applicable Collective Policies.**
3. **You should consult directly with the organization that provided a care guideline or other clinical history with any questions about additional information or accuracy or completeness of information provided.**

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Category: Emergency/Code/Rapid Response
Date of Service: 05/27/2020 17:40
Document Status: Authenticated
Title: EDIE Notifications
Document Version : 0

Encounter Number: 1848748734
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 05/27/2020 17:39:00
Discharge Date Time: 05/28/2020 15:47:00

Please click on link to see image.

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

ED Triage Form Entered On: 5/27/2020 17:44
Performed On: 5/27/2020 17:40 by Bradburn RN, Andrew R

Triage
Transport Unit Number - Emergency Dept : 248

Bradburn RN, Andrew R - 5/27/2020 17:51

Chief Complaint : Pt arrives via ALNW with altered mental status and febrile. Last normal 1600. stroke code activated. vitals deferred.
Mode of Arrival to Emergency Dept : ALNW, AMR
ED Patient Origin : Other: field response
ED -Is patient here for legal blood draw : No
Comm Disease Screening in ED : Fever
Mask placed on patient? : Yes
Transport Agency BLS/ALS-Emergency Dept : ALS
Health History : See Medical Record
ED Rapid De-escalation Plan : No

Bradburn RN, Andrew R - 5/27/2020 17:40
(As Of: 5/27/2020 17:51:48 PDT)

Problems(Active)

MRSA (SNOMED CT :176116017)	*Name of Problem:* MRSA ; *Recorder:* SYSTEM; *Confirmation:* Complaint of ; *Classification:* Medical ; *Code:* 176116017 ; *Last Updated:* 7/26/2019 17:31 ; *Life Cycle Date:* 7/26/2019 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT ; *Comments:* 7/26/2019 17:31 - SYSTEM Created via lab_mrsa_check Discern Rule based on patient lab results
MRSA (SNOMED CT :176116017)	*Name of Problem:* MRSA ; *Recorder:* SYSTEM; *Confirmation:* Complaint of ; *Classification:* Medical ; *Code:* 176116017 ; *Last Updated:* 7/26/2019 17:31 ; *Life Cycle Date:* 7/26/2019 ; *Life Cycle Status:* Active ; *Vocabulary:* SNOMED CT ; *Comments:* 7/26/2019 17:31 - SYSTEM Created via Discern Rules based on patient history/lab results
Supratherapeutic INR (ICD-9-CM :790.92)	*Name of Problem:* Supratherapeutic INR ; *Recorder:* Fletcher MD, Grant Selmer; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 790.92 ; *Last Updated:* 6/5/2014 15:17 ; *Life Cycle Date:* 12/7/2012 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM

Diagnoses(Active)

CVA	*Date:* 5/27/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* CVA ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0

Fever — *Date:* 5/27/2020 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Fever ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0

Vitals/Ht/Wt
O2 Delivery Device : Room air

Bradburn RN, Andrew R - 5/27/2020 17:40

Allergies/Medication
ED Current/Patient Reported Medications : See Medical Record

Bradburn RN, Andrew R - 5/27/2020 17:40
(As Of: 5/27/2020 17:44:53 PDT)

Allergies (Active)

Adhesive Bandage — *Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* Adhesive Bandage ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 7/24/2019 18:31

aspirin — *Estimated Onset Date:* Unspecified ; *Reactions:* Rash ; *Created By:* Gibbons PharmD, RPh, Janet K; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* aspirin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Gibbons PharmD, RPh, Janet K; *Source:* Patient ; *Reviewed Date:* 7/24/2019 23:58

nitrofurantoin — *Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* nitrofurantoin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 7/24/2019 18:31

penicillin — *Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:PENICILLIN ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* penicillin ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 7/24/2019 18:31

sulfa drugs — *Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:SULFA ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* sulfa drugs ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 7/24/2019 18:31

ESI
DCP GENERIC CODE
ED Tracking Group : HMC Tracking Group

Bradburn RN, Andrew R - 5/27/2020 17:40

Tracking Acuity : 2 Emergent

Bradburn RN, Andrew R - 5/27/2020 17:45

~~{ [1 Resuscitation] - previously charted by Bradburn RN, Andrew R at 5/27/2020 17:40 };~~

Assessment/Screening
ED Neurological - GENERAL Asmt : Obtunded
Orientation : Not tested
Affect/Behavior : Appropriate
Have you fallen within the past year? : Unable to assess
Are you afraid of falling? : Unable to assess
Issues w/ walking/balance/feel unsteady? : Unable to assess
Abuse/Neglect Concerns - Emergency Dept : Deferred, unable to assess at this time
Suicide Risk Screening : Deferred, unable to assess at this time
Reason C-SSRS Deferred : back triage
Language Spoken : English
Preferred Name : Jeanne
Preferred Pronoun : She/her/hers

Bradburn RN, Andrew R - 5/27/2020 17:40

Electronically Reviewed/Signed On: 05/27/20 at 17:40

_____

Bradburn RN, Andrew R
Registered Nurse, HMC Emergency Services
Box 359875
Seattle WA

Electronically Co-Signed On: 05/27/20 at 17:45

_____

Bradburn RN, Andrew R
Registered Nurse, HMC Emergency Services
Box 359875
Seattle WA

Electronically Co-Signed On: 05/27/20 at 17:51

_____

Bradburn RN, Andrew R
Registered Nurse, HMC Emergency Services
Box 359875
Seattle WA

ARB
DD:05/27/20

ED Triage Form

NEUROLOGY CONSULTATION NOTE

REASON FOR CONSULT: We are asked by Dr.Badulak Jenelle to consult regarding altered mental status .

CC/ID: Altered mental status, code stroke

HISTORY OF PRESENT ILLNESS:

The history was obtained from chart review as the patient is not able to participate in history taking.
As per the son his mother lives with him. She is a right-handed, active 95 year woman. This morning the patient woke up in her usual state and they had a meal together. The patient reported some back pain and he told her to take her medication. The son believes that she may have taken too much of her medications as it happened in the past.

Last known well around 1500. As per the son the patient became less and less responsive in the afternoon. Upon arrival in the ED the patient had a BP of 149/64 mmHg and a blood glucose of 224. A stat non-con head was obtained which did not show an acute territorial infarct or a haemorrhage. The CTA head and neck did not show a LVO.
Of note, it is reported that the patient has a temperature of 100.6 F. In the ED the patient had a CXR with bilateral patchy infiltrates, concerning for PNA. The patient was given doxycycline. Currently ruling out for COVID.

[x] Patient unable to provide past medical history, family history, or social history due to abnormal mental status

PAST MEDICAL HISTORY:
[x] Patient cannot provide due to abnormal mental status
HTN, not on meds
DM2, not on meds
HLD
Recurrent DVT
Chronic venous stasis

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

MEDICATIONS:
Atorvastatin 20 mg
cholecalciferol 2000U qd
lactobacillus
MVI
tylenol
tylenol with codeine

SOCIAL HISTORY:
[x] Patient cannot provide due to abnormal mental status

FAMILY HISTORY:
[x] Patient cannot provide due to abnormal mental status

REVIEW OF SYSTEMS:
[x] Patient cannot provide due to abnormal mental status

PHYSICAL EXAM:
Vitals *(Most recent and 24 hour range.)*
No Vitals Recorded.

General: Alert, in no acute distress
Eyes: Anicteric sclera, normal conjunctiva
HENT: Normocephalic/atraumatic, mucus membranes moist
Pulmonary: CTAB, normal WOB on ambient air
Cardiovascular: RRR, normal S1 and S2, no murmurs, no carotid bruits
Abdominal: non-distended
Musculoskeletal: no edema, no deformity or swelling of major joints
Skin: Warm and dry, no ecchymosis or rash.

NIHSS at 1815

1a) Level of consciousness:	1
1b) LOC questions:	1
1c) LOC commands:	2
2) Best gaze:	0
3) Visual fields	0
4) Facial palsy	1 (left facial asymmetry)
5a) Motor arm left	2
5b) Motor leg left	2
6a) Motor arm right	2
6b) Motor leg right	2
7) Limb ataxia	0
8) Sensory	0
9) Best language	1
10) Dysarthria	1
11) Extinction and Inattention	0

NIHSS 14

Neuro:
Mental status: Awake, alert, and oriented to person, not to place, date, and reason for admission. Fluent speech, follows commands

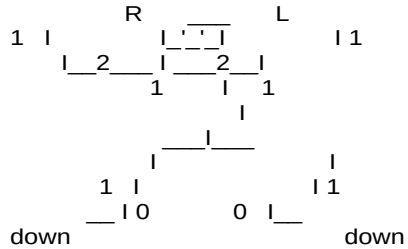
Cranial nerves:

II: Blinks to threat
III/IV/VI: EOMI, saccadic intrusions, PERRL 4-->2mm and brisk. Funduscopic exam deferred due to miotic pupils
V: Facial sensation intact to LT
VII: mild left facial asymmetry with smile
VIII: Finger rubbing not heard
IX/X: Symmetric palate elevation
XI: Symmetric shoulder shrug
XII: Tongue midline

Motor: Appropriate muscle bulk and tone.
No abnormal movements.
R L
Shoulder abduction 5 5
Elbow flexion 5 5
Elbow extension 5 5
Interossei 5 5
Hip flexion 5 5
Dorsiflexion 5 5
Plantarflexion 5 5

Sensation: Intact and equal in proximal and distal upper and lower extremities to light touch

DTRs:



Cerebellum: Normal FTN, unable to perform
Gait: deferred

LABS:

RESULTS FROM TODAY
05/27/20 17:58

			|- ICa - - -						|- ICa - - -		
pnd	pnd	pnd	|- Ca pnd		- - -	- - -		- - -		|- Ca - - -	
			< pnd	|- Mg - - -					< - - -	|- Mg - - -	
pnd	pnd	pnd	|- Phos - - -	- - -	- - -	- - -			|- Phos - - -		

RESULTS FROM YESTERDAY

RESULTS FROM TODAY 05/27/20 17:58			RESULTS FROM YESTERDAY ---		
9.3	|- PT pnd		- - -	|- PT	- - -
15.32]----------[312	|- INR pnd		- - -]----------[- - -	|- INR	- - -
30 |- PTT pnd		- - -	|- PTT	- - -	

No Lipid Panel Results Found.

IMAGING:
CT head non-con from 05/27/2020
CTA head and neck from 05/27/2020
IMPRESSION:
1. Head CT
- No acute infarct, hemorrhage or mass effect.
- Mild cerebral volume loss and sequela of chronic ischemic microvascular disease.
2. CTA head
- No high-grade stenosis or occlusion.
- Fusiform aneurysmal dilation of the right supraclinoid ICA measuring up to 0.6 cm.
3. CTA of the neck vessels
- No high-grade stenosis, dissection or occlusion.
- Mild calcified plaque in the bilateral carotid bulbs without significant ICA stenosis.

SUMMARY & RECOMMENDATIONS:

This is a 95 year old right-handed woman with history of HTN who was brought in by EMS with altered mental status. As per the son who provided history over the phone to the ED attending, the patient progressively became less responsive in the afternoon. Stroke code was called.

Upon my arrival the patient was normotensive and euglycemic. NIHSS was 14, points given for lack of cooperation and inability to follow commands. Non-con head CT did not show a haemorrhage or a large territorial infarct. Given the fact that the patient did not have any lateralizing findings on the neuro exam and had a temperature of 100.6, an ischemic stroke was deemed less likely. Hence, no tPA was offered. No LVO seen on CTA head and neck, therefore, no thrombectomy candidate.

The etiology of the altered mental status is most likely toxic-metabolic. The mental status improved in the CT suite after administration of IV narcan.

Recommendation
- Work-up for toxic-metabolic encephalopathy
- No further neurologic work-up indicated.

I have viewed and reviewed the patient's labwork and neuroimaging.The case was discussed with the neurovascular attending on call Dr. Taylor. The patient will be staffed with the neurology attending Dr. Khot on 5/28/2020.

Thank you for the opportunity to participate in this patient's care. Please contact neurology consults with any questions.

Category: Consultations
Date of Service: 05/27/2020 18:15
Document Status: Authenticated
Title: Consultation - Inpt
Document Version : 3

Encounter Number: 1848748734
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 05/27/2020 17:39:00
Discharge Date Time: 05/28/2020 15:47:00

Performed By: Kazanci MD, Serdar
Performed Date Time: 05/27/2020 18:28:55
Verified By: Khot MD, Sandeep Prakash
Verified Date Time: 05/28/2020 17:04:52

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 05/27/20 at 20:23

_____

Kazanci MD, Serdar
Resident, Department of Neurology
Box 356490
Seattle WA

Electronically Co-Signed On: 05/28/20 at 17:04

_____

Khot MD, Sandeep Prakash
Attending, HMC Dept of Neurology
Box 359775
Seattle WA

SK
DD:05/27/20

ID / CC / REASON FOR REFERRAL:
Pt is a 95 yo female who was airlifted from Bainbridge to HMC ED for r/o CVA. SW fielded a phone call from pt's son just as pt arrived to the ED.

HISTORY OF PRESENT ILLNESS:
Son reports his mother lives with him and he provides care as needed. He states his mother is an active 95 yo. This morning she woke up in her usual state and they had a meal together. He reports his mother said she had some back pain and he told her to take her medication. Son thinks maybe she took too much of her meds as that has happened to her in the past. SW collect son's contact information as he states he is his mother's POA. SW shared son's contact information with MD who called son while pt was in imaging.

Son reported he would be coming to hospital tomorrow, not tonight, but he is available by phone at any time..

HEALTH CARE DECISION MAKING:
CONTACT IN FOLLOWING ORDER FOR LEGAL NEXT OF KIN DECISION MAKING:
1 : Louis Alloin , son/POA , 206-780-6885 .

LANGUAGE:
Language: English.

IMPRESSION:
Pt is altered in her mentation and not able to participate in care planning. Pt's son reports being POA and care giver for his mother. Son available to medical team via telephone and called to ED just as his mother arrived.

PLAN:
Pt continues to be medically evaluated. SW will remain available to pt should additional needs arise.

QUALITY MEASURES:
Internal SW Data: M16.
Internal SW Data: O30, O42.

Electronically Reviewed/Signed On: 05/27/20 at 19:08

_____

Spagnolo LICSW, Bethel J
Social Worker, Box 359760
(206) 744-4028
Seattle WA

BJS
DD:05/27/20

EDSW - TC from son

PHYSICIANS PRESENT:
The following resident(s) participated in the care and documentation of this patient:
Marolf MD, Marissa Dee.

ID/CC:
95 yo with a history of chronic venous stasis and lower extremity wounds, prior DVTs/PEs, and chronic lower back pain who was airflighted from Bainbridge Island after being found with a decreased LOC

HISTORY OF PRESENT ILLNESS:

Per her son, Louis, the patient was last seen normal at 1500 today, when she was drinking tea and eating crumpits. She had not been having any symptoms prior to that, including fever, cough, shortness of breath, abdominal pain, etc. Medics arrived, and she reportedly had a GCS of 3 at one point. Vital signs were all within normal limits, except for a fever of 106. The decision was made to Air Flight patient to Harborview.

On arrival, she had a GCS of 9 but could not answer any questions or follow commands. She remained hemodynamically stable. She was rushed to CT as a code stroke. Her son was reached via phone, who expressed concern that she may have taken too much codeine, which has happened before, requiring Narcan a few years ago. The decision was made to give her 0.2 mg of Narcan, which seemed to improve her mental status rapidly. Within 10 minutes, her GCS was 15, and she was A&Ox4, answering all questions appropriately.

History is somewhat limited because patient is hard of hearing and without her hearing aids; however, she says earlier today she said she "didn't feel quite right" but could not pinpoint why. She denies taking any extra codeine. Her only symptom was bad lower back pain. She hasn't felt chest pain, abdominal pain, shortness of breath, cough, or any other new symptoms.

PAST MEDICAL HISTORY:
chronic venous stasis and lower extremity wounds, prior DVTs/PEs, and chronic lower back pain

PROBLEM LIST:

MRSA
1) Created via Discern Rules based on patient history/lab results
MRSA
1) Created via lab_mrsa_check Discern Rule based on patient lab results
Supratherapeutic INR

MEDICATIONS:
Taken from the chart:
acetaminophen PRN
atorvastatin 20 MG
Calcium Carbonate 500 MG Oral Chew Tab PRN
Lactobacillus (ACIDOPHILUS) 0.5 MG PRN
pentoxifylline ER 400 MG TID

ALLERGIES:

nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

FAMILY HISTORY:
non-contributory

SOCIAL HISTORY:
Lives with son Louis

REVIEW OF SYSTEMS:
A complete ROS was performed and is negative, except as noted above.

PHYSICAL EXAMINATION:
Constitutional:
Vital Signs : Vital Signs - ED

5/27/2020 19:37	**Temperature - C**	**37.9 degC High**
	Temperature Source	Temporal Artery
	Heart Rate	87 bpm
	Respiratory Rate	16 br/min
	SBP - Noninvasive	**155 mmHg High**
	DBP - Noninvasive	73 mmHg
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper
	Vital Sign Reason	Routine
	SpO2	99 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting
5/27/2020 18:44	Heart Rate	94 bpm
	Respiratory Rate	18 br/min
	SBP - Noninvasive	**151 mmHg High**
	DBP - Noninvasive	78 mmHg
	MAP - Noninvasive	83 mmHg
	BP Method	Automatic

	BP Extremity	RIGHT, Arm, Upper
	SpO2	96 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting
5/27/2020 18:22	Respiratory Rate	18 br/min
	SBP - Noninvasive	**146 mmHg High**
	DBP - Noninvasive	**109 mmHg High**
	MAP - Noninvasive	126 mmHg
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper
	SpO2	98 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting
5/27/2020 18:15	Temperature - C	37.2 degC
	Temperature Source	Temporal Artery
5/27/2020 17:47	Heart Rate	88 bpm
	Respiratory Rate	20 br/min
	SBP - Noninvasive	**149 mmHg High**
	DBP - Noninvasive	64 mmHg
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper
	SpO2	98 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting
5/27/2020 17:40	O2 Delivery Device	Room air .

HENT:
Normocephalic/atraumatic.
Eyes:
Normal conjuctiva.
Normal sclera.
Cardiovascular:
Regular rate and rhythm, no murmur, rub or gallop.
No clubbing, cyanosis, or edema:.
Respiratory/Chest:
Clear to auscultation bilaterally.
Normal respiratory effort.
Gastrointestinal:
Soft.
Abdomen non-tender.
Abdomen non-distended.
Neurologic:
Alert and oriented to person, place, and time.
Cranial nerves II - XII intact.
Strength testing reveals full, symmetric strength in both upper and lower extremities.
Skin:
small, healing stage II ulcers with no surrounding erythema/warmth on R leg. Numerous stage II ulcers on L leg with some increased erythema and tenderness on the anterior surface of the shin below the knee joint.
Psychiatric:
Appropriate.

RESULTS REVIEW:
Results
Laboratory

5/27/2020 19:30	Color, URN	Yellow	
	Clarity, URN	Clear	
	Specific Gravity, URN	**>1.040 g/mL**	
	pH, URN	6.0	
	Protein (Albumin Semi-Quant), URN		**Trace mg/dL**
	Glucose Qual, URN	Negative mg/dL	
	Ketones, URN	Negative mg/dL	
	Bilirubin Qual, URN	Negative	
	Occult Blood, URN	Negative	
	Nitrite, URN	Negative	
	Leukocyte Esterase, URN	Negative	
	Urobilinogen, URN	0.1-1.9 Ehrlich units	
	Comments for Macroscopic, URN		None
	Collection Method	Information not provided	
	WBC, URN	0-5(NEG) /HPF	
	RBC, URN	0-2(NEG) /HPF	
	Epith. Cells, Squamous, URN		**>5(PRESENT) /LPF**
	Epith. Cells, Renal/Transitional, URN		<3(NEG) /HPF
	Bacteria, URN	Not Seen	
	Mucus, URN	**Present /LPF**	
	Comments for Microscopic, URN		None
	Amphet/Methamphetamine Qual,URN		Negative
	Alcohol (Ethyl), URN	Negative mg/dL	
	Barbiturate Qual, URN	Negative	
	Benzodiazepines Qual, URN	Negative	
	Cocaine Qual, URN	Negative	
	Methadone Qual, URN	Negative	
	Opiates Qual, URN	Negative	
	Phencyclidine Qual, URN	Negative	
	Cannabinoids Qual, URN	Negative	
	Tricyclic Antidepressant Qual, URN		Negative
	Acetaminophen Qualitative, URN		Negative
	Drug Screen Info, URN	Drug screen comment [Interpretation] in Urine	
5/27/2020 18:50	COVID-19 Coronavirus Qual PCR Specimen		Swab
	COVID-19 Coronavirus Qual PCR Result		In Progress (In Progress)
	COVID-19 Coronavirus Qual PCR Interp		In Progress (In Progress)
	COVID-19 Qualitative PCR Indication		Symptomatic
	Rapid Influenza A/B, RSV by PCR Specimen		Nasopharyngeal Swab
	Rapid Influenza A by PCR Result		Negative
	Rapid Influenza B by PCR Result		Negative
	Rapid RSV by PCR Result	Negative	
5/27/2020 18:43	Blood C and S	In Progress (In Progress)	
5/27/2020 18:30	Blood C and S	In Progress (In Progress)	
5/27/2020 17:58	Na	138 mEq/L	
	K	4.3 mEq/L	
	Cl	102 mEq/L	
	CO2	25 mEq/L	
	Anion Gap	11	
	Glucose Level	**161 mg/dL High**	
	BUN	15 mg/dL	
	Creatinine	0.83 mg/dL	
	eGFR, Calculated, African American		>60 mL/min/1.73m2
	eGFR, Calculated, European American		>60 mL/min/1.73m2
	eGFR, Additional Information		Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	9.1 mg/dL	
	Troponin-I	<0.03 ng/mL	
	Troponin-I Interpretation	Normal	
	AST (GOT)	14 units/L	

	ALT (GPT)	8 units/L
	Alk Phos (Total)	65 units/L
	Bilirubin (Total)	0.4 mg/dL
	Protein (Total)	7.3 g/dL
	Albumin	3.6 g/dL
	WBC	**15.32 thousand/microL High**
	RBC	**3.60 million/microL Low**
	Hb	**9.3 g/dL Low**
	HCT	**30 % Low**
	MCV	84 fL
	MCH	**25.8 pg Low**
	MCHC	**30.7 g/dL Low**
	PLT	312 thousand/microL
	RDW-CV	**17.1 % High**
	% Neutrophils	85 %
	% Lymphocytes	8 %
	% Monocytes	6 %
	% Eosinophils	0 %
	% Basophils	0 %
	% Immature Granulocytes	1 %
	% Nucleated RBC	0 %
	Nucleated RBC	0.00 thousand/microL
	Neutrophils	**12.96 thousand/microL High**
	Lymphocytes	1.26 thousand/microL
	Monocytes	**0.96 thousand/microL High**
	Eosinophils	0.00 thousand/microL
	Basophils	0.04 thousand/microL
	Immature Granulocytes	**0.10 thousand/microL High**
	Prothrombin Time Patient	14.0 sec
	Prothrombin Time INR	1.1
	PTT Patient	32 sec
	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.
	Salicylate Level	<3 mg/dL
	Acetaminophen (Tylenol) Level	<10 mcg/mL
5/27/2020 17:57	L-Lactate, Venous Whole Blood	1.3 mmol/L
5/27/2020 17:47	**Glucose Level (POC), HMC**	**172 mg/dL High** .

RADIOLOGICAL STUDIES:
Radiology Results
XR Chest (05/27/2020 18:14)
~RADIOGRAPH OF THE CHEST, 1 VIEW
CLINICAL INDICATION:
fever
COMPARISONS:
8/1/2019
FINDINGS AND IMPRESSION:
There is new patchy opacification within the bilateral mid and lower lungs and increased prominence of the interstitium which may represent mild superimposed edema. Findings are concerning for multifocal pneumonia in setting of fever including atypical/viral pneumonia.
No effusion or pneumothorax.
Heart size is normal and unchanged.
No acute osseous abnormality. The right AC joint is not visualized. Mild left AC joint and shoulder osteoarthritis. Soft tissues are normal.
ATTENDING RADIOLOGIST AND PAGER NUMBER

3763 MEDVERD JONATHAN RUSSELL MD
RESULT DETAIL
Ordering Provider:MARISSA DEE MAROLF 513286
Diagnosis:fever
History:
Comment:From ORCA:
Assisting Radiologist(s):AARON DAUB 508923

CTA Neck (05/27/2020 18:12)
~EXAMINATION:
CTA NECK ANGIO
CLINICAL INDICATION:
Stroke Code
TECHNIQUE:
CTA Head and Neck Stroke (N-48)
1. Non-contrast head: MDCT scanning was obtained through the head without contrast.
2. CTA Head/Neck: MDCT was obtained from the aortic arch to the vertex during bolus infusion of contrast. Slab 3D-MIP reformatted images of extracranial and intracranial vessels were obtained in multiple planes.
3. Post-contrast head: MDCT was obtained through the head after contrast injection.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.
CONTRAST:
Omnipaque 350 mg-ml 80 ml 05/27/2020 06:08 PM INTRAVENOUS
COMPARISON:
CT head without contrast 7/24/2019
FINDINGS:
NON-CONTRAST HEAD CT:
MASS EFFECT & VENTRICLES: No midline shift shift. The lateral ventricles are symmetric. Incidentally noted is a septum cavum pellucidum. Prominence of the ventricular system and extra-axial spaces is commensurate with mild cerebral volume loss. Basal cisterns are patent. No downward herniation.
BRAIN: No acute infarct, hemorrhage or mass lesion is seen. Mild periventricular and deep subcortical white matter hypodensities likely representing small vessel ischemic changes. Bilateral basal ganglia mineralization. Similar left parietoccipital calcification.
VASCULAR: Moderate calcification of bilateral cavernous carotids and intracranial segments of the vertebral arteries.
EXTRA-AXIAL: No abnormal extra-axial fluid collections or masses.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Bilateral lens replacement. Orbits are otherwise normal.
POST-CONTRAST HEAD CT:
ENHANCEMENT: Normal intracranial enhancement.
HEAD CTA:
ARTERIES: Normal intracranial arteries. No aneurysm, AVM, stenosis or occlusion.
VARIANTS: Circle of Willis is normally developed. No other vascular anatomic variants.

VEINS: Dural sinuses and deep venous structures are normal.
NECK CTA:
AORTIC ARCH: Common origin of the brachiocephalic and left common carotid arteries from the arch, a normal variant anatomy.
CAROTIDS: Common carotid vessels are normal. Mild calcified plaque at the carotid bulbs/origins of the bilateral ICAs without significant stenosis. Additional calcified plaque within the bilateral carotid canals, cavernous carotids and supraclinoid ICAs. Fusiform aneurysmal dilation of the right supraclinoid ICA to the circle of Willis measuring up to 0.6 cm. Internal carotid artery origins show no stenosis. Cervical ICA's are normal.
VERTEBRALS: Focal calcifications at the origins of the bilateral vertebral arteries without significant stenosis. There is flattening of the left vertebral artery within the V3 segment (12/132), although the more distal segments are well perfused. Right cervical segments are normal. Right vertebral artery is dominant.
IMPRESSION:
1. Head CT
- No acute infarct, hemorrhage or mass effect.
- Mild cerebral volume loss and sequela of chronic ischemic microvascular disease.
2. CTA head
- No high-grade stenosis or occlusion.
- Fusiform aneurysmal dilation of the right supraclinoid ICA measuring up to 0.6 cm.
3. CTA of the neck vessels
- No high-grade stenosis, dissection or occlusion.
- Mild calcified plaque in the bilateral carotid bulbs without significant ICA stenosis.
Internal carotid artery origin stenosis by NASCET criteria: No significant stenosis by NASCET criteria.
This is a preliminary report by Dr. Aaron Daub (PGY-5). A final report will be available by 10:00 AM on the following morning, or after 3 PM on weekends and holidays. Unless a final report appears below, an attending Radiologist has not yet reviewed the images.
ATTENDING RADIOLOGIST AND PAGER NUMBER
3510632 SUPPORT SERVICE MD
RESULT DETAIL
Ordering Provider:JENELLE HOLST BADULAK 509366
Diagnosis:Stroke Code
History:
Comment:
Assisting Radiologist(s):AARON DAUB 508923

.

EKG:
ECG (my read): NSR with right bundle branch block (appears unchanged from ECG in 2015)

ED COURSE & MEDICAL DECISION MAKING:

95 yo with a history of chronic venous stasis and lower extremity wounds, prior DVTs/PEs, and chronic lower back pain who was airflighted from Bainbridge Island after being found with a decreased LOC. On arrival, patient had a GCS of 9, and was unable to follow commands. She was able to gag and phonate, demonstrating good protection of airway. Vital signs were within normal limits. She was taken immediately to CT for a code stroke. CT/CTA showed no acute stroke or intracranial abnormality. Collateral was obtained from the son via the phone. He noted a history of codeine overdose and expressed concerns that this could be the cause of her current decreased conciousness, though he had not actually witnessed it. For this reason, she was given Narcan 0.2 mg. Within the next 10-15 minutes, her mental status improved significantly, and she became fully oriented, able to answer questions. Given her fever to 106 F while en route, we began an infectious work up. Interview was non-focal; patient only endorsed her chronic lower back pain. Exam was only notable for increased painful, erythema on her L anterior shin below her knee in association with mulitiple chronic venous stasis ulcers. To work up her LOC and fever, we obtained: CXR, ECG, CBC, CMP, coags, tylenol level (given initial concern of tylenol with codeine intake) trops, U/A, and Utox.

Update: Work up is only significant for: 1) leukocytosis to 15, and 2) a CXR shows a new patchy opacity and increased interstitial prominence, concerning for possible pneumonia. She is currently not endorsing any respiratory symptoms, but her right leg is concerning for a mild cellulitis. As her vitals have been fine and she has returned to her baseline, will prescribe doxycycline to cover for both cellulitis and pneumonia. At this point, we suspect that the patient was not feeling "quite right" today as a result of an infection, but given the impressive response to Narcan (and her history of a similar codeine overdose), her decreased level of conciousness was likely a result of codeine. Given how well she is doing, it would be reasonable to manage her cellulitis and possible pneumonia as an outpatient. I called Louis to inform him of this plan. Unfortunately, he doesn't have anyone available to pick her up. We are working on obtaining a taxi.

Update: Patient's son cannot be reached, and it would not be safe for her to go home alone. I contacted medicine, and they will admit the patient for further monitoring/management until a safe outpatient plan can be enacted.

Attending of record is Jenelle Badulak MD.

DISPOSITION/PLAN:
Final disposition:
Admit to med/surg bed.
Admitting Service:
Medicine.

IMPRESSION/DIAGNOSIS:

No diagnoses documented
codeine overdose
cellulitis
possible pneumonia

ATTENDING STATEMENT:
Code activated:
Stroke.
Attending Statement
A laboratory evaluation was ordered and I have personally reviewed all of these findings.
A radiology evaluation was ordered and I have personally reviewed all of these findings.
A ECG evaluation was ordered and I have personally reviewed all of these findings.
I have personally reviewed the medical records accompanying this patient from an outside institution.
This patient's prior medical records at the University of Washington healthcare system were reviewed and contributed to this ED medical evaluation.
I was the supervising attending involved in this patient's Emergency Department care. I have personally obtained a history and evaluated this patient and discussed the history, physical exam, diagnostic studies, and treatment plan with the resident. I agree with their documentation and where necessary for either clarification or accuracy, I have added directly to the above note or provided additional comments below.

Electronically Reviewed/Signed On: 05/27/20 at 23:29

_____

Marolf MD, Marissa Dee
Resident, Department of Internal Medicine
Box 356421
Seattle WA

Electronically Co-Signed On: 05/29/20 at 11:12

_____

Badulak MD, Jenelle Holst
Acting Assistant Professor, Emergency Medicine/Pulmonary, Critical Care, and Sleep Medicine
Box 359702
Seattle WA

MDM
DD:05/27/20

ED NOTE

HOSPITAL DAY: 0

CHIEF CONCERN:
This is a 95 year old woman who presents with AMS

PCP: William Neighbor

HISTORY OF PRESENT ILLNESS:
Ms. Hoffman is a 95 year old woman with HTN, HLD, chronic venous stasis wounds who presents with AMS, fever.

Per ED, patient's son report progressive somnulence over the course of the day and requested airlift to HMC. Stroke code was called. Vitals signs were notable for a temp of 106 en route. Her son that previously she had behaved this way when overdosing on codeine. Narcan was given in CT scanner and patient normalized within a few minutes. CTH and CTA negative.

In the ED, patient was febrile with Tmax 38.8, mildly hypertensive, otherwise normal vitals. ED was concerned for L leg cellulitis superimposed on chronic wounds and ?PNA given CXR with bilateral patchy infiltrates. Given doxycycline. Felt stable to return home however transportation not possible at late hour given lives on Bainbridge. Given CXR findings, ruling out for COVID.

Jeanne, was sound asleep when I met her, and as reported to me by the ED, extremely hard of hearing. She was able to deny pain, cough, shortness of breath, chest pain. Said her leg was not worse but not sure if she understood the question. Denied fevers.

[x] Patient unable to communicate and provide ROS or details of past medical, social, or family history - *limited by severe hard of hearing*
PAST MEDICAL HISTORY:
HTN - not on any meds
DM2 - not on any meds
HLD
H/o DVTs, previously on warfarin
Chronic venous insufficiency
7/2019 GLF with R sided rib fractures, R hemothorax, non-operative pelvic fractures

MEDICATIONS PRIOR TO ADMISSION:
atorvastatin 20mg qd
cholecalciferol 2000U qd
lactobacillus
MVI
tylenol
tylenol with codeine

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

HABITS:
Denies smoking or drinking

SOCIAL HISTORY:
Lives on Bainbridge with son? was not able to confirm

FAMILY HISTORY:
[x] Unable to Obtain due to Patient Condition

REVIEW OF SYSTEMS: Complete ROS has been performed. Positive and pertinent negatives listed in HPI. All other systems negative.

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
05/27/20 21:54	Temp C:	38.8	37.2	-	38.8
05/27/20 22:45	HR:	95	87	-	95
05/27/20 22:45	RR:	18	16	-	20
05/27/20 22:45	SBP Non-Inv:	145	140	-	155
05/27/20 22:45	DBP Non-Inv:	73	64	-	109
05/27/20 18:44	MAP Non-Inv:	83	83	-	126
05/27/20 19:37	GCS Total	15	9	-	15
05/27/20 22:45	O2 Sat:	97			
05/27/20 22:45	O2 Delivery Device:	Room air			

PHYSICAL EXAM:
Gen: fast asleep but able to wake up - difficult as very hard of hearing
HEENT: MMM
Cardiac: regular
Pulmonary: breathing comfortably on room air, clear sounds bilaterally
Abdominal: soft NT
Extremities: chronic venous statis changes b/l, R leg with medial ulcerations, erythematous and warm from ankle to knee unlike L leg
Neuro: alert, very hard of hearing, face symmetrical, moving all extremities

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

	RESULTS FROM TODAY 05/27/20 17:58			RESULTS FROM YESTERDAY ---		
			|- ICa - - -			|- ICa - - -
138	102	15	|- Ca 9.1	- - -	- - -	- - - |- Ca - - -
---------|----------|----------<	161		|- Mg - - -	---------|----------|----------<	- - -	|- Mg - - -
4.3	25	0.83	|- Phos - - -	- - -	- - -	- - - |- Phos - - -

	RESULTS FROM TODAY 05/27/20 17:58			RESULTS FROM YESTERDAY ---		
	9.3		|- PT 14.0		- - -	|- PT - - -
	15.32]----------[	312	|- INR 1.1		- - -]----------[- - -	|- INR - - -
	30		|- PTT 32		- - -	|- PTT - - -

ASSESSMENT / PLAN:

#Fevers
#Cellulitis
#?CAP
#Concern for COVID-19
Very challenging to get history from patient. Denies symptoms to me, told ED that she felt "off" this morning. Did have fever in ED. Right leg notably warm and erythematous compared to left. Does have CXR findings that could be consistent with atypical pneumonia. Would cover for both for now. Stable to DC home when transportation set up.
-f/u COVID swab
-augmentin + doxycycline for CAP v cellulitis

#AMS
Now resolved. Related to infection v ? codeine use - did response to Narcan
-f/u long tox

#Chronic venous stasis ulcers
Was supposed to see wound care outpatient
-wound care consult

#Osteoarthritis
-prn tylenol
-holding opioids at this time
-trial voltaren gel

#HLD
-continue home atorvastatin

FEN: general diet
VTE prophylaxis: enoxaparinContacts: LOUIS CHARLES HOFFMANN ALLOIN Son (360)649-5702
Code status: Full code presumed - could not hold in depth conversation with her
Discharge plan: can likely DC home tomorrow to Bainbridge

Electronically Reviewed/Signed On: 05/28/20 at 00:57

_____

Brusati MD, Allison J
Attending Physician, General Internal Medicine
Box 359780
Seattle WA

AJB
DD:05/28/20

PLEASE ENTER ALL INFORMATION LEGIBLY

Page ___ of ___

ADMITTING UNIT: ED Date 05.27.2020 Time 22:49	*	Date/Time Unit/Room	Date/Time Unit/Room	Date/Time Unit/Room	Date/Time Unit/Room	Date/Time Unit/Room
VALUABLES	*					
# of bags: 1 2 3						
✓ MEDICAL DEVICES						
☐ Dentures/partials						
☐ Hearing Aid (1)	(P)					
☐ Eyeglasses/contacts						
☐						
CLOTHING/OTHER	*					
# of bags: (1) 2 3	(P)					
✓ OTHER						
☐ Wheelchair	Ø					
☐ Walker/cane	Ø					
#SWEATER, PANTS	P					
Transfer Notes: # underwear						
Verified by: VINCENT, MA (print name)		Verified by: (print name)	Verified by: (print name)	Verified by: (print name)	Verified by: (print name)	Verified by: (print name)
Delivered By:						
Patient/PAR Signature: (for returned property)						

BIOHAZARDOUS

Clothing Disposal Date ___

Items & Reason:

Searched by: ___

Witnessed by: ___

PATIENT REFUSES TO SECURE VALUABLES

Items Not Secured:

Patient/PAR Signature ___ Date ___

Staff Signature ___ Date ___

Staff Signature witnessing verbal refusal ___ Date ___

* Legend: C = Property Room F = Family Ø = Not with Patient P = Patient S = ED/OR Safe N = Not Applicable

H0571976 BD:1/6/1925 95YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:5/27/2020
Enc:1848748734 RES:

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

PATIENT PROPERTY TRACKING

Page 1 of 1

H0796

WHITE - MEDICAL RECORD

HMC0796 REV JAN 20

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

5/28/2020 12:32:14 PM ED

ALL APPROPRIATE SPACES MUST BE COMPLETED

AIRLIFT NORTHWEST®

Poulsbo FD – to HMC

24-hour ComCenter: 1-800-426-2430
Business Office: 206-521-1599
Compliance Hotline: 800-508-1707

PATIENT NAME LAST	FIRST	MI	DOB	AGE	SEX	WEIGHT	TODAY'S DATE / ADM DATE
Hoffman	Jeanne	Leonie		95.	☐ M ☒ F	54.5 Kg	05.27.2020

SOCIAL SECURITY NO.	TIME	PTA 1715.	1724	1731	1739	HMC 1745	FLIGHT #
—	BP NIBP PALP ALINE	152/79.	141/65	136/67	139/68	149/64	TR #
PHONE NO. ( ) —	P	96	87.	87.	86.	92.	INCIDENT TIME
SIGNIFICANT MEDICAL Hx: Unknown	R / VENT	20.	18.	18.	18.	18.	DEPART (MILITARY TIME)
MECHANISM	T / ISOL	100.6					ARRIVE 1717
DIAGNOSIS: Altered mental Status.	O_2 SAT	PA 96%.	98%.	98%.	98%.	99%.	DEPART 1723.
HOME MEDICATIONS: ? Atorvastin.	PAIN 0 – 10						ARRIVE / END
	CHEMSTRIP	224					
ALLERGIES: NKDA	NEURO* PUPILS L / R		difficult to assess due glaucoma				Pearl
	GCS		4.1.4		4.1.4		Hansen.

MEDS ADMINISTERED: 0

VOLUME INFUSED PTA: 0

VOLUME INFUSED BY AIRLIFT NORTHWEST: 0

LABS: 0

THERAPIES

PTA	F.T.	N/A		PTA	F.T.	N/A	
☐	☒	☐	IV LINES / PLACEMENT R AC #22 L	☐	☐	☒	ET TUBE SZ ____ cm
☐	☐	☒	IO R L	☐	☒	☐	BILAT BS clear
☐	☐	☒	0_2 THERAPY: NP / MASK / BAG	☐	☐	☒	PACEMAKER MA____ RATE____

ECG STRIP

FLIGHT SUMMARY

Arz to Bainbridge Is for 95# last saw normal 1600 this date - Son ved on her at 1700 – ↓ mental status. No grips, no verbal - Pt opens eyes, blinks, withdraws appropriately c IV start. Breathing spontaneously. No Δ in initial assess in flight.

TRANSPORT COMMUNICATION RECORD

FLIGHT NURSE SIGNATURE

PT. NO. H0571976
NAME HOFFMAN JEANNE LEONIE
D.O.B. BD:1/6/1925 95YF
H EMERGENCY DEPARTMENT
DOS:5/27/2020
Enc:1848748734 RES:

Aviation Services provid

AIRLIFT NORTHWEST
RUN REPORT — COMPLETE CHART TO FOLLOW

WHITE — MEDICAL RECORD
CANARY — DEPARTMENT

AMR SEATTLE OPERATIONS
PATIENT CARE REPORT

HOFFMAN, JEANNE
DOB: 01/06/1925 (95 YEARS)
SEX: FEMALE
CASE #: 1872867
DOS: 05/27/2020

DESTINATION

HARBORVIEW MEDICAL CTR

HOSPITAL VISIT NUMBER

H0571976

SERVICE MODEL AGENCY: AMR

FROM:
350 8TH AVE
SEATTLE, WA 98104
(AIRPORT)
TO:
HARBORVIEW MEDICAL CTR
325 9TH AVE
SEATTLE, WA 98104
(HOSPITAL - ED)
ROOM/DEPT: HOSPITAL-EMERGENCY DEPARTMENT
DESTINATION DECISION:
CAT SCAN/MRI MACHINE IS NOT AVAILABLE

DISPATCH INFORMATION

CALLER: AIRLIFT NORTHWEST
ZONE: SFBT2
UNIT: SEC248
RESPONSE MODE: NO LIGHTS AND SIREN
TRANSPORT MODE: NO LIGHTS AND SIREN
ALS ASSESSMENT: NONE
DISPOSITION: TRANSPORTED - TEAM WITH PATIENT

TIMES

CALL RECEIVED:	17:17:18
DISPATCHED:	17:27:09
ENROUTE:	17:27:28
AT SCENE:	17:31:00
AT PT SIDE:	17:32:31
TRANSPORT:	17:34:34
ARRIVAL:	17:36:57
CARE TRANS'D:	17:45:00
AVAILABLE:	18:15:57
SCENE MILES:	0.0
DESTINATION MILES:	1.0
TOTAL MILES:	1.0

PATIENT DEMOGRAPHICS

NAME: HOFFMAN, JEANNE
ADDRESS: 321 HIGH SCHOOL ROAD NORTHEAST
CITY, STATE ZIP: BAINBRIDGE ISLAND, WA 98110
PHONE:
CELL PHONE:
SSN:

DOB: 01/06/1925
AGE: 95 YEARS
GENDER: FEMALE
ETHNICITY: CAUCASIAN

INSURANCE: MEDICARE **POLICY:** 8QX8G31PG72 **GROUP:**
INSURANCE: MEDICARE **POLICY:** 100675002WA **GROUP:** S99

RESPONSIBLE PARTY: HOFFMAN, JEANNE
PHONE:

NARRATIVE

NARRATIVE
DISPATCHED TO HELI PAD FOR AIRLIFT NW. CREW DONNED N95, GOGGLES, AND GLOVES PRIOR TO PATIENT CONTACT. PATIENT MOVED TO GURNEY ON BACKBOARD, SECURED WITH ALL BELTS. AIRLIFT NW SERVED AS PRIMARY PATIENT CAREGIVERS. PATIENT MOVED FROM GURNEY TO CT SCAN BED VIA LATERAL SHEET TRANSFER. PATIENT CARE SAFELY TRANSFERRED TO RECEIVING RN.

IMPRESSION

MEDICAL NECESSITY

REASON FOR TRANSPORT: ALTERED MENTAL STATUS/UNRESPONSIVE
UNDERLYING MEDICAL CONDITION: NEUROLOGICAL - ALTERED MENTATION

HOSPITAL VISIT NUMBER: H0571976

H0571976 BD:1/6/1925 95YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:5/27/2020
Enc:1848748734 RES:

MEDICAL HISTORY

HISTORY OBTAINED FROM: HEALTH CARE PERSONNEL
MEDICAL HISTORY: UNKNOWN
ALLERGIES: NOT KNOWN (NO KNOWN DRUG ALLERGIES)
MEDICATIONS: UNKNOWN ;
HAS THE PATIENT TRAVELED OUTSIDE OF THE COUNTRY IN THE LAST 30 DAYS?: NO
DOES THE PATIENT DISPLAY/COMPLAIN OF ANY OF THE FOLLOWING SYMPTOMS?: YES
- FEVER
- COUGH
- SHORTNESS OF BREATH
- WEAKNESS/TIREDNESS
PRIOR TO SYMPTOM ONSET, DID PATIENT HAVE CLOSE CONTACT WITH ANOTHER INDIVIDUAL WITH SIMILAR SYMPTOM(S) OR CONFIRMED DIAGNOSIS OF INFECTIOUS DISEASE?
UNKNOWN

VITAL SIGNS

NO VITALS TO DISPLAY.

5/28/2020 1:22:31 PM AMB

PHYSICAL FINDINGS

WEIGHT: 45.4 KG; 100 LBS

PHYSICAL ASSESSMENT

HEAD: NOT ASSESSED
NECK: NOT ASSESSED
CHEST: NOT ASSESSED
ABDOMEN: NOT ASSESSED
PELVIS: NOT ASSESSED
BACK: NOT ASSESSED
EXTREMITIES: NOT ASSESSED

TREATMENTS

CREW ONE SAFETY PRECAUTIONS HEPA MASK,GLOVES,EYE PROTECTION
CREW TWO SAFETY PRECAUTIONS HEPA MASK,GLOVES,EYE PROTECTION

PTA	TIME	CAREGIVER	PROCEDURE
		ECKBERG, TREVOR,AMR	**FACILITY ACTIVATION** - ACTIVATION TYPE: NO ALERT

RUN COMPLETION

PATIENT CONDITION UPON EMS ARRIVAL: LOWER ACUITY (GREEN)
CONDITION OF PATIENT AT THE END OF EMS CARE: LOWER ACUITY (GREEN)
HOSPITAL VISIT NUMBER: H0571976

OTHER UNIT TRANSPORTING

TRANSPORTING AGENCY: AIRLIFT NW

OTHER CAREGIVERS

CAREGIVER NAME: TRACY
CERTIFICATION:
AGENCY: AIRLIFT NW
ROLE:
OTHER UNIT/TEAM CASE NUMBER: TC20-1004
OTHER UNIT/TEAM UNIT NUMBER: 2
REASON FOR OTHER UNIT/TEAM TRANSPORT: FLIGHT TEAM
ARRIVED ON SCENE: BEFORE AMR
COMMENTS:

PRIVACY PRACTICES: THE NOTICE OF PRIVACY PRACTICES WAS UNABLE TO BE PROVIDED

DELAY REASONS

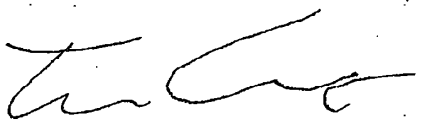
PCR ID: 20200527173840719 28 **DEVICE:** WSEAMEDS16 **PRINTED:** 5/27/2020 20:01:17

AMR SEATTLE OPERATIONS
PRE-HOSPITAL CARE REPORT SIGNATURES

CASE #: 1872867 **UNIT ID:** SEC248 **DATE:** 05/27/2020

AMR SEATTLE OPERATIONS CREW MEMBERS

CREW 1
NAME: ECKBERG, TREVOR,AMR
NUMBER: 61011501
CERTIFICATION: EMT



CREW 2
NAME: BUDINICH, ERICKA,AMR
NUMBER: 60807807
CERTIFICATION: EMT

OTHER CAREGIVERS

NAME: TRACY
AGENCY: AIRLIFT NW
CERTIFICATION:
REASON FOR OTHER CAREGIVER:

PCR ID: 20200527173840719 28 **DEVICE:** WSEAMEDS16 **PRINTED:** 5/27/2020 20:01:17

Patient Information for Inclusion in the UW Medicine Patient Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

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

- Harborview Medical Center
- University of Washington Medical Center – Northwest
- University of Washington Medical Center – Montlake / Seattle Cancer Care Alliance
- Valley Medical Center

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

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

☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will not be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example, flowers and gifts)* addressed to me.** Unable

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out

☐ Crime Victim ☐ Employee ☐ Incarcerated Patient
☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest

Name of person requesting opt out *(if other than patient)*:_____

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

Date	Signature *(Patient or Person Authorized to Give Authorization)*

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

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

H0571976 BD:1/6/1925 95YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:5/27/2020
Enc:1848748734 RES:

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

PT INFORMATION FOR UW MEDICINE PATIENT DIRECTORY

Page 1 of 1

U1868

UH1868 REV JAN 20

WHITE – MEDICAL RECORD
CANARY – PATIENT

Financial Agreement & Acknowledgement

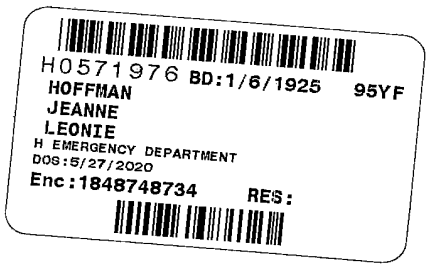
y signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

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

Unable

Signature (Patient or Person Authorized to Give Consent)	Print Name & Relationship to Patient	Date



UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington
FINANCIAL AGREEMENT & ACKNOWLEDGEMENT
Page 1 of 2

WHITE – MEDICAL RECORD
CANARY – PATIENT

UH1865 REV JAN 20

Financial Agreement & Acknowledgement

Understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. Sometimes patients will pay more for certain outpatient services and procedures at hospital-based outpatient locations. The amount will depend on my insurance. I may review my insurance benefits or contact my insurer to learn what my policy will pay and what out-of-pocket expenses I may need to pay. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

PLACE PATIENT LABEL HERE

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

FINANCIAL AGREEMENT & ACKNOWLEDGEMENT

Page 2 of 2

U1865

UH1865 REV JAN 20 BACK

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- Hall Health Primary Care Center
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record. Part of your care may take place through telemedicine technology, which may mean 1) live video between your care team members *(in which you also may be involved)*, or 2) "remote" review by your care team of the images described above.

SIGNATURE Unable

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give consent)	PRINT NAME	DATE

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

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

H0571976 BD:1/6/1925 95YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:5/27/2020
Enc:1848748734 RES:

ERE

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
CARE AGREEMENT
Page 1 of 1
U0051

WHITE – MEDICAL RECORD
YELLOW - PATIENT

UH0051 REV JUL19

Proficiency of Language Assistance Services

ATTENTION: If you speak [language other than English], language assistance services, free of charge, are available to you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្នកភាសា ដោយមិនគិតឈ្ល គឺអាចមានសំរាប់បរើអ្នក។ ចូរ ទូរស័ព្ទ

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 -

ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-1019

YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: KEPRO 1-888-305-6759. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 2067449535

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

UNABLE TO SIGN	JEANNE HOFFMAN	5/28/20 1100
Signature of Patient or Representative	Patient Name (printed)	Date/Time

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

CMS 10065-IM (Exp. 12/31/2022)

H0571976 BD:1/6/1925 95YF
HOFFMAN
JEANNE
LEONIE
H 4E
DOB:5/27/2020 BRUBATI, ALLISON J,
Enc:1848748734 RES:

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

AN IMPORTANT MESSAGE FROM MEDICARE
Page 1 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

HU2445 REV MAR 20

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
  - Here is the contact information for the QIO:
    KEPRO:
    Toll-free Phone: 1-888-305-6759
    Toll-free Fax: 1-833-868-4064

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.

- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☒ HMC: Medicare Provider Number ☒ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
☐ UWMC: Medicare Provider Number ☐ 50-0008 *(acute care)* ☐ 50-S008 *(psych)* ☐ 50-T008 *(rehab)*

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
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- **STEP 4**: The QIO will review your medical records and other important information about your case.
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  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
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IF YOU MISS THE DEADLINE TO REQUEST AN APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS:

- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan, call your plan at: _____, _____
  (plan name) (plan phone number)

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.
CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information (Optional):

Print Physician Name: Brusati, Allison NPI: ☒ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

May. 28. 2020 5:26PM No. 3470 P. 1

AN IMPORTA... MESSAGE FROM MEDICARE ABC... YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-1019

YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: KEPRO 1-888-305-6759. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
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Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206 744 9535

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

Pt unable to sign	Hoffman, Jeanne	5/28/2020 @ 1713
Signature of Patient or Representative	Patient Name (printed)	Date/Time

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

CMS 10065-IM (Exp. 12/31/2022)

H0571976 BD:1/6/1925 95YF
HOFFMAN
JEANNE
LEONIE
H 4E
DOS:5/27/2020 BRUSATI, ALLISON J,
Enc:1848748734 RES:

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

AN IMPORTANT MESSAGE FROM MEDICARE
Page 1 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

UH2445 REV MAR 20

PAGE 1/6 ^ RCVD AT 5/28/2020 5:14:33 PM [Pacific Daylight Time] ^ SVR:ITS-RF-DT-P1/22 ^ DNIS:3251 ^ CSID: ^ ANI:2067443090 ^ DURATION (mm-ss):04-09

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
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AN IMPORTANT MESSAGE FROM MEDICARE

Page 2 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

UH2445 REV MAR 20

AIRLIFT NORTHWEST

95YF
H0571976 BD:1/6/1925
HOFFMAN
JEANNE
LEONIE
H 4E
DOS:5/27/2020
RES:
Enc:1848748734

PRID:62444710	Run Number:TC20-01904	Comm No:20-02482
Service:Airlift Northwest		Date:May 27, 2020
Base:Bremerton		Flight Plan:VFR
Unit:AL2		Team:Critical Care
Shift:C Shift		Crew 1:Hansen, Rebecca Nurse
Tail/Reg:951AL		
Type of Svc:Scene Unscheduled		Crew 2:Pearl, Traci Nurse
Dispatch Priority:Emergent		
Disposition:Treated and Transported by Airlift Northwest		Crew 3:Jacob, Neal Other NHC
Location:LZ: Bainbridge Fire Stn 21 47ï¿½38'36.0"N 122ï¿½31'17.4"W, scene Bainbridge Island, WA 98110 Kitsap County United States		Receiving:*Hospital* Harborview Medical Center Emergency Department 325 9th Avenue Seattle, WA 98104-2499 (206) 744-3000
		Rec. MD:Attending MD
		Destination Basis:Ground Transport > 30-60 Minutes

Last Name: Hoffman First: Jeanne Middle: Leonie
Address: 321 High School Road NE
City: Bainbridge Island ST:WA Zip:98110
County: Kitsap
Country: United States
Citizenship: United States
Phone: Home: 360-649-5702
DOB: 01/06/1925
Age: 95y Sex: F Weight: 54.5 kg
Height:
Subscriber: No

Odometer		Times	
Ld Miles:	10.1	Received:	16:57
		Notified:	16:57
		Dispatch:	16:57
		EnRoute:	17:06
		At Ref:	17:14
		At Patient:	17:17
		Leave w/ Pt:	17:23
		Leave Ref:	17:27
		At Rec:	17:31
		Available:	18:23
		Max Alt:	1500

Billing Information:
None Given

Scene Information

Description: Pt semi-fowlers- head up approx. 20 degrees on ALS ambulance stretcher.
First Agency Unit on Scene?: No
Patient Belongings: Sweater, shirt, pants, shoes on pt.

Chief Complaint (Category: MEDICAL - ADULT)

Altered mental status

History of Present Illness

AL2 to meet Poulsbo medics at Bainbridge Island for a 95 year old female requiring air medical transport to decrease out of hospital time and pt lives on an island. Per medic: Pt lives alone, son cares for her and checks on her regularly. Son last conversed with pt at 1600 today. Checked on her at 1700 and pt had altered mental status. 911 called. On medic arrival, pt unable to follow commands, unable to perform LAMS score, breathing spontaneously and VS WNL. Paramedic stated that pts son wanted pt to be transported to HMC.

Medical History	Current Medications	Allergies
Unknown Obtained From: Not Recorded	?Atorvastin	NKDA - Reported by family

Neurological Exam

Level of Consciousness: Responds to Pain
Chemically Paralyzed: No
Loss of Consciousness: No

Glasgow Coma Scale			
E	V	M	Tot

Neuro Comments: Per medic: pt pulled away appropriately when he started IV. Pt opens eyes, not too command, when being loaded into aircraft.

Int: 4 1 5 = 10

Pupils

	Left	Right
Size:	Unable to Assess	Unable to Assess
React:		

Comments: bilateral glaucoma

LA:
RA:
LL:
RL:

Airway

Status: Patent
Airway Exam: Do Not anticipate dfficult airway management

Respiratory

Effort: Normal
Sounds: L: Clear R: Clear
Comments: Pt on RA with SpO2 >95%.

Cardiovascular

JVD: Not Appreciated **Cap. Refill:** Less than 2 Seconds
Edema: Not Appreciated

Pulses

	Left	Right
Carotid:		
Radial:	Normal	Normal
Femoral:		

Injury Details

Initial Physical Findings

Assessment

Skin: Warm

Skin Findings: #22 RAC IV NS Lock. Dressing CDI. Pt warm to touch. Temperature taken by medics: 100.6. Sweater removed by flight crew prior to flight.

Chest/Lung: Breath Sounds-Equal, Breath Sounds-Normal-Left, Breath Sounds-Normal-Right

Generalized Ab Findings: Abdomen flat. Pt does not furrow brow when abdomen touched.

Left Dorsal Foot Findings: Assessment for left foot is the same as right foot- see note.

Right Dorsal Foot Findings: Ace bandage in place which was not removed. Skin appears tight/strictured/red. Paperwork from medics state pt has been to hyperbaric chamber (unknown reason) for bilateral feet care. Unable to palpate pulse due to ace bandage.

Fluids Before & During Transport

INTAKE			OUTPUT	
	Before	During	Before	During
CRYS:	0 mL	0 mL	EBL: mL	mL
			UO: mL	mL

IVs Prior to Assessment

IV#	Gauge	Site	Solution	Rate
1	22g	LAC	WNL Saline locked	

Medications / Infusions Prior to Assessment

No Medications / Infusions Prior to Assessment

Impression / Diagnosis

System: Medical - Adult
Impression: Altered level of consciousness

Activity

Time	H.R.	B.P.	MAP	RA SaO2	Resp	Rhythm	GCS	ECG Method	Glu	Temp	Pain
	H.R. Method	Method	LOC		Resp Effort		GCS Qual		Pupils		
Action	Comment										
17:14	88	152 / 79	103	95	14	Normal Sinus Rhythm, (REG)	4/1/5		224	100.6° F	0
	Electric Monitor - Cardiac	Auto. Cuff	Responds to Pain		Normal		Legitimate values w/o interventions such as		UTA		

							intubation and sedation	
	PTA vitals. Arrive to find pt on stretcher with HOB up approx. 20 degrees. Pt does not speak to command, does not follow commands to squeeze hand. Medic reports pt withdrew appropriately when he started IV. Pt squeezes eyes closed when attempting to check pupils. Medic reports son will meet pt at HMC.							
17:24	87	141 / 55	84	97	14	Normal Sinus Rhythm, (REG)	4/1/5	0
	Electric Monitor - Cardiac	Auto. Cuff			Normal			
Operations	Operations: Hearing Precautions, Environmental Controls, Safety Restraints, Patient Loaded - Cold, Patient Offload - Cold, Patient Monitoring.							
17:30								
Hosp. Notify	alert sent by Traci Pearl via Radio. Report to medic one doc							
17:31	87	136 / 67	90	98	14	Normal Sinus Rhythm, (REG)	4/1/5	
	Electric Monitor - Cardiac	Auto. Cuff			Normal			
17:35	86	139 / 68	92	98	14			0
	Electric Monitor - Cardiac	Auto. Cuff			Normal			
17:45	92	149 / 64	92	99	18	Normal Sinus Rhythm,	4/1/5	
		Auto. Cuff	Responds to Pain		Normal		Legitimate values w/o interventions such as intubation and sedation	UTA
	Arrival vital signs HMC ER. Flight summary: 95 year old with altered mental status. Last normal 1600. GCS remains unchanged in flight. VS stable. Pt taken to CT per Attending direction- code stroke.							

Paperwork from Referring: Personal Belongings
Paperwork to Receiving: Personal Belongings

Hansen, Rebecca: *Electronically Signed on 05/27/2020 20:07:01 PST*
WA Type: Nurse

Pearl, Traci: *Electronically Signed on 05/27/2020 19:36:12 PST*
WA Type: Nurse

5/29/2020 7:37:16 PM
U3104

UW Medicine
Discharge Instructions

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925

MRN: H0571976 **Acct #:** 1848748734
Current Date/Time: 5/28/2020 15:01:36 **Admission Date/Time:** 5/27/2020 5:39 PM

I (HOFFMAN, JEANNE LEONIE), have received printed discharge instructions and personalized patient education materials, including medications. I have verbalized understanding of instructions given.

Patient/Guardian Signature — Son / caregiver POA — 5/28/20 3:20pm
Relation to Patient — Date/Time

Discharge Staff Member

This form will be scanned and placed in the patient's medical record.

PLAC [illegible] ERE

H0571976 JAN 06, 1925 95Y F
HOFFMAN
JEANNE
LEONIE
H-4E
DOS:05/27/20 BRUSATI MD, ALLISON
Enc:1848748734 UPIN:

5/29/2020 7:37:16 PM

PATIENT DISCHARGE CHECK LIST

Check Yes or N/A	Discharge Questions	Staff Initials
☒ Yes ☐ N/A	Did your nurse review and give you your discharge instructions?	AKL
☒ Yes ☐ N/A	Did you receive instructions and supplies for wound care or other care that will continue after your discharge from the hospital *(lines, tubes and drains)*?	
☐ Yes ☒ N/A	Your nurse has reviewed and highlighted vendor information for all needed home health, home oxygen, home DME and/or home infusions.	
☐ Yes ☒ N/A	Did you receive information cards for implantable devices?	
☐ Yes ☒ N/A	Did you receive information cards for your PICC line or tunnel lines?	
☐ Yes ☒ N/A	Were you given your CD of X-rays?	
☒ Yes ☐ N/A	Have you been given discharge activity instructions or handouts from the Physical, Occupational or Speech Therapist?	
☐ Yes ☒ N/A	If recommended, did you receive outpatient prescriptions for Physical, Occupational or Speech Therapy?	
☒ Yes ☐ N/A	Did you receive information about your follow-up appointments *(including Blood Draw or Tests)*?	
☒ Yes ☐ N/A	If you've chosen to fill your prescription at an outside pharmacy, do you have a hard copy of your prescription?	
☒ Yes ☐ N/A	Do you have all your valuables, clothing and belongings?	
☒ Yes ☐ N/A	Have we answered all of your questions?	

Please stop in Admitting *(8th Avenue Lobby)* **before leaving the hospital to pick up your valuables and complete check out.**

May we call to check in with your after discharge?
☒ Yes, at this number 206 780 6885 ☒ permanent ☐ temporary
☐ No

CALL IN AM ONLY.

Patient or representative signature	Print Name	Date	Time
Jeanne Allison	Louis Allori	5/28	3:21pm

H0571976 JAN 06, 1925 95Y F
HOFFMAN
JEANNE
LEONIE
H–4E
DOS:05/27/20 BRUSATI MD, ALLISON
Enc:1848748734 UPIN:

UW Medicine
Harborview Medical Center – University of Washington Medical Center
UW Neighborhood Clinics – Valley Medical Center
University of Washington Physicians Seattle, Washington
PATIENT DISCHARGE CHECKLIST
Page 1 of 1

H2256

WHITE – MEDICAL RECORD
CANARY - PATIENT

HMC2256 REV JAN 20 PMM Item # 80243

5/29/2020 7:37:16 PM

Physician Prescription – Discharge Supplies – Inpatient
Dressing Supplies

PLACE IN PATIENT'S CHART

QTY	PMM#	DESCRIPTION
	283	ABD Gauze Pad 8" x 7 ½"
	48004	Aquacel Ag Ribbon .75x18in (per 6 in)
	49321	Aquacel Ag Extra 4x5
	56700	Aquaphor 1.75 oz
bx	247	Bandaid 1x3"
bx	248	Bandaid 2x4"
	199	Burn Dressing 5" x 7"
pk	42257	Burn Net Size 0.5
bx	42258	Burn Net Size 1
bx	42261	Burn Net Size 4
bx	42264	Burn Net Size 6
bx	42265	Burn Net Size 10
bx	45269	Burn Net Size 12
	213	Compression Bandage Elastic 3"
	214	Compression Bandage Elastic 4"
	215	Compression Bandage Elastic 6"
	173	Cuticerin Dressing 3 x 3
	174	Cuticerin Dressing 3 x 8
pk	171	Cuticerin Dressing 3 x 8 (3/pk)
	175	Cuticerin Dressing 8x16
bx	665	Drain Sponge 4" x 4"
	22679	Fine Mesh Gauze 10" x 12"
bx	672	Gauze Pad 2" x 2"
bx	669	Gauze Pad 4" x 4"
	47579	Hypafix 4x36"
bt	269	Iodoform Packing Strip ¼"
bt	270	Iodoform Packing Strip ½"
bt	271	Iodoform Packing Strip 1"
pk	303	Kerlix Fluff 6 x 6 (10/pk)
	223	Kerlix 2"
6	224	Kerlix 4"
	217	Kling 3"
	218	Kling 4"
	219	Kling 6"
6	53045	Medihoney Ca Alginate 4" x 5"
	53043	Medihoney Ca Alginate rope ¾ x 12
tb	53047	Medihoney Tube 1.5 oz.

QTY	PMM#	DESCRIPTION
	2139	Medipore Cloth Tape 2"
	2141	Medipore Cloth Tape 4"
	2142	Medipore Cloth Tape 6"
	48005	Mepilex w/border 3" x 3"
	48006	Mepilex w/border 4" x 4"
	49222	Mepilex w/border 6" x 6"
	49223	Mepilex w/border 6" x 8"
	51386	Mepilex Ag 8" x 8"
	51387	Mepilex Ag 8" x 20"
24	49216	Mepilex Foam w/out border 4" x 4"
	49218	Mepilex Foam w/out border 6" x 6"
	49219	Mepilex Lite w/out border 2.4" x 3.4"
	49220	Mepilex Lite w/out border 4" x 4"
	51000	Mepilex Sacrum w/border 18 x 18 cm
	51001	Mepilex Sacrum w/border 23 x 23 cm
	49224	Mepilex Transfer 6" x 8"
	49225	Mepilex Transfer 8" x 20"
bt	49395	No Sting Barrier Spray
bx	616	No Sting Barrier Wipes
bt	17487	NuGauze Packing Strip ¼"
bt	272	NuGauze Packing Strip ½"
bt	273	NuGauze Packing Strip 1"
	49226	Silicone Tape 1"
	293	Transpore Tape 1"
	294	Transpore Tape 2"
bx	225	Tubigrip B
bx	226	Tubigrip C
bx	227	Tubigrip D
bx	228	Tubigrip E
bx	229	Tubigrip F
bx	230	Tubigrip G
	43229	Xeroform Dressing 4" x 36"
	259	Xeroform Dressing 5" x 9"

PHYSICIAN / PROVIDER SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
	Mark Zaros			5/28/20	

PT.NO H0571976 JAN 06, 1925 95Y F
NAME HOFFMAN
JEANNE
LEONIE
H–4E
DOS:05/27/20 BRUSATI MD, ALLISON
Enc:1848748734 UPIN:
DOB

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PHYS PRSCPT-DSCHG SUPPLY-DRESSING

H2436

WHITE –MEDICAL RECORD

HMC2436 REV AUG 17

AN IMPORTA MESSAGE FROM MEDICARE ABC YOUR RIGHTS

5/28/2020 07:25:29 PM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-1019

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Pt unable to sign	Hoffman, Jeanne	5/28/2020 @ 1713
Signature of Patient or Representative	Patient Name (printed)	Date/Time

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

CMS 10065-IM (Exp. 12/31/2022)

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DOS:5/27/2020 BRUSATI, ALLISON J,
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University of Washington Physicians Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE

Page 1 of 2

U2445

UH2445 REV MAR 20

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

5/29/2020 8:25:29 PM

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- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
    - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
    - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO REQUEST AN APPEAL, YOU MAY HAVE OTHER APPEAL RIGHTS:

- If you have Original Medicare: Call the QIO listed on Page 1.
- If you belong to a Medicare health plan, call your plan at: _____, _____
  (plan name) (plan phone number)

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.
CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information (Optional):

Print Physician Name: BRUSATI, ALLISON NPI: ☒ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

H0571976 BD:1/6/1925 95YF
HOFFMAN
JEANNE
LEONIE
H 4E
DOS:5/27/2020 BRUSATI, ALLISON J,
Enc:1848748734 RES:

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

AN IMPORTANT MESSAGE FROM MEDICARE

U2445

UH2445 REV MAR 20

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

AN IMPORTA MESSAGE FROM MEDICARE ABC YOUR RIGHTS

5/28/2020 03:26:46 PM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-1019

YOUR RIGHTS AS A HOSPITAL INPATIENT:

- You can receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- You can be involved in any decisions about your hospital stay.
- You can report any concerns you have about the quality of care you receive to your QIO at: KEPRO 1-888-305-6759. The QIO is the independent reviewer authorized by Medicare to review the decision to discharge you.
- You can work with the hospital to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.
- You can speak with your doctor or other hospital staff if you have concerns about being discharged.

YOUR RIGHT TO APPEAL YOUR HOSPITAL DISCHARGE:

- You have the right to an immediate, independent medical review (appeal) of the decision to discharge you from the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you choose to appeal, the independent reviewer will ask for your opinion. The reviewer also will look at your medical records and/or other relevant information. You do not have to prepare anything in writing, but you have the right to do so if you wish.
- If you choose to appeal, you and the reviewer will each receive a copy of a detailed explanation about why your covered hospital stay should not continue. You will receive this detailed notice only after you request an appeal.
- If the QIO finds that you are not ready to be discharged from the hospital, Medicare will continue to cover your hospital services.
- If the QIO agrees services should no longer be covered after the discharge date, neither Medicare nor your Medicare health plan will pay for your hospital stay after noon of the day after the QIO notifies you of its decision. If you stop services no later than that time, you will avoid financial liability.
- If you do not appeal, you may have to pay for any services you receive after your discharge date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206 744 9535

Please sign below to indicate you received and understood this notice.

I have been notified of my rights as a hospital inpatient and that I may appeal my discharge by contacting my QIO.

UNABLE TO SIGN	JEANNE HOFFMAN	5/28/20 1100
Signature of Patient or Representative	Patient Name (printed)	Date/Time

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

CMS 10065-IM (Exp. 12/31/2022)

H0571976 BD:1/6/1925 95YF
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AN IMPORTANT MESSAGE FROM MEDICARE

Page 1 of 2

U2445

UH2445 REV MAR 20

WHITE – MEDICAL RECORD
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PINK – PATIENT

5/28/2020 8:26:48 PM

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
    - Here is the contact information for the QIO:
      KEPRO:
      Toll-free Phone: 1-888-305-6759
      Toll-free Fax: 1-833-868-4064

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.

- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☒ HMC: Medicare Provider Number ☒ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
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AN IMPORTANT MESSAGE FROM MEDICARE

U2445

UH2445 REV MAR 20

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1842208390	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	11/25/2019 10:34:08AM	Discharge D/T:	11/25/2019 11:22:43AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:			
	SEATTLE WA		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE			Home Phone:	(360)6495702
	BAINBRIDGE ISLAND WA 98110			Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1841314441	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	10/21/2019 10:24:11AM	Discharge D/T:	10/21/2019 11:16:00AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	SEATTLE WA		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1841172376	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	9/23/2019 10:52:58AM	Discharge D/T:	9/23/2019 11:49:14AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

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Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID		Plan: 1165	Status:	
Contact:			Group No: S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA	WA	98507-9248	Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE		Birth Date : 01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA		98110	Sub Phone:	
Insurance 2:	MEDICARE		Plan: 35	Status:	
Contact:			Group No:	Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE		Birth Date : 01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3 PMB 292			Sub SSN:	531264736
	BAINBRIDGE ISLANWA		98110	Sub Phone:	

ASSESSMENT:
Assessment: Assumed care 2300. Pt AOx4, though severely HOH. VSS, afebrile. MAE, CMS+. Dressings CDI to BLE. Pt denies significant pain, managed with tylenol. Satting >95% on RA. LSC, deep breathing encouraged with IS. Pulling ~1500, PIC score 9. Adequate PO intake. Voiding via briefs, will call to get cleaned up following void. BM+ 8/4. Pt 1PA with FWW. No visitors at bedside, plan for SNF vs home, pending family/DPOA continued discussion.

All needs met at this time, will continue to monitor..
No restraints indicated.

MOBILITY:
Mobility goal for today: active ROM/in bed activity.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was active ROM/in bed activity.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 8/4/2019 8:00 - 8/4/2019 21:00).

EVALUATION:
Pt NOT progressing in these areas: Dispo plan, continued care/monitoring.

Electronically Reviewed/Signed On: 08/05/19 at 01:23

_____

Tallungan RN, Caitlin
Registered Nurse, 8EH-Burns/Plastics/Peds
Box 359835
Seattle WA

CT
DD:08/05/19

Nursing Progress Note - HMC

ORTHOPEDIC SURGERY DAILY PROGRESS NOTE

HOSPITAL DAY: 12

Ms. Hoffman's most recent XRs were done and reviewed on 7/30/19. As such, we will not need new XRs of the pelvis for another week (8/13/19).

[ ] F/u XRs AP/inlet/outlet 8/13/19 - if discharges, needs to follow-up in 1 week in pelvis clinic

Electronically Reviewed/Signed On: 08/05/19 at 09:51

_____

Byrnes MD, Thomas Kieran
Orthopaedic Surgery Resident, Orthopaedics and Sports Medicine
Box 359798
Seattle WA

TKB
DD:08/05/19

Ortho plan update re: Pelvis fxs

VISIT INFORMATION:
Admission date: 7/24/2019 .
Discharge date: 8/5/2019 .

DISCHARGE DIAGNOSES:
Discharge Diagnoses
..

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

Falls
- Referral to falls clinic at DC
- Discus DEXA and Bisphosphonates with PCP after fractures healed

#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin, it remains held
#HTN - holding home Losartan BPs stable
#HLD - continue Atorvastatin
#Chronic BLE wounds - wound care recs in DC instructions

OPERATIONS/PROCEDURES:
Events/Procedures
Events/Procedures from ORCA:
Right chest tube on admission, Discontinued on 7/27.

CONSULT(S) REQUESTED:
Physician Services: General surgery, Geriatrics, Orthopedic - green, Ortho pelvis.
Ancillary: Continuity of Care RN, Language Speech Pathology, OT, PT, Pharmacy, Social work, Wound.

RESULTS REVIEW:
Results <CBC> : CBC

8/4/2019 6:00	WBC	7.10 thousand/microL

	RBC	**2.60 million/microL Low**
	Hb	**7.7 g/dL Low**
	HCT	**25 % Low**
	MCV	96 fL
	MCH	29.6 pg
	MCHC	**30.8 g/dL Low**
	PLT	**454 thousand/microL High**
	RDW-CV	**17.9 % High**
7/31/2019 7:23	WBC	9.88 thousand/microL
	RBC	**2.61 million/microL Low**
	Hb	**7.6 g/dL Low**
	HCT	**25 % Low**
	MCV	95 fL
	MCH	29.1 pg
	MCHC	**30.6 g/dL Low**
	PLT	**403 thousand/microL High**
	RDW-CV	**17.3 % High**
7/26/2019 2:25	WBC	6.10 thousand/microL
	RBC	**2.90 million/microL Low**
	Hb	**8.5 g/dL Low**
	HCT	**27 % Low**
	MCV	95 fL
	MCH	29.3 pg
	MCHC	**31.0 g/dL Low**
	PLT	296 thousand/microL
	RDW-CV	**17.1 % High** , <BMP> : Blood Electrolyte
8/4/2019 20:18	**Glucose Level (POC), HMC**	**127 mg/dL High**
8/4/2019 16:18	Glucose Level (POC), HMC	120 mg/dL
8/4/2019 13:10	**Glucose Level (POC), HMC**	**235 mg/dL High**
8/4/2019 9:13	**Glucose Level (POC), HMC**	**208 mg/dL High**
8/4/2019 6:00	Na	142 mEq/L
	K	4.2 mEq/L
	Cl	108 mEq/L
	CO2	24 mEq/L
	Anion Gap	10
	Glucose Level	**129 mg/dL High**
	BUN	**25 mg/dL High**
	Creatinine	0.71 mg/dL
	eGFR, Calculated, African American	>60 mL/min/1.73m2
	eGFR, Calculated, European American	>60 mL/min/1.73m2
	eGFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	**8.5 mg/dL Low**
8/3/2019 20:38	**Glucose Level (POC), HMC**	**169 mg/dL High**
8/3/2019 17:02	**Glucose Level (POC), HMC**	**127 mg/dL High**
8/3/2019 12:06	**Glucose Level (POC), HMC**	**180 mg/dL High**
8/3/2019 8:17	**Glucose Level (POC), HMC**	**135 mg/dL High**
8/2/2019 20:43	**Glucose Level (POC), HMC**	**186 mg/dL High**
8/2/2019 16:49	**Glucose Level (POC), HMC**	**203 mg/dL High**
8/2/2019 13:11	**Glucose Level (POC), HMC**	**134 mg/dL High**
8/2/2019 11:31	**Glucose Level (POC), HMC**	**214 mg/dL High**
8/2/2019 9:09	**Glucose Level (POC), HMC**	**168 mg/dL High**
8/2/2019 8:30	**Glucose Level (POC), HMC**	**154 mg/dL High**
8/2/2019 6:06	Na	141 mEq/L
	K	4.8 mEq/L
	Cl	108 mEq/L
	CO2	27 mEq/L
	Anion Gap	6
	Glucose Level	**139 mg/dL High**
	BUN	**27 mg/dL High**
	Creatinine	0.75 mg/dL

	eGFR, Calculated, African American		>60 mL/min/1.73m2
	eGFR, Calculated, European American		>60 mL/min/1.73m2
	eGFR, Additional Information		Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	**8.5 mg/dL Low**	
8/1/2019 21:44	**Glucose Level (POC), HMC**	**207 mg/dL High**	
8/1/2019 17:34	**Glucose Level (POC), HMC**	**153 mg/dL High**	
8/1/2019 13:33	**Glucose Level (POC), HMC**	**144 mg/dL High**	
8/1/2019 8:37	**Glucose Level (POC), HMC**	**147 mg/dL High**	
7/31/2019 20:52	**Glucose Level (POC), HMC**	**210 mg/dL High**	
7/31/2019 16:38	Glucose Level (POC), HMC	121 mg/dL	
7/31/2019 12:23	**Glucose Level (POC), HMC**	**159 mg/dL High**	
7/31/2019 7:59	**Glucose Level (POC), HMC**	**143 mg/dL High**	
7/31/2019 7:23	Na	142 mEq/L	
	K	4.8 mEq/L	
	Cl	108 mEq/L	
	CO2	28 mEq/L	
	Anion Gap	6	
	Glucose Level	**153 mg/dL High**	
	BUN	**27 mg/dL High**	
	Creatinine	0.72 mg/dL	
	eGFR, Calculated, African American		>60 mL/min/1.73m2
	eGFR, Calculated, European American		>60 mL/min/1.73m2
	eGFR, Additional Information		Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	**8.5 mg/dL Low**	
7/30/2019 20:31	**Glucose Level (POC), HMC**	**242 mg/dL High**	
7/30/2019 18:31	**Glucose Level (POC), HMC**	**250 mg/dL High**	
7/30/2019 12:46	**Glucose Level (POC), HMC**	**134 mg/dL High**	
7/30/2019 9:06	**Glucose Level (POC), HMC**	**142 mg/dL High**	
7/30/2019 6:20	Na	139 mEq/L	
	K	4.6 mEq/L	
	Cl	107 mEq/L	
	CO2	25 mEq/L	
	Anion Gap	7	
	Glucose Level	**207 mg/dL High**	
	BUN	**30 mg/dL High**	
	Creatinine	0.71 mg/dL	
	eGFR, Calculated, African American		>60 mL/min/1.73m2
	eGFR, Calculated, European American		>60 mL/min/1.73m2
	eGFR, Additional Information		Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	**8.5 mg/dL Low**	
7/29/2019 17:05	Glucose Level (POC), HMC	117 mg/dL	
7/29/2019 12:36	**Glucose Level (POC), HMC**	**147 mg/dL High**	
7/29/2019 8:22	**Glucose Level (POC), HMC**	**158 mg/dL High**	
7/28/2019 20:29	**Glucose Level (POC), HMC**	**201 mg/dL High**	
7/28/2019 17:00	**Glucose Level (POC), HMC**	**167 mg/dL High**	
7/28/2019 12:07	Glucose Level (POC), HMC	117 mg/dL	
7/28/2019 8:13	**Glucose Level (POC), HMC**	**160 mg/dL High**	
7/28/2019 3:30	Na	139 mEq/L	
	K	4.6 mEq/L	
	Cl	108 mEq/L	
	CO2	25 mEq/L	
	Anion Gap	6	
	Glucose Level	**188 mg/dL High**	
	BUN	**32 mg/dL High**	
	Creatinine	0.70 mg/dL	
	eGFR, Calculated, African American		>60 mL/min/1.73m2

	eGFR, Calculated, European American	>60 mL/min/1.73m2	
	eGFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	
	Ca	**8.0 mg/dL**	**Low**
7/27/2019 6:45	Na	141 mEq/L	
	K	4.2 mEq/L	
	Cl	**110 mEq/L**	**High**
	CO2	25 mEq/L	
	Anion Gap	6	
	Glucose Level	**160 mg/dL**	**High**
	BUN	**34 mg/dL**	**High**
	Creatinine	0.89 mg/dL	
	eGFR, Calculated, African American	>60 mL/min/1.73m2	
	eGFR, Calculated, European American	**59 mL/min/1.73m2**	**Low**
	eGFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	
	Ca	**8.1 mg/dL**	**Low**
7/26/2019 2:25	Na	138 mEq/L	
	K	3.9 mEq/L	
	Cl	107 mEq/L	
	CO2	23 mEq/L	
	Anion Gap	8	
	Glucose Level	**137 mg/dL**	**High**
	BUN	**33 mg/dL**	**High**
	Creatinine	0.77 mg/dL	
	eGFR, Calculated, African American	>60 mL/min/1.73m2	
	eGFR, Calculated, European American	>60 mL/min/1.73m2	
	eGFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	
	Ca	**7.7 mg/dL**	**Low**
	Mg	2.0 mg/dL	
	Phosphate	4.5 mg/dL	
7/25/2019 3:35	Na	139 mEq/L	
	K	4.1 mEq/L	
	Cl	108 mEq/L	
	CO2	23 mEq/L	
	Anion Gap	8	
	Glucose Level	**136 mg/dL**	**High**
	BUN	11 mg/dL	
	Creatinine	0.65 mg/dL	
	eGFR, Calculated, African American	>60 mL/min/1.73m2	
	eGFR, Calculated, European American	>60 mL/min/1.73m2	
	eGFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	
	Ca	**7.8 mg/dL**	**Low**
	Mg	1.8 mg/dL	
	Phosphate	3.8 mg/dL	
7/24/2019 11:55	Na	142 mEq/L	
	K	4.2 mEq/L	
	Cl	107 mEq/L	
	CO2	28 mEq/L	
	Anion Gap	7	
	Glucose Level	**183 mg/dL**	**High**
	BUN	13 mg/dL	
	Creatinine	0.70 mg/dL	
	eGFR, Calculated, African American	>60 mL/min/1.73m2	
	eGFR, Calculated, European American	>60 mL/min/1.73m2	

eGFR, Additional Information Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
Ca **8.6 mg/dL** **Low** .

RADIOLOGICAL STUDIES:
Radiology Results
XR Chest (08/01/2019 13:14)
~EXAMINATION:
XR CHEST 1 VIEW
CLINICAL INDICATION:
pnx
COMPARISON:
July 29, 2019 and prior
FINDINGS AND IMPRESSION:
Hiatal hernia. Bibasilar atelectasis. Senescent changes in the cardiomediastinal contour and skeleton no pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
0758 STERN ERIC JAMES MD
(206)680-5013
RESULT DETAIL
Ordering Provider:MICHAEL DEE ALLEY 2093129
Diagnosis:pnx
History:
Comment:From ORCA:
Assisting Radiologist(s):

XR Pelvis (07/30/2019 01:31)
~EXAMINATION:
XR PELVIS MIN 3 VIEWS
CLINICAL INDICATION:
please obtain inlet/outlet views after pt starts to mobilize
COMPARISON:
CT chest abdomen pelvis dated July 24, 2019
FINDINGS AND IMPRESSION:
Redemonstration of minimally displaced right inferior pubic ramus fracture. No change in alignment. No new fractures identified. Diffuse osteopenia. Unchanged position of dynamic hip screw and lateral plate and screw fixation from remote proximal femoral fracture deformity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 CHEW FELIX SZE-KWAY MD
(206)559-7501
RESULT DETAIL
Ordering Provider:DEREK TANG NHAN 5221488
Diagnosis:please obtain inlet/outlet views after pt starts to mobilize
History:
Comment:From ORCA:
Assisting Radiologist(s):ANDREW WOERNER 5217833

XR Chest (07/29/2019 05:23)
~EXAMINATION:

XR CHEST 1 VIEW
CLINICAL INDICATION:
reeval right apical pneumothorax
COMPARISONS:
July 28
FINDINGS AND IMPRESSION:
Lines and tubes are unchanged.
Heart size is normal.
Lungs: Persistent bilateral basilar opacities, likely atelectasis or aspiration.
Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
384960 REDDY GAUTHAM PUTTA MD
(206)540-6593
RESULT DETAIL
Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval right apical pneumothorax, none
History:
Comment:From ORCA:
Assisting Radiologist(s):

XR Chest (07/28/2019 04:34)
~EXAMINATION:
XR CHEST 1 VIEW
CLINICAL INDICATION:
Reeval for pneumothorax
COMPARISONS:
7/27/2019 at 4:40 PM and other priors.
FINDINGS AND IMPRESSION:
Heart size is normal. Large hiatal hernia again noted.
Lungs: Persistent bibasilar opacities, likely atelectasis or aspiration.
Pleural spaces: No pleural effusions. No definite pneumothorax. Probable skinfold artifact overlying the right lung apex.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945
RESULT DETAIL
Ordering Provider:JUDITH K GLANN 511065
Diagnosis:Reeval for pneumothorax
History:
Comment:From ORCA:
Assisting Radiologist(s):

XR Chest (07/27/2019 16:46)
~EXAMINATION:
XR CHEST 1 VIEW
CLINICAL INDICATION:
eval for pneumothorax post CT removal
COMPARISONS:
7/27/2019 at 5:30 AM and other priors.

FINDINGS AND IMPRESSION:
Right chest tube has been removed.
Heart size is normal. Large hiatal hernia again noted.
Lungs: New bibasilar opacities, likely atelectasis or aspiration.
Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945
RESULT DETAIL
Ordering Provider:JUDITH K GLANN 511065
Diagnosis:eval for pneumothorax post CT removal
History:
Comment:From ORCA:
Assisting Radiologist(s):

XR Chest (07/27/2019 05:28)
~EXAMINATION:
XR CHEST 1 VIEW
CLINICAL INDICATION:
reeval chest tube on water seal
COMPARISONS:
7/26/2019 and other priors
FINDINGS AND IMPRESSION:
Right chest tube again noted.
Heart size is normal. Large hiatal hernia again noted.
Lungs: No focal opacities.
Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945
RESULT DETAIL
Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval chest tube on water seal
History:
Comment:From ORCA:
Assisting Radiologist(s):

XR Chest (07/26/2019 14:11)
~Addendum Begins
The right apical pneumothorax is trace or minimal in size.
Addendum Ends
EXAMINATION:
XR CHEST 1 VIEW
CLINICAL INDICATION:
reeval CT to water seal
COMPARISONS:
July 26, 2019 at 06:24 chest radiograph
FINDINGS AND IMPRESSION:
Right thoracostomy tube is unchanged in position. New right apical pneumothorax.

No other substantial cardiopulmonary changes.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664
RESULT DETAIL
Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval CT to water seal
History:
Comment:From ORCA:
Assisting Radiologist(s):KIET VO 2090897

XR Chest (07/26/2019 06:35)
~EXAMINATION:
XR CHEST 1 VIEW
CLINICAL INDICATION:
reeval pneumothora
COMPARISONS:
July 25, 2019
FINDINGS AND IMPRESSION:
Right apical thoracostomy tube is unchanged in position. No evidence of pneumothorax.
Increased bibasilar atelectasis.
Stable cardiomediastinal contours.
No other substantial cardiopulmonary changes.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664
RESULT DETAIL
Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval pneumothora
History:
Comment:From ORCA:
Assisting Radiologist(s):KIET VO 2090897

XR Chest (07/25/2019 04:58)
~RADIOGRAPH OF THE CHEST, 1 VIEW
CLINICAL INDICATION:
chest tube in place
COMPARISONS:
7/24/2019 and other priors
FINDINGS AND IMPRESSION:
Right chest tube in place.
Cardiac and mediastinal contours are normal.
Mild bibasal atelectasis persists. Questionable small right pleural effusion.
There is no pneumothorax.
No acute bone or soft tissue abnormality.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945
RESULT DETAIL

Ordering Provider:JOSHUA ROSEN 511958
Diagnosis:chest tube in place
History:
Comment:From ORCA:
Assisting Radiologist(s):

XR Chest (07/24/2019 18:34)
~RADIOGRAPH OF THE CHEST, 1 VIEW
CLINICAL INDICATION:
Chest tube placement
COMPARISONS:
July 24, 2019
FINDINGS AND IMPRESSION:
Right thoracostomy tube present. There may be persistent small right pneumothorax. There is a small persistent right pleural effusion.
Heart size is unchanged.
Unchanged bibasilar consolidations.
ATTENDING RADIOLOGIST AND PAGER NUMBER
268330 GROSS JOEL ALAN MD
(206)991-9135
RESULT DETAIL
Ordering Provider:Amit Raj Trivedi 501922
Diagnosis:Chest tube placement
History:
Comment:
Assisting Radiologist(s):MARIAM SHEHATA 503183

XR Chest (07/24/2019 16:31)
~EXAMINATION:
XR CHEST 1VIEW
CLINICAL INDICATION:
confirm chest tube placement
FINDINGS AND IMPRESSION:
Compared to chest CT done earlier today at 1326 hours, there is persistent right subpulmonic/anterior pneumothorax. There is associated small pleural effusion.
Right chest tube is in an expected position.
Heart size is unchanged.
There are bilateral basilar consolidations, which could represent either atelectasis, aspiration or pneumonia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664
RESULT DETAIL
Ordering Provider:MARIE CLOUGHERTY VRABLIK 505826
Diagnosis:confirm chest tube placement
History:
Comment:From ORCA:
Assisting Radiologist(s):

CT Lumbar Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.
Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please

refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Thoracic Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.
Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.

SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Chest Abdomen Pelvis (07/24/2019 14:02)
~EXAMINATION:
CT CHEST ABDOMEN AND PELVIS W CONTRAST
CLINICAL INDICATION:
GLF. Additional history: 94-year-old female patient with a ground level fall yesterday presented with the back, right side and right hip pain.
TECHNIQUE:
CTB A15 CT Chest Abdomen Pelvis with IV contrast.
Contiguous axial sections were obtained through the chest, abdomen and pelvis with IV contrast only. Multiplanar reformatted images were performed.
Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.
CONTRAST:
Omnipaque 350 mg-ml 88@2.2 ml 07/24/2019 02:03 PM INTRAVENOUS
COMPARISON:
None.
FINDINGS:
CHEST:
Thyroid: Unremarkable.
Thoracic lymph nodes: No lymphadenopathy by size criteria.

Mediastinum and esophagus: Moderate sliding hiatus hernia.
Heart and vasculature: Moderate to severe coronary artery disease. Atherosclerotic changes of the aorta. Aortic wall calcifications.
Lungs: Unremarkable.
Pleura: Right sided hydropneumothorax with no mediastinal shift. Trace left pleural effusion.
Chest wall: Slightly displaced fracture right posterior eighth and ninth rib. No fracture is noted involving right seventh rib at the costovertebral junction.
ABDOMEN:
Liver: Unremarkable.
Gallbladder: Distended with no opaque stones
Bile ducts: Prominent CBD measuring 9 mm (601/54) with associated mild intrahepatic biliary radical dilatation. CBD seen) distally towards the pancreas with no obvious lesions in the periampullary region.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenals: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical hypodense lesions, the small lesions are too small to characterize while the larger lesions are likely cysts.
Abdominal Lymph Nodes and Retroperitoneum: No lymphadenopathy by size criteria.
Vasculature: Moderate aortobiiliac atherosclerotic disease with no aneurysmal dilatation of the aorta.
Bowel: Unremarkable.
Peritoneum and Abdominal Wall: Mild ascites. No abdominal collections. No pneumoperitoneum.
PELVIS:
Pelvic Viscera: Unremarkable.
Bladder: Unremarkable.
BONES:
-Two fracture lines involving the right inferior pubic ramus (3/213-216).
-Severe spondylo-degenerative changes of the spine with scoliotic deformity and mild wedging of L2 and T11 vertebral bodies, age indeterminate.
-Osteopenia. Right hip arthroplasty.
IMPRESSION:
1. Multiple right-sided rib fractures with right-sided hydropneumothorax.
2. Fracture right inferior pubic ramus. L2 and T11 vertebral body age-indeterminate wedge fracture.
3. Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated.
ATTENDING RADIOLOGIST AND PAGER NUMBER
234240 O'REGAN JEREMIAH P MD
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:

Assisting Radiologist(s):HASSAN ABOUGHALIA 5218379

CT Cervical Spine (07/24/2019 13:30)
~EXAMINATION:
CT C SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
Cervical Spine wo contrast: routine (N-53)
MDCT scanning was obtained through the cervical spine without contrast.
Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.
Inferior Extent: T4
COMPARISON:
C-spine CT 12/7/2012
FINDINGS:
ALIGNMENT: Normal alignment.
VERTEBRAE: Vertebral body height and density are normal. No fractures or destructive lesions.
HARDWARE: No hardware present.
DISCS: Normal disc height
SOFT TISSUES: Prevertebral, interspinous, and posterior soft tissues are normal. Multiple tiny hypodense thyroid nodules.
AXIAL DISCS AND FORAMINA:
Similar posterior subluxation of the right atlantoaxial articulation (602/91).
Moderate degenerative changes of the cervical spine including multilevel disc height loss, mild facet arthropathy, and fusion of the C4-5 posterior elements. Diffuse osteopenia.
C2-3: No central or foraminal stenosis.
C3-4: No central or foraminal stenosis.
C4-5: No central or foraminal stenosis.
C5-6: No central or foraminal stenosis.
C6-7: No central or foraminal stenosis.
C7-T1: No central or foraminal stenosis.
Right small-to-moderate pneumothorax.
IMPRESSION:
1. No acute fractures of the cervical spine. Stable degenerative changes. Diffuse osteopenia.
2. Right small to moderate pneumothorax.
The above findings were communicated to Antonia Nemanich M.D. by Thomas Eggert M.D. PGY-3 at 7/24/2019 2:04 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:

Assisting Radiologist(s):THOMAS EGGERT 513530

CT Head (07/24/2019 13:30)
~EXAMINATION:
CT HEAD WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure.
COMPARISON:
CT head 3/29/2018.
FINDINGS:
Field-of-view does not contain the anterior mandible.
MASS EFFECT & VENTRICLES: No midline shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Mild to moderate cerebral volume loss. Few unchanged scattered parenchymal calcifications. Unchanged mild to moderate periventricular white matter hypoattenuation. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Severe vascular calcifications involving of the common carotids and cavernous ICAs.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Orbits are normal.
IMPRESSION:
No acute intracranial hemorrhage, infarct, or masses.
Similar cerebral volume loss and periventricular white matter hypoattenuation consistent with chronic microvascular ischemia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

.

REASON FOR ADMISSION:
Per Dr. Pupi's admission note of 7/25: " Per Dr. Wettstein's note: "The patient is a 94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia who presents after a ground-level fall yesterday (no head trauma, no LOC and was able to ambulate right after), complaining of right-sided rib pain and hip pain. The patient states that she was attempting to open her refrigerator yesterday, when the door suddenly gave way and she fell backwards, landing on her right side. She denies hitting her head. She has been unable to walk since the fall. She also complains of shortness of breath. The

patient's son is at bedside and assists with history. He reports that after the accident, he checked his mother for any signs of bony tenderness, bruising, or swelling and she had none so he thought that she was okay to remain at home. Today, however, due to her worsening pain and shortness of breath, they decided to present to the ED."
Patient was seen first at UWMC ED, where labs were drawn and reviewed which were significant for a subtherapeutic INR of 1.3 but otherwise unremarkable. Pan Scan was ordered showing no multiple right-sided rib fractures, a right hemopneumothorax, and a right pubic ramus fracture. Large-bore 28 F chest tube placement was performed under sedation obtaining 30 cc. The post procedure CXR showed a small right pneumothorax but markedly improved. Chest tube was put on suction and patient was transferred to HMC for further care. She arrived to the ICU in stable condition. On arrival, she is breathing comfortably on RA, with good pain control with PO regimen>"

HOSPITAL COURSE:
Per Dr. Glann's imterim summary of 7/27 and 7/29: "
Patient continued to be hemodynamically stable and placed on rib fracture protocol w/ CT kept to suction w/ f/u imaging to reassess pulmonary status. Her therapeutic anticoagulation was held given the hemothorax in the setting of pt w/ supratherapeutic INR. She was started on multimodal pain medication w/ APS consulted given pt marginal PIC scores of 6-7
Orthopedic Pelvis surgery was consulted for right inferior pubic ramus fracture w/ subsequent imaging done w/ plan for nonoperative measures w/ PT/OT assistance.. Geriatric Med was consulted given pt age and additional medical problems. (recurrent DVTs and need for recs given therapeutic AC along w/ review of hypertension, HLD, chronic wounds of BLE w/ no need for Palliative consult) As patient was normotensive, her home losartan was held w/ statin restarted. HMC wound care was consulted to assist w/ care of BLE. SW was consulted to assist w/ anticipated DC planning.w/ home safety eval done. A bedside swallow was done w/ pt able to be placed on a diet. On evening of HD #1, pt had soft SBP (80s) w/ MAPs >60 but noted to have (+) leg lift test and was given a 500cc bolus w/ crystalloids w/ improvement in BP
By 7/26, patient continued to be HD stable w/ DVT ppx held in anticipation of possible regional block by APS. However, after evaluating patient, it was felt her pain control had improved along w/ steady improvement in PIC scores that they signed off. Of note, patient had been started on Ketorlac x 48 hrs along w/ APAP and prn oxycodone. Her DVT ppx was restarted. With regards to use of therapeutic anticoagulation, Geri Med recommended that this medication be held and to f/u w/ PCP to determine if it would be needed. Additionally, they recommended for : Wound care consult BLE; nutrition consult; iron studies; geriatric dosing of meds, delirium precautions, fall precautions, consider bisphosphonate in outpt setting (please refer to consult note for specifics)
With regards to Right inferior pubic ramus fracture, patient continued w/ WBAT BLE w/ PT/OT and plan for need of inlet/outlet pelvis views when pt able to weight bear.In terms of CT management, it was placed to water seal w/f/u imaging showing very small apical pneumothorax. As her overall status continued to be stable/improved, she was made ward status.
By 7/27, patient continued to be hemodynamically stable w/ f/u CXR stable that patient was able to have CT discontinued w/ f/u CXR stable post removal. Ketorolac was discontinued w/ patient pain well controlled.

Patient has been wards status for the past 3 days and has been awaiting bed placement.

She continued to be HD stable. Of note, at time of CT placed to water seal on 7/26 had small apical pneumothorax but pt on RA, HD stable w/o issue. CT dc'd on 7/27 w/ f/u CXR w/ small, stable apical pneumothorax w/ continued HD stability and tolerating RA. CXR f/u 7/28 w/ possible stable apical pneumothorax from before vs artifact/skin fold but patient continued to be HD stable.
Patient found to be MRSA positive during this interval and placed on precautions
PT/OT/SW cont to follow pt and give recs for dispo
Pt has been awaiting inlet/outlet imaging but delayed as pt not able to stand for long periods due to pain/frailty.
F/u W/ Ortho Pelvis on 7/28, advised that pt needs to be standing for imaging w/ information communicated to RN staff"

7/30- 8/5: She remained stable on the floor without acute event. Her post mobilization pelvis films were stable and she is allowed to be WBAT. She worked with therapies and it was felt that SNF would be the best place for her. She and her son refused to go initially, but decided that SNF would be appropriate. She was accepted to SNF on 8/5. Her follow up and care instructions are outlined below.

PHYSICAL EXAMINATION:
Constitutional:
Vital signs : Vital Signs Data

8/5/2019 8:55	Temperature - C	37 degC
	Temperature Source	Temporal Artery
	Heart Rate	85 bpm
	Respiratory Rate	16 br/min
	SBP - Noninvasive	108 mmHg
	DBP - Noninvasive	**51 mmHg Low**
	MAP - Noninvasive	72 mmHg
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper
	Vital Sign Reason	Routine
8/5/2019 2:53	Temperature - C	36.7 degC
	Temperature Source	Temporal Artery
	Heart Rate	69 bpm
	SBP - Noninvasive	118 mmHg
	DBP - Noninvasive	**54 mmHg Low**
	MAP - Noninvasive	80 mmHg
	BP Method	Automatic
	BP Extremity	LEFT, Arm, Upper
	Vital Sign Reason	Routine .

GEN: Elderly female, thin, resting in no acute distress. HEENT: Normocephalic, atraumatic. No scleral icterus or conjunctival injection. CV: Extremities warm and well perfused. RESP: Regular work of breathing on room air. Equal chest rise bilaterally.SKIN: Warm and dry. Lower extremity venous stasis wounds
GI: Abdomen soft, non-distended. MUSC/SKEL: No gross deformities noted, b/l leg dressing in place NEURO: Moves all extremities spontaneously. Alert and oriented x3 PSYCH: Appropriate mood and affect.

DISPOSITION:
Discharge to: skilled nursing facility.

DISCHARGE CARE INSTRUCTIONS:
Discuss repeat DEXA scan if not recently done with your PCP. Also discus spossible bone strenghtening mediciens (Bisphosphonate therapy)

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling
- Your Losarten and Warfarin remain held, discuss with PCP at SNF and at follow up with your PCP
- General diet
- Cough, deep breathe, do IS or acapella 10x/hour while awake to prevent pneumonia
- Take bowel medications as needed to prevent/manage constipation associated with pain medications and following surgery. Avoid straining. Hold dose of bowel medication if experiencing loose stools
- Take pain medications as prescribed and taper off of opioid pain medications
- Do not drink alcohol while taking opioid pain medications
- Do not drive or operate heavy machinery while taking opioid pain medications
- Seek medical care for: fever, chills, malaise, somnolence, SOB, chest pain, nausea, vomiting, worsening pain, or any changes to your wound (ie erythema/induration/purulent drainage, worsening tenderness) - or for any other concerning symptom

Discuss the following CT dingins with yourt PCP:
" Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated"

FOLLOW-UP:

Follow-up Visits/Appointments:

In 8 days
HMC Orthopedic Green Team Clinic
HMC
1 West Clinic
(206) 744-3462
Comment: Follow up for pelvic fracture, with Dr. Kleweno F/u XRs AP/inlet/outlet 8/13/19 Ortho pelvis clinic

1 to 2 weeks

HMC Fall Clinic
HMC
3 West Clinic
(206) 744-4191
Comment: Post-hospitalization follow-up appointment. Clinic will contact you with time and date of appointment.

William Neighbor
Attending, Hall Health Primary Care
Box 354410
Seattle, WA
206 543-8606

HMC Fall Clinic
HMC
3 West Clinic
(206) 744-4191

Only if needed
HMC Surgery I
Maleng Building
7th Floor
(206) 744-3241
.

PROBLEM LIST:

MRSA
1) Created via Discern Rules based on patient history/lab results
MRSA
1) Created via lab_mrsa_check Discern Rule based on patient lab results
Supratherapeutic INR

DISCHARGE MEDICATIONS:
<Medication List> (Selected)
Prescriptions
Prescribed
GlucaGen HypoKit 1 mg injection: See Instructions, 1 mg do not give more than 1 mg intravenously, 2 mg, 0 Refill(s)
Glucagon Emergency Kit for Low Blood Sugar 1 mg injection: 1 mg, Subcutaneous, Once, Inject one syringe (1mg) as directed for blood sugar < 70 in emergency situations if the patient is unable to take oral sugar (such as juice or glucose tablests)., 1 kit, 0 Refill(s)
MiraLax oral powder for reconstitution: 17 g, PO, Daily, Dissolve in water or juice, 255 g, 0 Refill(s)
Multiple Vitamins with Minerals oral tablet: 1 tab, PO, Daily, 3 tab, 0 Refill(s)
acetaminophen 500 mg oral tablet: 1,000 mg, 2 tab, PO, TID, 48 tab, 0 Refill(s)
atorvastatin 10 mg oral tablet: 10 mg, 1 tab, PO, QPM, 3 tab, 0 Refill(s)

calcium carbonate 500 mg (200 mg elemental calcium) oral tablet, chewable: 1,000 mg, 2 tab, Chew, TID, PRN: Indigestion/Heartburn, 45 tab, 0 Refill(s)
cholecalciferol 1000 intl units oral tablet: 1,000 units, 1 tab, PO, Daily, 3 tab, 0 Refill(s)
glucose 50% intravenous solution: 12.5 g, 25 mL, IV, On Call, PRN: Blood Glucose Abnormal, 75 mL, 0 Refill(s)
glucose 50% intravenous solution: 25 g, 50 mL, IV, On Call, PRN: Blood Glucose Abnormal, 75 mL, 0 Refill(s)
insulin lispro 100 units/mL injectable solution: LOW Correction-Premeal, Subcutaneous, TID Before Meals, << Sliding Scale Comments >> Blood sugar = Dose 151-199 = 1 unit (2 units if no nutritional insulin given) 200-249 = 2 units 250-299 = 3 units 300-349 = 4 units >349 = recheck blood sugar once now, then give 5 units. << Sliding Scale Comments >>, 3 mL, 0 Refill(s)
ondansetron 4 mg oral tablet: 4 mg, 1 tab, PO, Q8 Hours, PRN: Nausea/Vomiting, 12 tab, 0 Refill(s)
oxyCODONE 5 mg oral tablet: 2.5-5 mg, PO, BID, PRN: Wound Care, 6 tab, 0 Refill(s)
senna 8.6 mg oral tablet: 17.2 mg, 2 tab, PO, BID, 4 tab, 0 Refill(s)
timolol maleate 0.5% ophthalmic solution: 1 drop(s), EYE-Both, BID, 5 mL, 0 Refill(s)

Documented Medications

Documented

Info-MED PROFILE UPDATED: .

Electronically Reviewed/Signed On: 08/05/19 at 11:55

_____

Connor PA-C, Kathleen M
325 9th Ave
Box 359828
SEATTLE WA 98104

Electronically Co-Signed On: 08/07/19 at 13:34

_____

O'Keefe MD, Grant Edward
Attending Physician, General Surgery Clinic at Harborview
Box 359866
Seattle WA

KMC
DD:08/05/19

General Surgery Trauma Discharge Summary

ASSESSMENT:
Per chart: Pt is a 94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF. Wknd SW received referral to assist with discharge planning. .
.
INTERVENTION:
SW met with patient and patient's son Louis Hoffman (360-649-5702). SW informed them that pt has been accepted to Kline Galland. Pt and pt's son were agreeable to going to Kline Galland at 3:00pm today. SW connected with Edzal (206.805.2372) at Kline Galland and confirmed that the pt can be admitted there. SW faxed over PT, OT, Nursing Notes, Scripts, and Patient Summary. SW completed PASRR and completed pt's packet and handed it off to PSS. SW scheduled ride for pt through Trimed Cabulance. SW sponsored ride $65.00. SW informed Loosik..
.
PLAN OR OUTCOME:
Patient set to discharge to Kline Galland at 3:00pm today. Packet left on 6E with PSS..
.

Electronically Reviewed/Signed On: 08/05/19 at 14:03

_____

Cutuk MSW, Armin
Social Worker, Social Work
Box 359760
Seattle WA

AC
DD:08/05/19

Social Work Progress Note

Patient Discharge Instructions
Harborview Medical Center
325 9th Ave, Seattle WA 98104
206-744-3000

PERSON INFORMATION
Medical Record ID Number: H0571976
Patient Name: HOFFMAN, JEANNE LEONIE
Date of Birth: 01/06/1925

Age: 94 Years
Sex: Female
Race: White
Ethnicity: Not Hispanic or Latino
Preferred Language: English

Primary Health Care Provider
Provider Name: Neighbor Jr, MD, William E **Provider Phone #:** 206 598-5613

Medical Service taking care of patient during stay
Medical Service: H General Surgery Trauma I

Information Related to Stay
Code Status: Code Status - DNR Intubation OK (No CPR)

Fall Risk: 50 **(At Risk)**

Weight: 48.5 kg

Admission Date/Time: 7/24/2019 6:24 PM
Reason for Visit: GLF, rib fx, pevis fx, R pneumo/hemothorax sp chest tube

Discharge Diagnosis(es):

Problem List: MRSA, MRSA, Supratherapeutic INR

Category: Discharge/Transfer/Interim
Date of Service: 08/05/2019 14:40
Document Status: Modified
Title: Interdisciplinary Discharge Report
Document Version : 3

Encounter Number: 1839533752
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 07/24/2019 18:24:00
Discharge Date Time: 08/05/2019 15:10:00

Performed By: Cottrell RN, Elisa
Performed Date Time: 08/05/2019 14:40:20
Verified By: Cottrell RN, Elisa
Verified Date Time: 08/05/2019 14:40:20

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Allergies: nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Medication List:

It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.

Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.

Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

MEDICATIONS TO BE TAKEN AT HOME:

Medication	AM	Noon	PM	Bed	Comments
acetaminophen 500 mg oral tablet 1,000 mg by Mouth three times daily					
atorvastatin 10 mg oral tablet 10 mg by Mouth every evening					
cholecalciferol 1000 intl units oral tablet 1,000 unit(s) by Mouth daily					
glucagon (Glucagon Emergency Kit for Low Blood Sugar 1 mg injection) 1 mg Injected under the Skin one time only Inject one syringe (1mg) as directed for blood sugar < 70 in emergency situations if the patient is unable to take oral sugar (such as juice or glucose tablests).					
glucagon (GlucaGen HypoKit 1 mg injection) 1 mg do not give more than 1 mg intravenously					
insulin LISPRO (insulin lispro 100 units/mL injectable solution) LOW Correction-Premeal Injected under the Skin three times daily before meals << Sliding Scale Comments >> Blood sugar = Dose 151-199 = 1 unit (2 units if no nutritional insulin given) 200-249 = 2 units 250-299 = 3 units 300-349 = 4 units					

>349 = recheck blood sugar once now, then give 5 units. << Sliding Scale Comments >>					
multivitamin with minerals (Multiple Vitamins with Minerals oral tablet) 1 tablet(s) by Mouth daily					
polyethylene glycol 3350 (MiraLax oral powder for reconstitution) 17 g by Mouth daily Dissolve in water or juice					
senna 8.6 mg oral tablet 17.2 mg by Mouth twice daily					
timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) 1 drop(s) Each EYE twice daily					
calcium carbonate 500 mg (200 mg elemental calcium) oral tablet, chewable 1,000 mg Chew three times daily as needed Indigestion/Heartburn					
glucose 50% intravenous solution 12.5 g Intravenously on call as needed Blood Glucose Abnormal					
glucose 50% intravenous solution 25 g Intravenously on call as needed Blood Glucose Abnormal					
ondansetron 4 mg oral tablet 4 mg by Mouth every 8 hours as needed Nausea/Vomiting					
oxyCODONE 5 mg oral tablet 2.5-5 mg by Mouth twice daily as needed Wound Care					

Additional medication information:

Follow-up Information:

When:	08/07/19 at 10:00 am
Clinic Address:	Hall Health Center 4060 East Stevens Way Seattle, WA 98195 206-685-1011
Comments:	Dr. William Neighbor

When:	08/12/19 at 10:00 am
Clinic Address:	NWH Wound Care 206-668-1244

When:	In 8 days
Clinic Address:	HMC Orthopedic Green Team Clinic HMC 1 West Clinic (206) 744-3462
Comments:	Follow up for pelvic fracture, with Dr. Kleweno F/u XRs AP/inlet/outlet 8/13/19 Ortho pelvis clinic

When:	1 to 2 weeks
Clinic Address:	HMC Fall Clinic HMC 3 West Clinic (206) 744-4191
Comments:	Post-hospitalization follow-up appointment. Clinic will contact you with time

	and date of appointment.

When:	Only if needed
Clinic Address:	HMC Surgery I Maleng Building 7th Floor (206) 744-3241

Documentation:

Discharged to/Discharged how

Patient Disposition:	Skilled Nursing Facility (03)
Discharge - Actual Transport Arrangement:	CABulance arranged

Belongings_

Belongings returned at discharge:	Yes

Discharge Signs/Symptoms

Call if following Signs/Symptoms Appear:	Fever greater than 101.5F, Increased confusion, Increased pain, Increase in redness, drainage, pus, swelling, warmth, and/or odor from incision/wound, If wound/incision is opening, Increased bleeding, Call 911 if unrelieved chest pain, Shortness of breath
Other, Call for following Signs/Symptoms:	Seek medical care for: fever, chills, malaise, somnolence, SOB, chest pain, nausea, vomiting, worsening pain, or any changes to your wound (ie erythema/induration/purulent drainage, worsening tenderness) - or for any other concerning symptom

Discharge Risk

Tobacco Use Status:	Never smoked/used tobacco

FIS (Functional Independence Score)

FIS - Communicates:	Independent (4)
FIS - Feeds Self:	With assistance (2)
FIS - Ambulation:	With assistance (2)
FIS TOTAL Score:	8

Discharge Activity Instr

Discharge Activity/Instructions: Do Not Drive, Do Not Drive while taking medication that could cause drowsiness, Needs 24 hour Supervision for Safety, Needs assistance when walking, Needs help getting in and out of chair/wheelchair

Other, Discharge Activity/Instructions: weightbearing as tolerated

continue physical therapy
continue occupational therapy

Discharge Hygiene Instr

Discharge Hygiene Instructions: May shower

Discharge Wound Instr

Discharge Wound Instructions: Change dressing once a day

Discharge Wound Instructions, Additional: Bilateral lower extremities: - Cleanse area with soap and water or normal saline - Gently remove loose/dried exudate as able - Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage - Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape - Change daily and as needed with soiling Alternative multiday dressing recommendation to consider on discharge: - Cleanse area with soap and water or normal saline - Gently remove loose/dried exudate as able - Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage - Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix - Change every other day or as needed with soiling

Additional Nutrition Instr

Discharge Diet / Nutrition Instructions: Regular diet

Other, Discharge Diet / Nutrition Info: Regular, Other: 1;1 Supervision with feeding

Special Instr/Info

Discharge Special Instructions:

Discuss repeat DEXA scan if not recently done with your PCP. Also discuss possible bone strenghtening mediciens (Bisphosphonate therapy) Your Losarten and Warfarin remain held, discuss with PCP at SNF and at follow up with your PCP Cough, deep breathe, do IS or acapella 10x/hour while awake to prevent pneumonia-
Take bowel medications as needed to prevent/manage constipation associated with pain medications.. Avoid straining. Hold dose of bowel medication if experiencing loose stools
Take pain medications as prescribed and taper off of opioid pain medications-
Do not drink alcohol while taking opioid pain medications
Do not drive or operate heavy machinery while taking opioid pain medications-
Discuss the following CT dingins with your PCP: " Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated"

Discharge Instructions - Provider

SNF or Home therapy need:

Physical Therapy, Occupational Therapy

Diet:

Regular, Other: 1;1 Supervision with feeding

Activity:

WBAT

General care and/or wound instructions:

Discuss repeat DEXA scan if not recently done with your PCP. Also discus spossible bone strenghtening mediciens (Bisphosphonate therapy)

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218).

Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling
- Your Losarten and Warfarin remain held, discuss with PCP at SNF and at follow up with your PCP
- General diet
- Cough, deep breathe, do IS or acapella 10x/hour while awake to prevent pneumonia- Take bowel medications as needed to prevent/manage constipation associated with pain medications and following surgery. Avoid straining. Hold dose of bowel medication if experiencing loose stools
- Take pain medications as prescribed and taper off of opioid pain medications- Do not drink alcohol while taking opioid pain medications
- Do not drive or operate heavy machinery while taking opioid pain medications- Seek medical care for: fever, chills, malaise, somnolence, SOB, chest pain, nausea, vomiting, worsening pain, or any changes to your wound (ie erythema/induration/purulent drainage, worsening tenderness) - or for any other concerning symptom
Discuss the following CT dingins with yourt PCP:
" Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated"

Patient at risk for: Falls

Discharge Orders Form finalized by Connor PA-C, Kathleen M on 08/05/19 11:27:16

Discharge Orders Form reviewed by UDF/Discharge RN Stephens RN, Mulumebeth B on 08/05/19 12:44:17

Your Discharge Education:
PELVIC FRACTURE

Pelvic Fracture

You have a break or fracture of the pelvic bone. Your fracture is stable because the bones are not out of place and there are no signs of serious internal bleeding. No surgery or other special treatment will be needed. As long as your pain is controlled by oral medicine, you can be treated at home. A broken pelvis will take about 6 to 8 weeks to heal. It can be painful to move for the first 3 to 4 weeks.

Home care

- Bed rest and pain medicine is the only treatment required. Stay in bed for the first 2 to 3 days to reduce pain with movement. During this time, you will need help bathing, using the bathroom, and meals. A bedpan or bedside commode may be easier to use than getting up to use the bathroom. As soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs). A walker, crutches, or cane will make walking easier in the first 3 weeks.
- Home healthcare may be available to provide in-home nursing services. Check with your healthcare provider, the hospital's social service department or a private nursing agency to see if your insurance will cover this kind of care.
- During the first 2 days after the injury there will probably be localized swelling and bruising on the skin over the pelvis. During this time apply an ice pack to the painful area for no more than 20 minutes every 1 to 2 hours to reduce swelling and pain. Wrap the ice pack in a thin towel. Never put ice or an ice pack directly on your skin.
- You may use over-the-counter pain medicine to control pain, unless another medicine was prescribed. Take pain medicine as directed. Call your healthcare provider if your pain is not well-controlled. A dose change or stronger medicine may be needed. If you have chronic liver or kidney disease, talk with your healthcare provider before using pain medicine.

Follow-up care

Follow up with your healthcare provider, or as advised. This will help to make sure the bone is healing properly.

If X-rays were taken, you will be told of any new findings that may affect your care.

Call 911

Call 911 if you have:

- Swelling, pain or redness below your knee
- Chest pain or shortness of breath

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Pain becomes worse or you are unable to walk with help for more than three days
- Blood in your urine or bleeding from the urethra (the opening where urine comes out)
- Difficulty passing urine or unable to pass stool due to pain
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

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Yes - PATIENT/CAREGIVER/FACILITY PROVIDED COPY OF PRINTED DISCHARGE INSTRUCTIONS

UW Medicine
Discharge Instructions

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925

MRN: H0571976 **Acct #:** 1839533752
Current Date/Time: 8/5/2019 14:40:21 **Admission Date/Time**: 7/24/2019 6:24 PM

I (HOFFMAN, JEANNE LEONIE), have received printed discharge instructions and personalized patient education materials, including medications. I have verbalized understanding of instructions given.

_____

Patient/Guardian Signature Relation to Patient
Date/Time

_____

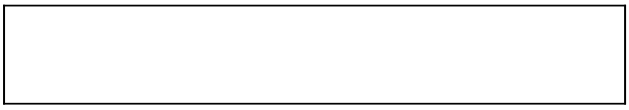
Discharge Staff Member

This form will be scanned and placed in the patient's medical record.

PLACE EPIC PATIENT LABEL HERE

Category: Discharge/Transfer/Interim
Date of Service: 08/05/2019 14:40
Document Status: Modified
Title: Patient Discharge Report
Document Version : 3

Encounter Number: 1839533752
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 07/24/2019 18:24:00
Discharge Date Time: 08/05/2019 15:10:00



Performed By: Cottrell RN, Elisa
Performed Date Time: 08/05/2019 14:40:22
Verified By: Cottrell RN, Elisa
Verified Date Time: 08/05/2019 14:40:22

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Discharge Instructions
Harborview Medical Center
325 9th Ave
Seattle WA 98104

General Phone Numbers you may need to call after discharge if you have questions
For MEDICAL QUESTIONS please call the Discharge RN at (206) 744-DCRN or (206) 744-3276.
For APPOINTMENT SCHEDULING QUESTIONS please call the Patient Access Center at (206) 744-8845.
For MEDICATION REFILLS please call (206) 744-3218.
For questions regarding your bill please call (206) 744-3084.

PATIENT INFORMATION

Your Hospital ID Number: H0571976
Name: HOFFMAN, JEANNE LEONIE
Date of Birth: 01/06/1925

Age: 94 Years
Address: 321 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110
Phone: 360 649-5702

INFORMATION RELATED TO YOUR HOSPITAL STAY

Admission Date/Time 7/24/2019 6:24 PM

Your discharge diagnosis(es):

Medical Team who took care of you when you were in hospital

Medical Service: H General Surgery Trauma I

Primary Health Care Provider

Provider Name: Neighbor Jr, MD, William E **Provider Phone #:** 206 598-5613

Your Follow-up Visits/Appointments:

When:	08/07/19 at 10:00 am
Clinic Address:	Hall Health Center 4060 East Stevens Way Seattle, WA 98195 206-685-1011
Comments:	Dr. William Neighbor

When:	08/12/19 at 10:00 am
Clinic Address:	NWH Wound Care 206-668-1244

When:	In 8 days
Clinic Address:	HMC Orthopedic Green Team Clinic HMC 1 West Clinic (206) 744-3462
Comments:	Follow up for pelvic fracture, with Dr. Kleweno F/u XRs AP/inlet/outlet 8/13/19 Ortho pelvis clinic

When:	1 to 2 weeks
Clinic Address:	HMC Fall Clinic HMC 3 West Clinic (206) 744-4191
Comments:	Post-hospitalization follow-up appointment. Clinic will contact you with time

	and date of appointment.

When:	Only if needed
Clinic Address:	HMC Surgery I Maleng Building 7th Floor (206) 744-3241

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Medication List:
It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.

Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.

Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

MEDICATIONS TO BE TAKEN AT HOME:

Medication	AM	Noon	PM	Bed	Comments
acetaminophen 500 mg oral tablet 1,000 mg by Mouth three times daily					
atorvastatin 10 mg oral tablet 10 mg by Mouth every evening					
cholecalciferol 1000 intl units oral tablet 1,000 unit(s) by Mouth daily					
glucagon (Glucagon Emergency Kit for Low Blood Sugar 1 mg injection) 1 mg Injected under the Skin one time only Inject one syringe (1mg) as directed for blood sugar < 70 in emergency situations if the patient is unable to take oral sugar (such as juice or glucose tablests).					
glucagon (GlucaGen HypoKit 1 mg injection) 1 mg do not give more than 1 mg intravenously					
insulin LISPRO (insulin lispro 100 units/mL injectable solution) LOW Correction-Premeal Injected under the Skin three times daily before meals << Sliding Scale Comments >> Blood sugar = Dose 151-199 = 1 unit (2 units if no nutritional insulin given) 200-249 = 2 units					

250-299 = 3 units 300-349 = 4 units >349 = recheck blood sugar once now, then give 5 units. << Sliding Scale Comments >>					
multivitamin with minerals (Multiple Vitamins with Minerals oral tablet) 1 tablet(s) by Mouth daily					
polyethylene glycol 3350 (MiraLax oral powder for reconstitution) 17 g by Mouth daily Dissolve in water or juice					
senna 8.6 mg oral tablet 17.2 mg by Mouth twice daily					
timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) 1 drop(s) Each EYE twice daily					
calcium carbonate 500 mg (200 mg elemental calcium) oral tablet, chewable 1,000 mg Chew three times daily as needed Indigestion/Heartburn					
glucose 50% intravenous solution 12.5 g Intravenously on call as needed Blood Glucose Abnormal					
glucose 50% intravenous solution 25 g Intravenously on call as needed Blood Glucose Abnormal					
ondansetron 4 mg oral tablet 4 mg by Mouth every 8 hours as needed Nausea/Vomiting					
oxyCODONE 5 mg oral tablet 2.5-5 mg by Mouth twice daily as needed Wound Care					

Additional medication information:

Patient Instructions:

Signs/Symptoms

Call if following Signs/Symptoms Appear:	Fever greater than 101.5F Increased confusion Increased pain Increase in redness, drainage, pus, swelling, warmth, and/or odor from incision/wound If wound/incision is opening Increased bleeding Call 911 if unrelieved chest pain Shortness of breath
Other, Call for following Signs/Symptoms:	Seek medical care for: fever, chills, malaise, somnolence, SOB, chest pain, nausea, vomiting, worsening pain, or any changes to your wound (ie erythema/induration/purulent drainage, worsening tenderness) - or for any other concerning symptom

Activity Instructions

Discharge Activity/Instructions:	Do Not Drive Do Not Drive while taking medication that could cause drowsiness Needs 24 hour Supervision for Safety Needs assistance when walking Needs help getting in and out of chair/wheelchair
Other, Discharge Activity/Instructions:	weightbearing as tolerated continue physical therapy continue occupational therapy

Hygiene Instructions

Discharge Hygiene Instructions:	May shower

Wound Instructions

Discharge Wound Instructions:	Change dressing once a day
Discharge Wound Instructions,	Bilateral lower extremities: - Cleanse area with soap and water or normal saline - Gently remove loose/dried exudate as able - Apply

Additional:	no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage - Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape - Change daily and as needed with soiling Alternative multiday dressing recommendation to consider on discharge: - Cleanse area with soap and water or normal saline - Gently remove loose/dried exudate as able - Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage - Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix - Change every other day or as needed with soiling

Nutrition Instructions

Discharge Diet / Nutrition Instructions:	Regular diet
Other, Discharge Diet / Nutrition Info:	Regular, Other: 1;1 Supervision with feeding

Special Instructions/Info

Discharge Special Instructions:	Discuss repeat DEXA scan if not recently done with your PCP. Also discuss possible bone strenghtening mediciens (Bisphosphonate therapy) Your Losarten and Warfarin remain held, discuss with PCP at SNF and at follow up with your PCP Cough, deep breathe, do IS or acapella 10x/hour while awake to prevent pneumonia- Take bowel medications as needed to prevent/manage constipation associated with pain medications.. Avoid straining. Hold dose of bowel medication if experiencing loose stools Take pain medications as prescribed and taper off of opioid pain medications- Do not drink alcohol while taking opioid pain medications Do not drive or operate heavy machinery while taking opioid pain medications- Discuss the following CT dingins with your PCP: " Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated"

Belongings_

Belongings returned at discharge:	Yes

Category: Discharge/Transfer/Interim
Date of Service: 08/05/2019 14:40
Document Status: Modified
Title: Patient Discharge Report
Document Version : 3

Encounter Number: 1839533752
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 07/24/2019 18:24:00
Discharge Date Time: 08/05/2019 15:10:00

Performed By: Cottrell RN, Elisa
Performed Date Time: 08/05/2019 14:40:22
Verified By: Cottrell RN, Elisa
Verified Date Time: 08/05/2019 14:40:22

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Your Discharge Education:
PELVIC FRACTURE

Pelvic Fracture

You have a break or fracture of the pelvic bone. Your fracture is stable because the bones are not out of place and there are no signs of serious internal bleeding. No surgery or other special treatment will be needed. As long as your pain is controlled by oral medicine, you can be treated at home. A broken pelvis will take about 6 to 8 weeks to heal. It can be painful to move for the first 3 to 4 weeks.

Home care

- Bed rest and pain medicine is the only treatment required. Stay in bed for the first 2 to 3 days to reduce pain with movement. During this time, you will need help bathing, using the bathroom, and meals. A bedpan or bedside commode may be easier to use than getting up to use the bathroom. As soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs). A walker, crutches, or cane will make walking easier in the first 3 weeks.
- Home healthcare may be available to provide in-home nursing services. Check with your healthcare provider, the hospital's social service department or a private nursing agency to see if your insurance will cover this kind of care.
- During the first 2 days after the injury there will probably be localized swelling and bruising on the skin over the pelvis. During this time apply an ice pack to the painful area for no more than 20 minutes every 1 to 2 hours to reduce swelling and pain. Wrap the ice pack in a thin towel. Never put ice or an ice pack directly on your skin.
- You may use over-the-counter pain medicine to control pain, unless another medicine was prescribed. Take pain medicine as directed. Call your healthcare provider if your pain is not well-controlled. A dose change or stronger medicine may be needed. If you have chronic liver or kidney disease, talk with your healthcare provider before using pain medicine.

Follow-up care

Follow up with your healthcare provider, or as advised. This will help to make sure the bone is healing properly.

If X-rays were taken, you will be told of any new findings that may affect your care.

Call 911

Call 911 if you have:

- Swelling, pain or redness below your knee
- Chest pain or shortness of breath

When to seek medical advice

Call your healthcare provider right away if any of these occur:

- Pain becomes worse or you are unable to walk with help for more than three days
- Blood in your urine or bleeding from the urethra (the opening where urine comes out)
- Difficulty passing urine or unable to pass stool due to pain
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider

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Yes - PATIENT/CAREGIVER/FACILITY PROVIDED COPY OF PRINTED DISCHARGE INSTRUCTIONS

Additional Information/Special Instructions
If you experience chest pain or difficulty breathing - **CALL 911**

Quit Smoking
Quitting smoking or other tobacco use is the most important thing a person can do for their health. If you or a family member smokes, call the National Tobacco Quitline toll-free at 1-800-QUIT-NOW (1-800-784-8669) & talk to your primary care provider (PCP).

Suicide Prevention
If you or someone you know is thinking about harming yourself or attempting suicide, there are resources available to help 24/7. Call the toll-free National Suicide Prevention Lifeline to speak with a trained counselor or find a suicide crisis center near you.
Telephone: (800) 273-8255
TTY: (800) 799 - 4889

Antibiotics & You
Antibiotics treat or prevent infections. If your provider prescribed this medicine for you, take it exactly as instructed. If you do not take it as prescribed, your infection can get worse or start to resist treatment. Please call your provider if you have problems taking your medicines, or if you have side effects.

Website to View your Online Hospital Medical Record Summary
Get access to a secure website to view your summary from your hospital stay at Harborview Medical Center.
If you have already signed up for this website, check for an email from UW Medicine with instructions to view your summary.
If you did not sign up or cannot locate your email, call UW Medicine Medical Records at 206-744-9000 to request access.

ASSESSMENT:
Assessment: A&Ox4. HOH, but with hearing aids in, hears fairly well. MAE, VSS on RA. BG checked as ordered and no insulin required. Eating and drinking 100% of meals. Large, pre-existing venous stasis ulcers to BLEs mid-shins and ankles; dressing changes done by RN as ordered this morning; xeroform, abd pads, kerlix, burn netting. R chest old chest tube site dressing changed as well per protocol, sutures in place, no drainage. CMS intact per pt. Voiding QS incontinent in pullups. Last stool yesterday.

Son and his friend at bedside this morning and SW and MD came to discuss plan of care and discharge plan; pt's son agreed that she could discharge to a SNF to regain her strength. Discharged to Kline Galland via cabulance at 1515 today. Stood and took a couple of steps with min assist to transfer from bed to wheelchair. Report called to RN Marie at the SNF, including her medical history, medications, course of care at harborview this admission, etc. Pt discharged with her hearing aids in place and her glasses on. Her dentures were in her bag of belongings that she brought to the SNF. She refused to wear the dentures today, saying that "they don't fit" anymore to nursing. Pleasant and funny, cooperative with care..
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist, transfer to chair, stand at bedside, dangle at bedside.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was ambulating w/assist less then 10 feet, standing at bedside, dangling at bedside.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 8/5/2019 9:00 - 8/5/2019 9:00).

EVALUATION:
Pt progressing towards discharge: discharged to SNF at 1515 today via cabulance.

Electronically Reviewed/Signed On: 08/05/19 at 15:43

_____

Cottrell RN, Elisa
Registered Nurse, 6EH Orthopedics
Box 359824
Seattle WA

EC
DD:08/05/19

Nursing Progress Note - HMC

HOFFMAN, JEANNE LEONIE
Visit: 1839533752
MRN: H0571976

Patient Call

Report Date/Time: 8/6/2019 11:01:11 PT
Call Date: 8/6/2019 10:38:26 PT

Note: This report shows only exportable questions that have been answered.

Question: How did you complete your call?

Response: Patient. Hoffman, Desiree 8/6/2019 10:38:27 AM PT
Patient admitted to SNF. No call attempt made. .

Call History

Attempt	Started	Status	Caller	Comments
1	08/06/2019 10:38 AM PT	Completed	Hoffman, Desiree	

Call Comments:

Electronic Signature: Hoffman, Desiree **Date: 08/06/2019 10:38:26 PT**

UW Medicine
HARBORVIEW MEDICAL CENTER
Harborview-1053359729

MRN: H0571976 Visit: 1839533752 Type: Ip
HOFFMAN, JEANNE LEONIE Sex: F
DOB: 01/06/1925 Room: Unit: 6Eh
ADM: 07/24/2019 18:24:00 PT DISCH: 08/05/2019 15:10:00 PT
Home Phone: (360)649-5702 Alternate Phone: (360)649-5702
Additional Phone:
MAIER, RONALD (Attending)

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HOFFMAN, JEANNE LEONIE
Visit: 1839533752
MRN: H0571976

Patient Call

Report Date/Time: 8/6/2019 11:01:11 PT
Call Date: 8/6/2019 10:38:26 PT

Employee Number
820008972

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ASSESSMENT:
Assessment: Pt A&Ox4, MAE, very hard of hearing - using voice amplifier, denies numbness/tingling. VSS. Pt on RA, denies SOB, SpO2 in the high 90s. Denies pain. Dressings to BLE CDI. Pt is having adequate intake. At times incontinent of urine, pt calls when soiled, diaper in place. Pending DC plan. Call light within reach.
.
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today?.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 8/3/2019 8:00 - 8/3/2019 23:55).

EVALUATION:
Pt progressing towards discharge: cooperative with care.

Electronically Reviewed/Signed On: 08/04/19 at 05:17

_____

Kirschner RN, Nicholas J
Registered Nurse, 8EH
Box 359835
Seattle WA

NJK

Nursing Progress Note - HMC

SOAP Progress Note

ID/CC/INJURY LIST: 94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF.

SUBJECTIVE/INTERVAL HX:
NAEON, pt at baseline, no current concerns, states she does not want to make a decision about diso without her son who can't be reached
Vitals stable
PIC 9

OBJECTIVE:

PHYSICAL EXAM:
GEN: Elderly female, thin, resting in no acute distress.
HEENT: Normocephalic, atraumatic. No scleral icterus or conjunctival injection.
CV: Extremities warm and well perfused.
RESP: Regular work of breathing on room air. Equal chest rise bilaterally.
SKIN: Warm and dry. Lower extremity venous stasis wounds
GI: Abdomen soft, non-distended.
MUSC/SKEL: No gross deformities noted, b/l leg dressing in place
NEURO: Moves all extremities spontaneously. Alert and oriented x3
PSYCH: Appropriate mood and affect.

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
08/04/19 09:05	Temp C:	36.7	36.4	-	36.8
08/04/19 09:05	HR:	71	70	-	78
08/04/19 09:05	RR:	18	16	-	18
08/04/19 09:05	SBP Non-Inv:	122	118	-	122
08/04/19 09:05	DBP Non-Inv:	61	61	-	65
08/04/19 09:05	MAP Non-Inv:	82	82	-	83

Scheduled Medications
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Insulin LISPRO inj Dose: BEDTIME Correction Subcutaneous QHS
Insulin LISPRO inj Dose: LOW Correction-Premeal Subcutaneous TID Before Meals
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

Infusions
No Infusion Medications Found.

PRN Medications
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Dextrose 50% 50mL inj Dose: 25 g = 50 mL IV On Call PRN
Dextrose 50% 50mL inj Dose: 12.5 g = 25 mL IV On Call PRN
Glucagon 1mg inj Dose: 1 mg Subcutaneous On Call PRN
Glucagon 1mg inj Dose: 0.5 mg Subcutaneous On Call PRN
Hypoglycemia Protocol Information Dose: 1 each INFO Daily PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO BID PRN

RESULTS FROM TODAY
08/04/19 06:00

RESULTS FROM YESTERDAY

			|- ICa - - -						|- ICa - - -		
142	108	25	|- Ca 8.5	- - -	- - -	- - -			|- Ca - - -		
---------|----------|----------< 129			|- Mg - - -				---------|----------|----------< - - -		|- Mg - - -		
4.2	24	0.71	|- Phos - - -	- - -	- - -	- - -			|- Phos - - -		

RESULTS FROM TODAY
08/04/19 06:00

RESULTS FROM YESTERDAY

		7.7	|- PT - - -				- - -		|- PT - - -		
	7.10]----------[454		|- INR - - -			- - -]----------[- - -			|- INR - - -		
25			|- PTT - - -			- - -			|- PTT - - -		

08/04/19 09:13	20:38	08/03/19 17:02	08/03/19
208	169	127	

ASSESSMENT & PLAN:
94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF. Currently awaiting dispo, likely SNF, pending coordination with family/DPOA.

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

#Geriatrics
Appreciate Med G recs:
-Wound care consult: completed (7/25 note)
-Avoid ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

Chronic/stable:
#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin
#HTN - holding home losartan
#HLD - atorvastatin
#Chronic BLE wounds - wound care following

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

OT: Recommend moderate assist for ADLs.
Recommend moderate assist of 1, hospital staff for functional transfers.

DVT PPX: SQH q8h
Code: DNR, Intubation ok
DISPO: SNF approved, DPOA and pt deciding on home vs snf

Category: Progress Notes
Date of Service: 08/04/2019 05:50
Document Status: Authenticated
Title: Surgery - Inpt Record
Document Version : 0

Encounter Number: 1839533752
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 07/24/2019 18:24:00
Discharge Date Time: 08/05/2019 15:10:00

Performed By: Alley MD, Michael Dee
Performed Date Time: 08/04/2019 05:51:29
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 08/04/19 at 12:36

_____

Alley MD, Michael Dee
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

MDA
DD:08/04/19

ASSESSMENT:
Per chart: Pt is a 94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF. Wknd SW received referral to assist with discharge planning.
.
INTERVENTION:
Per chart: Kline Galland can admit patient today but as of yesterday, pt and her son/DPOA have not decided whether pt will go to SNF at discharge or return home. Pt has Medicare A/B and CNP Medicaid and can d/c this wknd to the SNF w/out the need for insurance authorization.

SW spoke with GS team who reports that they attempted to call pt's son several times yesterday to discuss discharge planning but son's phone went straight to voicemail. Pt reported to GS team that her son left his phone on the ferry. GS team discussed discharge plan with pt but she has not made a decision regarding SNF v. home.

SW l/m for admissions at Kline Galland to confirm whether they are able to admit pt today.

SW attempted to call pt's son, Louis Hoffman (360-649-5702), several times but call went straight to voicemail. SW l/m for pt's son requesting a call back to discuss discharge plan as pt is ready to discharge today.

SW met with pt at bedside to discuss discharge planning. Pt reports that she would prefer to go home at discharge but she would like her son, Louis, to make the decision regarding her discharge plan. Pt reports that Louis is not coming to HMC today but will he will be here tomorrow and she is not sure what time. She reports that the only contact for Louis is his cellphone - 360-649-5702. SW l/m on Louis' cellphone this morning and is awaiting a call back. Pt reports that she lives with Louis and he can provide her assistance at discharge. SW page GS team with update that discharge dispo plan is still pending.
.
PLAN OR OUTCOME:
Wknd SW l/m for SSW with update.
.

Electronically Reviewed/Signed On: 08/04/19 at 16:12

Bonazzo Camarda MSW, Lauren
Social Worker, Social Work
Box 359760
206-744-3284
Seattle WA

LB

Social Work Progress Note

ASSESSMENT:
Assessment:
Neuro: Pt is A&Ox4, calm and coopreative. Very hard of hearing, does not have hearing aids with her. MAE, CMS intact, PERRL

Pain: c/o minimal discomfort to old chest tube site on R chest, PRN tylenol available

Resp: pt on RA, lungs CTA

C/V: VSS, afebrile

Skin: R chest old chest tube site, RLE venous stasis ulcers - xero, abd, kerlex change daily

GI: tolerating general diet, ACHS blood sugars, denies N/V, +BT, BM x1 today

GU: incontinent, brief changed

Activity: pt OOB with 1PA and walker, up to chair today, remind patient to turn when in bed

Pending / Plan: d/c pending therapy rec and placement
.
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was ambulating w/assist 10 - 50 feet.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

EVALUATION:
Pt progressing towards discharge: awaiting placement.

Electronically Reviewed/Signed On: 08/04/19 at 17:51

_____

Hoffman RN, Jessica
Registered Nurse, Nursing Floats - Acute Ca
Box 359735
Seattle WA

JH
DD:08/04/19

Nursing Progress Note - HMC

ASSESSMENT:
Assessment: A&Ox4. VSS, afebrile. Pt eating and drinking. UP to chair with 1 person assist. Denies pain at this time. Dressings to BLE CDI. Incontinent in breifs, pt able to let staff know when she needs to be changed. Will continue to monitor. .
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 8/4/2019 8:00 - 8/4/2019 17:48).

EVALUATION:
Pt NOT progressing in these areas: wound care, mobility .

Electronically Reviewed/Signed On: 08/04/19 at 17:57

_____

Cole RN, Heather Lynn
Registered Nurse, 8EH Acute Care
Box 359835
Seattle WA

HLC
DD:08/04/19

Nursing Progress Note - HMC

ASSESSMENT:
Assessment: Pt A&Ox4, MAE, very hard of hearing - using voice amplifier, denies numbness/tingling. VSS. Pt on RA, denies SOB, SpO2 in the high 90s,frequently using IS in bed, up to 1500. Denies pain. Ambulated from chair back to bed with assistance of gait belt, with very unsteady gait. Dressings to BLE CDI. Pt is having adequate intake. At times incontinent of urine, pt calls when soiled, diaper in place. Pending DC plan. Call light within reach.
.
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was ambulating w/assist less then 10 feet.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
PLAN OF CARE Interventions/Outcomes

8/4/2019 20:18	HMC Fall Risk Interventions		Bed in lowest position with brakes on, Toileting, Maintain adequate lighting in room, Maintain call bell within reach of patient, Provided socks with non-skid soles
	Skin Interventions		Elevate/offload heels, Pain management effective, Patient working with PT/OT, Turn q2 Hrs, No sting skin prep barrier, Use disposable wicking underpad, Assist patient to obtain adequate nutrition, Plan for nutritional support effective, Educate pt re: appropriate pressure redistribution technique, Elevate / offload heels, Moisturize skin
	Pt as safe as possible	Met	
	Maintain Skin Integrity	Met	
	Pt/Family Understands Dx & Plan of Day	Met by patient	
	Acute pain		
	Pain Goal	Verbalize min pain interference w/ rest&sleep btw activities	
	Pain Interventions	Assess pain, relief, side effects Q4 & PRN, Explain plan-assessment/multimodal approach/self-management, Educate pt on pain med regime, including frequency, Offer prn analgesics prior to painful activities, Treat pain w/prn meds, Pace activities/Energy control, Relaxation techniques, Reposition for comfort	
	Pain Target Date	8/6/2019	
	Pain Plan Assessment	Met, continue with goal & plan	
	Ineffective breathing pattern		
	Respiratory Goal	Lung sounds clear	
	Respiratory Interventions_		Cough/deep breathe, Eleva head of bed >30 degrees, Pulmonary hygiene, Use IS 10x Q 1hr, Implement rib fracture protocol
	Respiratory Target Date		8/6/2019
	Respiratory Plan Assessment		Met, continue with goal & plan
	Activity intolerance		
	Mobility Goal	Increasing physical activity and strength	
	Mobility Interventions		Participate with Physical Occupational Therapy sessions, Use assistive devices as needed, i.e. gait belt/walker,

Out of bed & in chair for afternoon periods, including meals, Turn Q2hr
Mobility Target Date 8/6/2019
Mobility Plan Assessment Met, continue with goal & plan
Impaired skin/tissue integrity
Skin Goal Remains free of further skin breakdown
Skin Interventions_ Assess site, monitor length, width, depth, drainage & odor, Keep skin clean and dry, Change dressings per order
Skin Target Date 8/6/2019
Skin Plan Assessment Met, continue with goal & plan .

EVALUATION:
Pt NOT progressing in these areas: wound care, pain management.

Electronically Reviewed/Signed On: 08/04/19 at 23:50

_____

Payne RN, Callie E
Registered Nurse, 8EH
Box 359835
Seattle WA

CEP

Nursing Progress Note - HMC

ASSESSMENT:
Wknd SW received a request to continue d/c planning for pt. Pt. has been accepted by Kline Galland but the pt. prefers to d/c home instead and pt.'s son who is DPOA has gone back and forth on whether he is okay w/ a SNF d/c vs. home. The plan was for the Gensurg1 team to talk with the pt. and son further regarding the recs for SNF and if they agree then SW would facilitate a d/c to Kline. Pt. has Medicare A/B and CNP Medicaid and can d/c this wknd to the SNF w/out the need for insur. auth..
.
INTERVENTION:
SW spoke w/ Gensurg1 MD who plans to f/u w/ pt. and son and will call SW back. SW spoke w/ Kline Galland who confirmed they can admit pt. this wknd but won't have a female bed available until Sunday. SW paged team this afternoon for an update on conversation w/ the pt/son and awaiting a call back.

Sunday SW to f/u.

Update: SW received a call back from the team that they still need to talk w/ the son and pt. and hope to do that tonight..
.
PLAN OR OUTCOME:
SW to continue to follow pt..
.

Electronically Reviewed/Signed On: 08/03/19 at 15:48

_____

Christensen LICSW, Lisa M
Social Worker
Box 359760
(206) 744-8796
Seattle WA

Electronically Co-Signed On: 08/03/19 at 16:06

_____

Christensen LICSW, Lisa M
Social Worker
Box 359760
(206) 744-8796
Seattle WA

LMC
DD:08/03/19

Social Work Progress Note

SOAP Progress Note

ID/CC/INJURY LIST: 94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF.

SUBJECTIVE/INTERVAL HX:

NAEON, pt resting, and visiting with staff, NAD
Vitals stable
PIC 9

OBJECTIVE:

PHYSICAL EXAM:

GEN: Elderly female, thin, resting in no acute distress.
HEENT: Normocephalic, atraumatic. No scleral icterus or conjunctival injection.
CV: Extremities warm and well perfused.
RESP: Regular work of breathing on room air. Equal chest rise bilaterally.
SKIN: Warm and dry. Lower extremity venous stasis wounds
GI: Abdomen soft, non-distended.
MUSC/SKEL: No gross deformities noted, b/l leg dressing in place
NEURO: Moves all extremities spontaneously. Alert and oriented x3
PSYCH: Appropriate mood and affect.

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
08/03/19 15:19	Temp C:	36.8	36.7	-	36.9
08/03/19 15:19	HR:	70	70	-	79
08/03/19 15:19	RR:	16	16	-	16
08/03/19 15:19	SBP Non-Inv:	118	118	-	134
08/03/19 15:19	DBP Non-Inv:	65	57	-	66
08/03/19 15:19	MAP Non-Inv:	83	78	-	89

Scheduled Medications

Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Insulin LISPRO inj Dose: BEDTIME Correction Subcutaneous QHS
Insulin LISPRO inj Dose: LOW Correction-Premeal Subcutaneous TID Before Meals
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

Infusions
No Infusion Medications Found.

PRN Medications
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Dextrose 50% 50mL inj Dose: 25 g = 50 mL IV On Call PRN
Dextrose 50% 50mL inj Dose: 12.5 g = 25 mL IV On Call PRN
Glucagon 1mg inj Dose: 1 mg Subcutaneous On Call PRN
Glucagon 1mg inj Dose: 0.5 mg Subcutaneous On Call PRN
Hypoglycemia Protocol Information Dose: 1 each INFO Daily PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO BID PRN

RESULTS FROM TODAY

|- ICa - - -
- - - - - - - - - - - - |- Ca - - - 141 108 27
---------|----------|----------< - - - |- Mg - - -
- - - - - - - - - - - - |- Phos - - - 4.8 27 0.75

RESULTS FROM YESTERDAY
08/02/19 06:06

|- ICa - - -
|- Ca 8.5
---------|----------|----------< 139 |- Mg - - -
|- Phos - - -

RESULTS FROM TODAY

- - - |- PT - - -
- - -]----------[- - - |- INR - - -
- - - |- PTT - - - 27

RESULTS FROM YESTERDAY
08/02/19 06:06

8.0 |- PT - - -
7.80]----------[433 |- INR - - -
|- PTT - - -

08/03/19 12:06 180
08/03/19 08:17 135
08/02/19 20:43 186
08/02/19 16:49 203

[**I&O Data**
Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 48.5 (kg) 107 (lbs) (07/30/19 05:00)
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/31/2019	08/01/2019	08/02/2019	08/03/2019	08/04/2019	Total
Intake Total (0600)	1040	954	500	1423	250	4167
Output	0	0	0	0	0	0

Total (0600)						
Net I&O Total (0600)	1040	954	500	1423	250	4167
Daily weight	48.5					N/A

ASSESSMENT & PLAN:
94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF. Currently awaiting dispo, likely SNF, pending coordination with family/DPOA.

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
-RFP
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

#Geriatrics
Appreciate Med G recs:
-Wound care consult: completed (7/25 note)
-Avoid ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

Chronic/stable:
#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin
#HTN - holding home losartan
#HLD - atorvastatin
#Chronic BLE wounds - wound care following
Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling
Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline

- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

OT: Recommend moderate assist for ADLs.
Recommend moderate assist of 1, hospital staff for functional transfers.

DVT PPX: SQH q8h
Code: DNR, Intubation ok
DISPO: SNF approved, DPOA and pt deciding on home vs snf

Electronically Reviewed/Signed On: 08/03/19 at 16:22

_____

Alley MD, Michael Dee
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

MDA
DD:08/03/19

ASSESSMENT:
Assessment: patient alert and oriented. patient can move all extremities. wound care completed as ordered to bilateral lower extremities. patient up to chair x1 today with staff assist, gailt belt and FWW. Coccyx intact. Heels itnact with blanchable redness. patient educated to turn and reposition every one to two hours to prevent skin breakdown. heels elevated off of bed. per social work noted SNF approved and bed available on Sunday. Son still deciding. .
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was ambulating independently, ambulating w/assist, transfering to chair with pivot transfer.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
PLAN OF CARE Interventions/Outcomes

8/3/2019 12:29	HMC Fall Risk Interventions	Bed alarm at all times, Bed in lowest position with brakes on, Gait Belt, Bedside Commode, Toileting, Transfer assistance, Fall risk bracelet on, Signage and icons placed on white board, Maintain adequate lighting in room, Maintain call bell within reach of patient, Pt to dangle legs 20 sec before standing, Proper footwear by bedside, Provided socks with non-skid soles
	Skin Interventions	Elevate/offload heels, Pain management effective, Patient on pressure redistribution surface, Patient working with PT/OT, Turn q2 Hrs, No sting skin prep barrier, Use disposable wicking underpad, Zinc Oxide moisture barrier, Assist patient to obtain adequate nutrition, Plan for nutritional support effective, Educate pt re: appropriate pressure redistribution technique, Elevate / offload heels, Moisturize skin
	Pt as safe as possible	Met
	Maintain Skin Integrity	Met
	Pt/Family Understands Dx & Plan of Day	Met by patient
	Acute pain	
	Pain Goal	Verbalize min pain interference w/ rest&sleep btw activities
	Pain Interventions	Assess pain, relief, side effects Q4 & PRN, Explain plan-assessment/multimodal approach/self-management, Educate pt on pain med regime, including frequency, Offer prn analgesics prior to painful activities, Treat pain w/prn meds, Pace activities/Energy control, Relaxation techniques, Reposition for comfort
	Pain Target Date	8/3/2019
	Pain Plan Assessment	Met, continue with goal & plan
	Activity intolerance	
	Mobility Goal	Increasing physical activity and strength
	Mobility Interventions	Participate with Physical Occupational Therapy sessions, Use assistive devices as needed, i.e. gait belt/walker, Out of bed & in chair for afternoon periods, including meals, Turn Q2hr
	Mobility Target Date	8/4/2019
	Mobility Plan Assessment	Met, continue with goal & plan .

EVALUATION:
Pt NOT progressing in these areas: son and patient need to make decision on discharge.

Electronically Reviewed/Signed On: 08/03/19 at 17:45

_____

Tuomey RN, Taylor
Registered Nurse, Nursing Floats
Box 359735
Seattle WA

TT
DD:08/03/19

Nursing Progress Note - HMC

ASSESSMENT:
Assessment: Pt A&Ox4, MAE, very hard of hearing - using voice amplifier, denies numbness/tingling. VSS. Pt on RA, denies SOB, SpO2 in the high 90s,frequently using IS in bed, up to 1500. Denies pain. Ambulated from chair back to bed with assistance of gait belt, with very unsteady gait. Dressings to BLE CDI. Pt is having adequate intake. At times incontinent of urine, pt calls when soiled, diaper in place. Pending DC plan. Call light within reach.
.
No restraints indicated.

MOBILITY:
Mobility goal for today: transfer to chair.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was transfering to chair with pivot transfer.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
PLAN OF CARE Interventions/Outcomes

8/3/2019 20:38	HMC Fall Risk Interventions		Bed in lowest position with brakes on, Toileting, Maintain adequate lighting in room, Maintain call bell within reach of patient
	Skin Interventions		Elevate/offload heels, Pain management effective, Patient on pressure redistribution surface, Patient working with PT/OT, Turn q2 Hrs, No sting skin prep barrier, Use disposable wicking underpad, Zinc Oxide moisture barrier, Assist patient to obtain adequate nutrition, Plan for nutritional support effective, Educate pt re: appropriate pressure redistribution technique, Elevate / offload heels, Moisturize skin
	Pt as safe as possible	Met	
	Maintain Skin Integrity	Met	
	Pt/Family Understands Dx & Plan of Day	Met by patient	
	Acute pain		
	Pain Goal	Verbalize min pain interference w/ rest&sleep btw activities	
	Pain Interventions	Assess pain, relief, side effects Q4 & PRN, Explain plan-assessment/multimodal approach/self-management, Educate pt on pain med regime, including frequency, Offer prn analgesics prior to painful activities, Treat pain w/prn meds, Pace activities/Energy control, Relaxation techniques, Reposition for comfort	
	Pain Target Date	8/3/2019	
	Ineffective breathing pattern		
	Respiratory Goal	Lung sounds clear	
	Respiratory Interventions_		Cough/deep breathe, Eleva head of bed >30 degrees, Pulmonary hygiene, Use IS 10x Q 1hr, Implement rib fracture protocol
	Respiratory Target Date		8/3/2019
	Respiratory Plan Assessment		Met, continue with goal & plan
	Activity intolerance		
	Mobility Goal	Increasing physical activity and strength	
	Mobility Interventions		Participate with Physical Occupational Therapy sessions, Use assistive devices as needed, i.e. gait belt/walker,

Out of bed & in chair for afternoon periods, including meals, Turn Q2hr
Mobility Target Date 8/4/2019
Mobility Plan Assessment Met, continue with goal & plan
Impaired skin/tissue integrity
Skin Goal Remains free of further skin breakdown
Skin Interventions_ Assess site, monitor length, width, depth, drainage & odor, Keep skin clean and dry, Change dressings per order
Skin Target Date 8/3/2019
Skin Plan Assessment Met, continue with goal & plan .

EVALUATION:
Pt NOT progressing in these areas: wound care, mobility, pain management.

Electronically Reviewed/Signed On: 08/03/19 at 23:18

_____

Payne RN, Callie E
Registered Nurse, 8EH
Box 359835
Seattle WA

CEP

Nursing Progress Note - HMC

ASSESSMENT:
Assessment: Pt A&Ox4, MAE, very hard of hearing, denies numbness/tingling. VSS. Pt on RA, denies SOB, SpO2 in the high 90s,frequently using IS in bed, up to 1500. Denies pain. Dressings to BLE CDI. Pt is having adequate intake. At times incontinent of urine, pt calls when soiled. Pt requested to administer 1/2 ordered dose of senna to prevent loose stools. Pending DC plan. Call light within reach. .
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.

PLAN:
PLAN OF CARE Interventions/Outcomes

```
8/1/2019 21:00          HMC Fall Risk Interventions              Bed alarm at all times,
  Bed in lowest position with brakes on, Bedside Commode, Toileting, Transfer
  assistance, Maintain adequate lighting in room, Maintain call bell within reach of
  patient, Pt to dangle legs 20 sec before standing, Proper footwear by bedside,
  Provided socks with non-skid soles
                        Skin Interventions       Elevate/offload heels, Pain management
  effective, Patient on pressure redistribution surface, Patient working with PT/OT,
  Turn q2 Hrs, No sting skin prep barrier, Use disposable wicking underpad, Zinc Oxide
  moisture barrier, Assist patient to obtain adequate nutrition, Plan for nutritional
  support effective, Educate pt re: appropriate pressure redistribution technique,
  Elevate / offload heels, Moisturize skin
                        Acute pain
                            Pain Goal            Verbalize min pain interference w/
  rest&sleep btw activities
                            Pain Interventions   Assess pain, relief, side effects Q4 &
  PRN, Explain plan-assessment/multimodal approach/self-management, Educate pt on pain
  med regime, including frequency, Offer prn analgesics prior to painful activities,
  Treat pain w/prn meds, Pace activities/Energy control, Relaxation techniques,
  Reposition for comfort
                            Pain Target Date     8/1/2019
                            Pain Plan Assessment Met, continue with goal & plan
                        Ineffective breathing pattern
                            Respiratory Goal     Lung sounds clear
                            Respiratory Interventions_           Cough/deep breathe, Eleva
  head of bed >30 degrees, Pulmonary hygiene, Use IS 10x Q 1hr, Implement rib fracture
  protocol
                            Respiratory Target Date              8/1/2019
                            Respiratory Plan Assessment          Met, continue with goal &
  plan
                        Activity intolerance
                            Mobility Goal        Increasing physical activity and strength
                            Mobility Interventions               Participate with Physical
  Occupational Therapy sessions, Use assistive devices as needed, i.e. gait belt/walker,
  Out of bed & in chair for afternoon periods, including meals, Turn Q2hr
                            Mobility Target Date 8/1/2019
                            Mobility Plan Assessment             Met, continue with goal &
  plan
                        Impaired skin/tissue integrity
                            Skin Goal            Remains free of further skin breakdown
                            Skin Interventions_  Assess site, monitor length, width,
  depth, drainage & odor, Keep skin clean and dry, Change dressings per order
```

Skin Target Date 8/1/2019
Skin Plan Assessment Met, continue with goal & plan .

EVALUATION:
Pt NOT progressing in these areas: DC plan.

Electronically Reviewed/Signed On: 08/02/19 at 03:03

_____

Barney RN, Maribel
Registered Nurse, 8E
Box 359835
Seattle WA

MB
DD:08/02/19

Nursing Progress Note - HMC

TREATMENT PROVIDED:
Time spent:
Session: 1 , Start Time: 0957, End Time: 1026, Total treatment time: 29 minutes, Total timed codes: 29 minutes.
Self care/home mngmt Include assist tech home (97535) for 29 minutes.

PRECAUTIONS:
Precautions:
Spine: Spines cleared.
Patient received with: RN/family member present.
Patient left with: RN/family member present.

SUBJECTIVE:
Pain: L hip and lower back pain in standing
RN aware and pt medicated.

OBJECTIVE:
Interpreter needed? No.
Edema: minimal edema to B ankles.
Skin Integrity: wounds to B ankles/feet dressed and wrapped, with minimal drainage.
ROM/Strength: B shoulders to ~100 degrees flexion, with grossly decreased ROM through wrist/digit ROM d/t baseline arthritis
B hips/knees to 90 degrees flexion on BSC
R ankle DF to neutral actively, L ankle lacking 10deg from neutral
.
Cognition: -alert, cooperative, with slow processing speed and requiring 1 step instructions throughout.

INTERVENTION:
ADLs: -toileting: moderate assist, for pericare
-lower body dressing: moderate assist, to thread BLE and to hike over hips in standing
-upper body dressing: set-up assist, cues for thoroughness
-oral hygiene: seated, minimal assist, for opening/applying toothpaste, cues for thoroughness.
Functional Mobility: -sit to stand from BSC: moderate assist--pt's son recalls method; however, requires repeated cues for hand placement and sequencing (to have pt scoot hips forward and maintain 1 hand on armrails/1 on FWW, etc.)
-standing balance: minimal assist, unable to offweight BUE to assist with clothing management--with kyphotic posture, unable to acheive full upright with cues/facilitation
-lateral steps: minimal assist, with minimal foot clearance bilaterally
.
Adaptive Equipment/DME: per pt's son, family with a myriad of DME/AE options upon discharge--encouraged son to use only FWW for stand pivot transfers at this time (he is offering to use hiking poles, quad cane, single

point cane, etc.) They has a shower chair, grab bars and bedside commode as well.

DAILY RECOMMENDATIONS:
Mobility Recommendations:
Encourage participation in BADLs.
Mobility: dangle, bedside chair.
Level of Assist Needed: assist of one RN staff member with all mobility.
Device Needed: gait belt, front wheel walker.
Self Care Recommendations:
Toileting: bedside commode.
Eating: in bedside chair.
Grooming: in bedside chair.
Bathing: requires a shower chair.

ASSESSMENT:
Pt continues to benefit from acute OT intervention, following simple commands consistently and motivated to return home--however, pt is amenable to short rehab facility stay in order for son receive proper training and to alliviate caregiver burden upon discharge. Pt requiring moderate assist with sit to stand and with lower body dressing/pericare following toileting. Pt able to ambulate a few lateral steps with minimal assist utilizing FWW. Pt requires minimal assist with upper body dressing and set-up with cues to complete seated grooming tasks. OT assisted pt's son in completing several transfers this session and son with moderate carryover from previous session; however, with continue require consistent education re: proper hand positioning and cuing for pt in order to provide safe support to pt. Pt continues with decreased functional independence with self care and mobility due to decreased activity tolerance, strength, ROM, balance. Main barriers are pain, unclear functional baseline. Main strengths are pt's motivation and family support. Appreciate consistent and frequent opportunities to mobilize and participate in self care tasks with RN staffing while in house.

Acute OT will continue to follow for progression of self care/mobility and family training goals.

Recommending pt discharge to location that can provide assist with all self care and mobility and ongoing OT--in order to provide further family training prior to discharge home. Pt and son both agreeable after this session, to a short stay at a rehabilitation facility for further training to promote safer discharge home when family able to demonstrate good carryover re: safe assist with mobility/self care. .

PLAN OF CARE:
Frequency: 1-3 days a week,
Basic Activities of Daily Living:
Bathing: Sitting, Set-up assist.
Upper body dressing: Independent.
Lower body dressing: Modified independent.
Toileting: Modified independent.
Functional mobility and transfers:
Bed mobility: Independent.
Toilet transfer: Modified independent.
Functional mobility: Modified independent.
Patient/family goals: increase independence with ADLs.

.
Plan: ADL training, Functional mobility training.
Goal Review Date: 8/23/2019.

RECOMMENDATIONS:
Current functional recommendations:
Recommend moderate assist for ADLs.
Recommend moderate assist of 1, hospital staff for functional transfers.
Discharge recommendations:
OT will continue to follow while at HMC; If patient discharges today, will need OT follow up at next level of care as determined by primary team.

Electronically Reviewed/Signed On: 08/02/19 at 10:57

_____

Koning OT, Claire EJ
Occupational Therapist, Occupational Therapy
Box 359897
Seattle WA

CEK
DD:08/02/19

Occupational Therapy Intervention-tx

ASSESSMENT:

Referral for visit:
Denominational Census.
Patient requested:
No, not today..
Plan of Care/Next Steps:
Continue denominational visits.
Amount of time of visit: 5 minutes.

SIGNATURE:

Allister O'Brien Denominational Spiritual Care Provider

Electronically Reviewed/Signed On: 08/02/19 at 12:29

_____

O'Brien, Allister
Roman Catholic Eucharistic Minister, HMC Spiritual Care
Box 359786
Seattle WA

cc: Rasmussen-Baker MDiv, BCC, Jill L
Director, Spiritual Care, HMC Spiritual Care
Box 359786
Seattle WA

AO
DD:08/02/19

Denominational Spiritual Care Note

ASSESSMENT:
Assessment: A&Ox4. VSS and WNL. No c/o pain at rest, brief mild pain with dressing change but resolved following cleansing of wounds. Severely HOH, uses amplifier. Using IS without cueing needed. Excellent PO intake, see iView for blood sugars. Incontinent of urine. BLE wounds with moderate yellow drainage, wound bed red, edges irregular, attached. Wounds cleansed and redressed per order with xeroform, ABD, kerlix and surginet. 1 assist out of bed to chair/commode with gait belt. On attempt of ambulation, 1 assist with FWW and gait belt but moderate assist, gait unsteady, only made it about 5 feet. Continue ambulation, increase activity as tolerated. Pt with resistance bands at bedside for strengthening. Pt son, POA, amenable to up to two weeks at SNF for rehab. Call light within reach. .
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was ambulating w/assist less then 10 feet.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
PLAN OF CARE Interventions/Outcomes

8/2/2019 9:00	HMC Fall Risk Interventions		Bed alarm at all times, Bed in lowest position with brakes on, Maintain adequate lighting in room, Maintain call bell within reach of patient, Pt to dangle legs 20 sec before standing
8/2/2019 8:26	HMC Fall Risk Interventions		Bed alarm at all times, Bed in lowest position with brakes on, Maintain adequate lighting in room, Maintain call bell within reach of patient, Pt to dangle legs 20 sec before standing
	Skin Interventions		Elevate/offload heels, Pain management effective, Patient on pressure redistribution surface, Patient working with PT/OT, Turn q2 Hrs, No sting skin prep barrier, Use disposable wicking underpad, Zinc Oxide moisture barrier, Assist patient to obtain adequate nutrition, Plan for nutritional support effective, Educate pt re: appropriate pressure redistribution technique, Elevate / offload heels, Moisturize skin
	Acute pain		
		Pain Goal	Verbalize min pain interference w/ rest&sleep btw activities
		Pain Interventions	Assess pain, relief, side effects Q4 & PRN, Explain plan-assessment/multimodal approach/self-management, Educate pt on pain med regime, including frequency, Offer prn analgesics prior to painful activities, Treat pain w/prn meds, Pace activities/Energy control, Relaxation techniques, Reposition for comfort
		Pain Target Date	8/1/2019
		Pain Plan Assessment	Met, continue with goal & plan
	Ineffective breathing pattern		
		Respiratory Goal	Lung sounds clear
		Respiratory Interventions_	Cough/deep breathe, Elevate head of bed >30 degrees, Pulmonary hygiene, Use IS 10x Q 1hr, Implement rib fracture protocol
		Respiratory Target Date	8/1/2019
		Respiratory Plan Assessment	Met, continue with goal & plan
	Activity intolerance		

Mobility Goal Increasing physical activity and strength
Mobility Interventions Participate with Physical Occupational Therapy sessions, Use assistive devices as needed, i.e. gait belt/walker, Out of bed & in chair for afternoon periods, including meals, Turn Q2hr
Mobility Target Date 8/1/2019
Mobility Plan Assessment Met, continue with goal & plan
Impaired skin/tissue integrity
Skin Goal Remains free of further skin breakdown
Skin Interventions_ Assess site, monitor length, width, depth, drainage & odor, Keep skin clean and dry, Change dressings per order
Skin Target Date 8/1/2019
Skin Plan Assessment Met, continue with goal & plan
8/2/2019 8:00 Skin Interventions Elevate/offload heels, Pain management effective, Patient on pressure redistribution surface, Patient working with PT/OT, Turn q2 Hrs, No sting skin prep barrier, Use disposable wicking underpad, Zinc Oxide moisture barrier, Assist patient to obtain adequate nutrition, Plan for nutritional support effective, Educate pt re: appropriate pressure redistribution technique, Elevate / offload heels, Moisturize skin .

EVALUATION:
Pt NOT progressing in these areas: Increase activity tolerance, strength. .

Electronically Reviewed/Signed On: 08/02/19 at 13:39

_____

Mangouri RN, Bijan
Registered Nurse, Nursing Floats - AC
Box 359735
Seattle WA

BM
DD:08/02/19

Nursing Progress Note - HMC

SOAP Progress Note

ID/CC/INJURY LIST: 94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF.

SUBJECTIVE/INTERVAL HX:
NAEON, pt resting, NAD
Vitals stable
PIC 9

OBJECTIVE:

PHYSICAL EXAM:
GEN: Elderly female, thin, resting in no acute distress.
HEENT: Normocephalic, atraumatic. No scleral icterus or conjunctival injection.
CV: Extremities warm and well perfused.
RESP: Regular work of breathing on room air. Equal chest rise bilaterally.
SKIN: Warm and dry. Lower extremity venous stasis wounds
GI: Abdomen soft, non-distended.
MUSC/SKEL: No gross deformities noted, b/l leg dressing in place
NEURO: Moves all extremities spontaneously. Alert and oriented x3
PSYCH: Appropriate mood and affect.

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
08/02/19 14:34	Temp C:	36.5	36.5	-	37.5
08/02/19 14:34	HR:	78	74	-	82
08/02/19 14:34	RR:	18	16	-	18
08/02/19 14:34	SBP Non-Inv:	132	110	-	133
08/02/19 14:34	DBP Non-Inv:	59	58	-	60
08/02/19 14:34	MAP Non-Inv:	84	75	-	84

Scheduled Medications
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Insulin LISPRO inj Dose: BEDTIME Correction Subcutaneous QHS
Insulin LISPRO inj Dose: LOW Correction-Premeal Subcutaneous TID Before Meals
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

Infusions

No Infusion Medications Found.

PRN Medications
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Dextrose 50% 50mL inj Dose: 25 g = 50 mL IV On Call PRN
Dextrose 50% 50mL inj Dose: 12.5 g = 25 mL IV On Call PRN
Glucagon 1mg inj Dose: 1 mg Subcutaneous On Call PRN
Glucagon 1mg inj Dose: 0.5 mg Subcutaneous On Call PRN
Hypoglycemia Protocol Information Dose: 1 each INFO Daily PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO BID PRN

RESULTS FROM TODAY
08/02/19 06:06

141 108 27 |- ICa - - - |- Ca 8.5 - - - - - - - - - |- Mg - - - - - - - - - |- Phos - - - < 139 4.8 27 0.75

RESULTS FROM YESTERDAY

|- ICa - - - |- Ca - - - |- Mg - - - |- Phos - - - < - - - - - - - - - - - -

RESULTS FROM TODAY
08/02/19 06:06

8.0 |- PT - - - 7.80]----------[433 |- INR - - - 27 |- PTT - - - - - -

RESULTS FROM YESTERDAY

- - - |- PT - - - - - -]----------[- - - |- INR - - - - - - |- PTT - - -

08/02/19 13:11 134 | 08/02/19 11:31 214 | 08/02/19 09:09 168 | 08/02/19 08:30 154 | 08/01/19 21:44 207 | 08/01/19 17:34 153

[**I&O Data**
Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 48.5 (kg) 107 (lbs) (07/30/19 05:00)
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/30/2019	07/31/2019	08/01/2019	08/02/2019	08/03/2019	Total
Intake Total (0600)	1481	1040	954	500	1423	5398
Output Total (0600)	200	0	0	0	0	200

Net I&O Total (0600)	1281	1040	954	500	1423	5198
Daily weight		48.5				N/A

ASSESSMENT & PLAN:
94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF. Currently awaiting dispo, likely SNF, pending coordination with family/DPOA.

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeat CXR 8/1- stable
-RFP
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

#Geriatrics
Appreciate Med G recs:
-Wound care consult: completed (7/25 note)
-Avoid ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

Chronic/stable:
#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin
#HTN - holding home losartan
#HLD - atorvastatin
#Chronic BLE wounds - wound care following
Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling
Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able

- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

OT: Recommend moderate assist for ADLs.
Recommend moderate assist of 1, hospital staff for functional transfers.

DVT PPX: SQH q8h
Code: DNR, Intubation ok
DISPO: SNF, pending coordination with patient's son who is DPOA

Electronically Reviewed/Signed On: 08/02/19 at 15:51

_____

Alley MD, Michael Dee
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

MDA
DD:08/02/19

ASSESSMENT:
Assessment: Pt A&Ox4, MAE, very hard of hearing - using voice amplifier, denies numbness/tingling. VSS. Pt on RA, denies SOB, SpO2 in the high 90s,frequently using IS in bed, up to 1500. Denies pain. Ambulated from chair back to bed with assistance of gait belt, with very unsteady gait. Dressings to BLE CDI. Pt is having adequate intake. At times incontinent of urine, pt calls when soiled, diaper in place, pt reports +BM in the morning. Pending DC plan. Call light within reach. .
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.

PLAN:
PLAN OF CARE Interventions/Outcomes

```
8/2/2019 21:00          HMC Fall Risk Interventions              Bed alarm at all times,
  Bed in lowest position with brakes on, Maintain adequate lighting in room, Maintain
  call bell within reach of patient, Pt to dangle legs 20 sec before standing
                        Skin Interventions       Elevate/offload heels, Pain management
  effective, Patient on pressure redistribution surface, Patient working with PT/OT,
  Turn q2 Hrs, No sting skin prep barrier, Use disposable wicking underpad, Zinc Oxide
  moisture barrier, Assist patient to obtain adequate nutrition, Plan for nutritional
  support effective, Educate pt re: appropriate pressure redistribution technique,
  Elevate / offload heels, Moisturize skin
                        Acute pain
                            Pain Goal            Verbalize min pain interference w/
  rest&sleep btw activities
                            Pain Interventions   Assess pain, relief, side effects Q4 &
  PRN, Explain plan-assessment/multimodal approach/self-management, Educate pt on pain
  med regime, including frequency, Offer prn analgesics prior to painful activities,
  Treat pain w/prn meds, Pace activities/Energy control, Relaxation techniques,
  Reposition for comfort
                            Pain Target Date     8/1/2019
                            Pain Plan Assessment Met, continue with goal & plan
                        Ineffective breathing pattern
                            Respiratory Goal     Lung sounds clear
                            Respiratory Interventions_           Cough/deep breathe, Eleva
  head of bed >30 degrees, Pulmonary hygiene, Use IS 10x Q 1hr, Implement rib fracture
  protocol
                            Respiratory Target Date              8/1/2019
                            Respiratory Plan Assessment          Met, continue with goal &
  plan
                        Activity intolerance
                            Mobility Goal        Increasing physical activity and strength
                            Mobility Interventions               Participate with Physical
  Occupational Therapy sessions, Use assistive devices as needed, i.e. gait belt/walker,
  Out of bed & in chair for afternoon periods, including meals, Turn Q2hr
                            Mobility Target Date 8/4/2019
                            Mobility Plan Assessment             Not met, Target date
  adjusted
                        Impaired skin/tissue integrity
                            Skin Goal            Remains free of further skin breakdown
                            Skin Interventions_  Assess site, monitor length, width,
  depth, drainage & odor, Keep skin clean and dry, Change dressings per order
                            Skin Target Date     8/1/2019
```

Skin Plan Assessment Met, continue with goal & plan .

EVALUATION:
Pt NOT progressing in these areas: DC plan, Mobility.

Electronically Reviewed/Signed On: 08/03/19 at 03:31

_____

Barney RN, Maribel
Registered Nurse, 8E
Box 359835
Seattle WA

MB

Nursing Progress Note - HMC

ASSESSMENT:
Assessment: Assumed patient care at 1900, Pt A&O x4. HOH using pocket talker. CMS intact and good strength. BLE wound dressing I/C/D. Leg elevated for comfort. Pt medicated with scheduled Tylenol with effect. VSS. Slept most of the night. incontinent of urine, peri care provided. Bed alarm on for safety. Call light within reach. .
No restraints indicated.

MOBILITY:
Mobility goal for today: active ROM/in bed activity.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was active ROM/in bed activity.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/31/2019 8:00 - 7/31/2019 23:23).

EVALUATION:
Pt progressing towards discharge: pain. .

Electronically Reviewed/Signed On: 08/01/19 at 06:58

_____

Woldetensaye RN, Adeyababa F
Registered Nurse, Float Pool
Box 359735
Seattle WA

AFW
DD:08/01/19

Nursing Progress Note - HMC

SOAP Progress Note

ID/CC/INJURY LIST: 94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF.

SUBJECTIVE/INTERVAL HX:

NAEON, pt resting NAD
Vitals stable, H/H dec from 7/28 (8.1/27-->7.6/25)
NO Pic scores recorded
IS recorded 7/31 as 1000-1200

OBJECTIVE:

PHYSICAL EXAM:

GEN: Elderly female, thin, resting in no acute distress.
HEENT: Normocephalic, atraumatic. No scleral icterus or conjunctival injection.
CV: Extremities warm and well perfused.
RESP: Regular work of breathing on room air. Equal chest rise bilaterally.
SKIN: Warm and dry. Lower extremity venous stasis wounds
GI: Abdomen soft, non-distended.
MUSC/SKEL: No gross deformities noted, b/l leg dressing in place
NEURO: Moves all extremities spontaneously. Alert and oriented x3
PSYCH: Appropriate mood and affect.

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
08/01/19 08:02	Temp C:	36.8	36.5	-	36.9
08/01/19 08:02	HR:	73	73	-	88
08/01/19 08:02	RR:	16	14	-	17
08/01/19 08:02	SBP Non-Inv:	136	97	-	136
08/01/19 08:02	DBP Non-Inv:	66	52	-	67
08/01/19 08:02	MAP Non-Inv:	89	67	-	89

Scheduled Medications

Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Insulin LISPRO inj Dose: BEDTIME Correction Subcutaneous QHS
Insulin LISPRO inj Dose: LOW Correction-Premeal Subcutaneous TID Before Meals
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID

Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

Infusions
No Infusion Medications Found.

PRN Medications
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Dextrose 50% 50mL inj Dose: 25 g = 50 mL IV On Call PRN
Dextrose 50% 50mL inj Dose: 12.5 g = 25 mL IV On Call PRN
Glucagon 1mg inj Dose: 1 mg Subcutaneous On Call PRN
Glucagon 1mg inj Dose: 0.5 mg Subcutaneous On Call PRN
Hypoglycemia Protocol Information Dose: 1 each INFO Daily PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO BID PRN

RESULTS FROM TODAY

|- ICa - - -
- - - - - - - - - - |- Ca - - - 142
---------|----------|----------< - - - |- Mg - - -
- - - - - - - - - - |- Phos - - - 4.8

RESULTS FROM YESTERDAY
07/31/19 07:23

|- ICa - - -
108 27 |- Ca 8.5
---------|----------|----------< 153 |- Mg - - -
28 0.72 |- Phos - - -

RESULTS FROM TODAY

- - - |- PT - - -
- - -]----------[- - - |- INR - - -
- - - |- PTT - - -

RESULTS FROM YESTERDAY
07/31/19 07:23

7.6 |- PT - - -
9.88]----------[403 |- INR - - -
25 |- PTT - - -

08/01/19	07/31/19	07/31/19	07/31/19
08:37	20:52	16:38	12:23
147	210	121	159

[**I&O Data**
Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 48.5 (kg) 107 (lbs) (07/30/19 05:00)
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/29/2019	07/30/2019	07/31/2019	08/01/2019	08/02/2019	Total

Intake Total (0600)	840	1481	1040	954	0	4315
Output Total (0600)	0	200	0	0	0	200
Net I&O Total (0600)	840	1281	1040	954	0	4115
Daily weight			48.5			N/A

ASSESSMENT & PLAN:

94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF. Currently awaiting dispo, likely SNF, pending coordination with family/DPOA.

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR (7/29)
- repeating CXR 8/1
-RFP
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

#Geriatrics
Appreciate Med G recs:
-Wound care consult: completed (7/25 note)
-Avoid ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

Chronic/stable:
#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin
#HTN - holding home losartan
#HLD - atorvastatin
#Chronic BLE wounds - wound care following
Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape

- Change daily and as needed with soiling
Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

DVT PPX: SQH q8h
Code: DNR
DISPO: SNF, pending coordination with patient's son who is DPOA

Electronically Reviewed/Signed On: 08/01/19 at 12:20

_____

Alley MD, Michael Dee
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

MDA
DD:08/01/19

ASSESSMENT:
Assessment: Pt is a/o x4, VSS, afebrile, lungs are clear on RA. Abdomen is flat and soft, BT present. Pt is eating well, carb.managed diet. No insulin was needed for coverage at breakfast and lunch time as well. BLE dressing change is done with xeroform and kerlix. Pt reported no pain during wound care. Pt reported pain on the hips when sitting on the chair but no pain when in bed. Pt sat down on the bedside chair for few hours. . No restraints indicated.

MOBILITY:
Mobility goal for today: transfer to chair.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was transfering to chair with pivot transfer.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 8/1/2019 8:00 - 8/1/2019 10:28).

EVALUATION:
Pt progressing towards discharge: Trasfers to chair with 1 person assist, pain only with movement and when sitting on chair. .

Electronically Reviewed/Signed On: 08/01/19 at 14:25

_____

Darom RN, Yosef R
Registered Nurse
Box 359735
Seattle WA

YRD
DD:08/01/19

Nursing Progress Note - HMC

TRANSITION PLANNING NOTE:

ASSESSMENT NOTE TYPE

Chart Review Note

Initial Transition Planning note. Continuity of Care Nurse will update plan based on patient/family preferences and clinical progress during hospital stay.

ADMISSION INFORMATION

Admit diagnosis:

This is a 94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

Patient admitted within the last year

No.

DISCHARGE INFORMATION:

DC date comments:

Pending therapy , medically stable , poss placement

DC destination comments: Pending therapy rec

FOLLOW-UP PLAN

Primary care provider: Neighbor Jr, MD, William E

CONTACTS

Family member/ Legal next of kin (LNOK) / Durable power of attorney (DPOA):
Louis Hoffman som=360-649-5702

FINANCIAL SCREENING

Current funding:

Medicaid A&B, Medicaid

VULNERABILITY SCREENING

FUNCTIONAL LIMITATIONS PRIOR TO ADMIT

Physical Limitations.

LIVING/SOCIAL/EDUCATIONAL STATUS PRIOR TO ADMIT

Stable Housing: Home/Apartment.

Electronically Reviewed/Signed On: 08/01/19 at 14:45

_____

Stephens RN, Mulumebeth B
Registered Nurse
Box 359735
Seattle WA

MBS
DD:08/01/19

CCN Discharge Planning Note

ASSESSMENT:
Jeanne Hoffman is a 94 y/o F who sustained a GLF. Resulted in right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx
.
.
INTERVENTION:
SW received call from pt son, Louis (360.649.5702). SW had previously spoken with PT who reported a belief that pt would strongly benefit from SNF placement vs. home with out patient as she is still a fall risk. Louis reported more concerns with SNF placement. Stated that he thought at pt age that if she went to SNF she would likely need to stay there for life and never make progress home. SW explained that pt would be going for rehab with a goal to return home at her same level of independence PTA. Pt son continues to refuse the idea of SNF placement. Stated a belief that he would be able to care for pt as good or better than staff at SNF once he was trained properly.
SW reported that she would speak to the primary team further about this and have primary team staff speak with pt/son about concerns with pt going home vs. SNF. Louis reported that he would be at HMC tomorrow.
.
.
PLAN OR OUTCOME:
SW will continue to follow.
.

Electronically Reviewed/Signed On: 08/01/19 at 15:17

_____

Bender MSW, LSWAIC, Kelsey
Social Worker, Social Work
Box 359760
Seattle WA

KB
DD:08/01/19

Social Work Progress Note

PHYSICAL THERAPY NOTE:
Note Type: Progress Note.

TREATMENT PROVIDED:
Time Spent:
Session 1 : Start Time: 1100, End Time: 1131, Total treatment time: 31 minutes.
Total timed codes: 31 minutes. Therapeutic Functional Activity/Bed Mobility: for 31 minutes.

PERTINENT PATIENT INFORMATION:
Diagnosis: 94 y/o F admitted after a mechanical GLF with:

-R ribs 8/9 fractures
-R hemo-pneumothorax (s/p chest tube)
-R inferior pubic ramus fracture (non-op).
Past Medical History: History of DVTs, on warfarin
HTN
Chronic BLE wounds.
Precautions
Activity: Ambulate as tolerated.
Weightbearing precautions LE: WBAT L LE, WBAT R LE.
Fall History - Fall Risk Assessment:
Fall risk: Patient is high fall risk.
Have you fallen in the past year? Pt reports she sometimes looses her balance posteriorly, but she generally catches herself. Son reports this is the first time she has injured herself from falling in ~10 years. Both pt and son were vague about her fall history/circumstances, but generally agree there have been other falls.
Prior functional status:
Mod I using 4WW. Son reports pt mobilizes independently, but he sometimes pushes her in her 4WW for longer distances (son reports they do not like wheelchairs because it's "too dangerous on the hills").

HOME ENVIRONMENT:

Lives with son in a single story home. Son reports ongoing disagreements with landlord surrounding updates to make the space more accessible (i.e. grab bars). Son can provide assist and reports plan that "I need her to see how important it is to do these exercises. I have exercise books and I will have her do these same exercises I did when I had a hip replacement."

BEHAVIOR:
Alert.
Pt is reserved and speaking minimally, though more engaged when addressed directly. Used pocket talker, as pt HOH..

Fully oriented.
Following commands.
Tangential.

PAIN:
Pt reports moderate pain to R hip and B ankles with exercises and mobility..

CARDIOPULMONARY:
Vital signs stable throughout intervention
Per signs/symptoms.
Oxygen requirements:
Room air.

MUSCULOSKELETAL:
Range of Motion:
B UEs WFL, though B shoulder and wrist/digit movement is limited (pt reports this is baseline)

BLE: WFL except B hip flexion to 80deg sitting EOB, R ankle DF lacking 5deg from neutral, L ankle lacking 10deg from neutral
Strength:
anti-gravity strength throughout.

INTEGUMENTARY:

dressings to B ankles

MOBILITY:
Bed Mobility
Supine to sit: surface elevated HOB, patient requires minimal assistance, increased time to perform task..
Transfers
Sit to stand: (stand to sit) using a front wheel walker, min to modA. Pt requires increased time to perform task and cues to place feet on floor and scoot to edge of chair. Pt's son demonstrates one transfer sit to/from stand without AD. Pt pulling pt forward with B hands and poor body mechanics. Educated pt on importance of hand positioning on pelvis, avoiding pulling pt from UEs. Also discussed importance of using walker to provide more assist and support for pt. Noted pt able to place R foot flat on floor, though maintains L ankle PF position in standing posture and with flexed trunk and knee position..
Stand pivot: bedside chair, using a front wheel walker, moderate assistance, Pt's son demonstrates assist, though hands placed underneath armpit and pt standing in front of walker with limited support of pt. Pt required additional assist of therapist to transition from bed to chair and facilitation for upright trunk posture. Pt with poor eccentric control on descent due to fatigue and weakness..
Ambulation
Distance: 3ft.
Device utilized: front wheel walker.

Level of assist: with minimal assistance.
Quality of ambulation: shuffling, slow, toe-walking throughout gait cycle; decreased foot clearance bilaterally, worse on the R..

BALANCE:
Sitting: Assistance: patient requires supervision.
Standing:
Static standing: Assistance - the patient needs minimal assistance, with FWW. With cues for upright trunk posture, as pt with thoracic kyphosis, B knee flexion, and B ankle PF (L>R)..

EQUIPMENT:

Owns 4WW. Loaner FWW at bedside.

PATIENT EDUCATION:
Topics: Home exercise program,
role of PT, plan of care, goals of session, ongoing therapy, recommendations for safety with mobility, extensive conversation with son regarding need for further family training to ensure safe mobility prior to pt discharging home which is best completed in short SNF stay.
Individuals present for education: patient, family Son, Louis.
Teaching method: verbal, written, pictures/video, demonstration.
Challenges to learning: decreased activity tolerance, pain.
Teaching outcome: demonstrates task, cueing required, will require continued reinforcement.

GOALS:
Short term goals:
To be met by 8/10:
Pt will complete bed mobility with mod I
Pt will sit<>stand with supv and LRAD
Pt will transfer to/from chair with supv and LRAD
Pt will ambulate x50ft with SBA and LRAD
Pt will be independent in HEP
Pt's son will be trained to assist pt (as needed for discharge).
Patient/family goals: return to previous level of activity, to be able to walk, to get stronger.
Goals reviewed and unchanged.

DAILY RECOMMENDATIONS:
Activity transfer status: stand pivot.
Transfers level of assistance: one person assist.
Device: walker.

IN HOUSE THERAPY PLANS:

Plan

Treatment plan:

Range of motion and positioning.
Strength training.
Mobility training.
Patient and family education/instruction.
Equipment assessment.

Patient will be seen:

2-3x/week.

The above goals and treatment plan have been discussed and agreed upon with:

Patient.
Family.

ASSESSMENT:

Seen by PT for progression of mobility and ongoing education following pelvic fractures. Pt continues to present with impairments in UE and ankle ROM, LE strength, balance, and activity tolerance. Pt presents as high fall risk due to deficits, as well as pain and high level of fatigue with limited mobility. Pt also with baseline ankle contractures which greatly impact stability with standing activities. Pt's son adamant that he can provide assist for pt upon discharge, though does not demonstrate safe technique during session. He is receptive to education and training during session, though will likely require more repetition and consistency of training than can be provided in acute care setting.

With more education regarding frequency of therapy available via home health vs. SNF, pt's son appears more agreeable to transitioning to rehab facility for short stay prior to discharge home. Spoke with GS resident and SW to update on d/c plans.

Pt will likely be best served by a discharge setting that can provide ongoing therapy and assist for all mobility, providing further family training prior to discharge home..

RECOMMENDATIONS:

Current functional recommendations:

Recommended level of assist for household mobility: min-mod A for bed mob, transfers, and few steps with FWW.

Discharge recommendations:

PT will continue to follow while at HMC; If patient discharges today, will need PT follow up at next level of care as determined by primary team.

Electronically Reviewed/Signed On: 08/01/19 at 15:40

_____

Asefa PT, Melanie Rose
Physical Therapist, UW Medicine Physical Therapy
Box 359897
Seattle WA

MRA
DD:08/01/19

Physical Therapy Note - HMC Acute-Progre

ASSESSMENT:
Assessment: Pt transferred to 8E from 2WB. Assumed care from ~21:00-07:00. Pt A&O x4, very HOH, hearing aids in Property Safe, using pocket talker. MAE with good strength and normal sensation. BLE wounds covered with Xeroform and Kerlix. Given 5mg oxycodone for wound care, otherwise, pt reports no pain. Tolerating a general diet, no c/o N/V, poor PO intake per ICU RN report. Incontinent of urine, had a BM yesterday (7/30), up to BSC with FWW gait belt and 1PA. L ac PIV patent, saline-locked. Pending SNF placement..
No restraints indicated.

MOBILITY:
Mobility goal for today: transfer to chair.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was active ROM/in bed activity.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/29/2019 5:59 - 7/30/2019 21:00).

EVALUATION:
Pt progressing towards discharge: Pending SNF placement..

Electronically Reviewed/Signed On: 07/31/19 at 05:53

_____

Fuentes RN, Rhys June
Staff
Seattle WA

RJF

Nursing Progress Note - HMC

Current Situation:
Kline Galland has clinically accepted patient, pending insurance authorization and final review of clinical notes.

Discharge Placement Center notified SW.

Plan:
Discharge Placement Center will follow-up as needed.

Electronically Reviewed/Signed On: 07/31/19 at 13:10

_____

Duong, Lisa P
SW Assistant, Social Work
Box 359758
Seattle WA

LPD
DD:07/31/19

Discharge Placement Center Note

ASSESSMENT:
Jeanne Hoffman is a 94 y/o F who sustained a GLF. Resulted in right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx
.
.
INTERVENTION:
SW went to bs to meet with pt and DPOA/son (Louis) to discuss d/c plan. Pt was mostly asleep during time SW spent in the room. ICU SW previously met with pt/Louis in the ICU and son initially was agreeable with SNF placement at a particular facility (Park Ridge), however pt has been denied. Louis then called ICU SW and LM reporting that he no longer wanted pt to go to SNF and would rather take her home. Louis explained to SW that their apartment is ADA.
Louis presents as tangential when speaking with SW. Often reporting to SW that he is highly knowledgeable in the medical field and asked SW for information on pt pelvic fracture (wants to see the x-ray) so he can 'have more knowledge' on pt condition. Louis reported that at baseline pt does ambulate with a walker and also showed SW that she has a cane and two walking sticks. Louis reported that he does not want pt to use a w/c as he believes that in older age she should continue to walk and use her muscles and going into a w/c will case pt to deteriorate.
SW encouraged Louis to speak more with PT/OT about techniques to use in the home for pt as he no longer wants her to go to SNF. Louis reported that he had previously spoken to PT in the ICU and will be at bs most of the day while pt is here.
Louis explained to SW that he has contacted Kitsap Therapy (an out patient clinic) that he hopes that pt can go to when she d/c from HMC.
SW explained primary role in d/c planning to facilities. Reported that if pt does go home then CCN will coordinate. SW previously received pg from RN on 8E requesting that SW call pt pastor (Dave - 314.853.2695). SW asked pt and Louis if she could call Dave. Louis reported that Dave is a good support system however "we have different opinions." Louis gave SW consent to call Dave, however clarified with SW that he is legal DPOA (SW confirmed this with ppwk in ORCA) and is the decision maker. .
.
PLAN OR OUTCOME:
SW will follow up as needed. Pt son/DPOA not agreeable to SNF placement at this time, has a desire for pt to return home. SW updated primary team on this discussion. .
.

Electronically Reviewed/Signed On: 07/31/19 at 14:33

_____

Bender MSW, LSWAIC, Kelsey
Social Worker, Social Work
Box 359760
Seattle WA

KB
DD:07/31/19

Social Work Progress Note

SOAP Progress Note

HOSPITAL DAY: 7

ID/CC/INJURY LIST: 94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF.

SUBJECTIVE/INTERVAL HX:
NAE
afebrile with stable vital signs

OBJECTIVE:
VITALS: *(Most recent in prior 24 hours.) (As of: 07/31/2019)*
Temperature: 36.9 Pulse: 83 Blood Pressure: 97 / 52 Respirations: 14 O2 Sat: 94

PHYSICAL EXAM:
GEN: Elderly female, thin, resting in no acute distress.
HEENT: Normocephalic, atraumatic. No scleral icterus or conjunctival injection.
CV: Extremities warm and well perfused.
RESP: Regular work of breathing on room air. Equal chest rise bilaterally.
SKIN: Warm and dry. Lower extremity venous stasis wounds
GI: Abdomen soft, non-distended.
NEURO: Moves all extremities spontaneously. Alert and oriented x3 when awok.
PSYCH: Appropriate mood and affect.
MUSC/SKEL: No gross deformities noted.

STUDIES (LABS/CULTURES/PATH):

RESULTS FROM TODAY
07/31/19 07:23

142 | 108 | 27 | ICa - - - / Ca 8.5 / Mg - - - / Phos - - -
4.8 | 28 | 0.72 | < 153

RESULTS FROM YESTERDAY
07/30/19 06:20

139 | 107 | 30 | ICa - - - / Ca 8.5 / Mg - - - / Phos - - -
4.6 | 25 | 0.71 | < 207

RESULTS FROM TODAY
07/31/19 07:23

9.88 | 7.6 | 403 | PT - - - / INR - - -

RESULTS FROM YESTERDAY

- - - | - - - | - - - | PT - - - / INR - - -

25 |- PTT - - - - - - |- PTT - - -

ASSESSMENT & PLAN:

94 F with history of recurrent DVTs on warfarin, HTN, HLD with fractures of right ribs 8 and 9, hemopneumothorax and non-operative pelvic fracture sustained after GLF. Currently awaiting dispo, likely SNF, pending coordination with family/DPOA.

#Fracture of ribs 8, 9 with hemopneumothorax
Small R apical pneumothorax, stable on repeat CXR
-RFP
-pain control
-PT/OT

#Hyperglycemia
Hx of A1C range 6.2-9.2 spring 2019
-low dose SSI

#Geriatrics
Appreciate Med G recs:
-Wound care consult: completed (7/25 note)
-Avoid ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

Chronic/stable:
#Recurrent DVTs on warfarin - per outpt PCP notes pt was no longer taking warfarin
#HTN - holding home losartan
#HLD - atorvastatin
#Chronic BLE wounds - wound care following
Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

DVT PPX: SQH q8h
Code: DNR
DISPO: SNF, pending coordination with patient's son who is DPOA

Electronically Reviewed/Signed On: 07/31/19 at 16:38

_____

Hurst DDS, MD, Philip J
Resident, Department of Oral & Maxillofacial Surg
Box 357134
Seattle WA

Electronically Co-Signed On: 07/31/19 at 16:41

_____

Hurst DDS, MD, Philip J
Resident, Department of Oral & Maxillofacial Surg
Box 357134
Seattle WA

PJH
DD:07/31/19

ASSESSMENT:
Assessment: AAOX4, calm and cooperative with care. Patient very HOH, pocket talker at bedside. Patient MAE with CMS+. Full strength to BUE, 4/5 strength to BLE. WBAT to BLE. Patient refused to attempt mobilization this shift, stating, "I just can't today. Tomorrow I will sit in the chair." Patient did agree to q2 turns and able to turn self independently in bed when needed. Had episode of lethargy after 5 mg prn oxycodone given. Very difficult to arouse patient 1-2 hrs post medication administration. Three hours post medication administration, patient again AAOX4 with no problems. VSS on RA, HRR, Lung sounds CTA. Patient using IS at bedside reaching 1000-1250. BLE dressing change this shift per order, patient refused pain medication prior to dressing change, requested medication post dressing change. BS+, patient passing gas with no problems, reports LBM, "yesterday." Incontinent of urine this shift, voiding CYU. Tolerating general diet, with good fluid intake. Resting in bed at this time, in no distress. .
No restraints indicated.

MOBILITY:
Mobility goal for today: active ROM/in bed activity.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was active ROM/in bed activity.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

EVALUATION:
Pt NOT progressing in these areas: DC planning/placement.

Electronically Reviewed/Signed On: 07/31/19 at 18:08

_____

Deniz RN, Andrea
Registered Nurse, Nursing Floats - AC
Box 359735
Seattle WA

AD
DD:07/31/19

Nursing Progress Note - HMC

ASSESSMENT:
Frail 94 YO woman sustained GLF in her kitchen on 7/24 resulting in R rib Fx 8-9, R PTX and R rami Fx; transfered t HMC for further workup and treatment; admitted to the TICU service; transitioned to acute care orders on 7/6; R CT placed to H20 seal and eventually D/C'd;; injuries are non-op; medical Hx is signifiant for HTN, DVTs, chronic venous stasis ulcers and HLD; extremely HOH at baseline; wears glasses; non smoker; no nicotine; lives with son in church sponsored housing on Bainbridge island and was previously homeless living in a tent with her son; social work involved for D/C planning.

This shift VSS; afebrile; 3 view pelvic xrays completed per order (results pending); patient with improved activity tolerance noted; remains extremely HOH but can communicate using a pocket talker device AM labs pending; see inpatient flowsheets for full assessment details; care plan on going.

MOBILITY:
Mobility goal for today: dangle at bedside.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was dangling at bedside.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

EVALUATION:
Pt progressing towards discharge: stable on acute care orders; disposition tbd.

Electronically Reviewed/Signed On: 07/30/19 at 03:33

_____

Krona RN, Gayle M
Registered Nurse, Critical Care Float Pool
Box 359735
Seattle WA

GMK
DD:07/30/19

Nursing Progress Note - HMC

ORTHOPEDIC SURGERY DAILY PROGRESS NOTE

HOSPITAL DAY: 6

ASSESSMENT:
94 y/o F s/p GLF sustaining a R LC pelvic fracture.

PLAN:
Activity / WB status: WBAT BLE
Antibiotics: none indicated
Anticoagulation plan: per primary, we recommend lovenox 30 mg bid x6 wks to end 9/4/19 when pt is cleared by other services
Anticipated discharge plan: per primary
Problems and Plan:

R LC pelvic fracture
- plan for nonoperative management
- inlet/outlet pelvis views reviewed and demonstrates fx remains stable with weightbearing
- PT/OT
- f/u pelvis clinic 8/6/19 for wound check

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/30/19 00:06	Temp C:	36.7	36.7	-	37.4
07/30/19 00:06	HR:	77	77	-	84
07/30/19 00:06	RR:	12	12	-	14
07/30/19 00:06	SBP Non-Inv:	119	107	-	142
07/30/19 00:06	DBP Non-Inv:	58	58	-	78
07/30/19 00:06	MAP Non-Inv:	91	75	-	111

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*
No CHEM 7 Results Found.

No CBC Results Found.

SCHEDULED MEDICATIONS:
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Insulin LISPRO inj Dose: BEDTIME Correction Subcutaneous QHS
Insulin LISPRO inj Dose: LOW Correction-Premeal Subcutaneous TID Before Meals
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours

Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:
No Infusion Medications Found.

PRN MEDICATIONS:
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Dextrose 50% 50mL inj Dose: 25 g = 50 mL IV On Call PRN
Dextrose 50% 50mL inj Dose: 12.5 g = 25 mL IV On Call PRN
Glucagon 1mg inj Dose: 1 mg Subcutaneous On Call PRN
Glucagon 1mg inj Dose: 0.5 mg Subcutaneous On Call PRN
Hypoglycemia Protocol Information Dose: 1 each INFO Daily PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN

Electronically Reviewed/Signed On: 07/30/19 at 09:31

_____

Nhan MD, Derek Tang
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

DTN
DD:07/30/19

Wound Care Consult

REFERRED BY: Dr. Nina Clark

WOUND CHIEF CONCERN: Left lower extremity.

HPI: Wound Care Team was contacted by Dr. Nina Clark on 7/30 requesting left lower extremity assessment. Both right and left lower extremity were assessed by wound care on 7/25 with daily and multiday recommendations given. I paged the team to clarify if additional consult is needed and was told no. I am cancelling the consult.

For questions please call the Wound Care Team at 744-7590.

Thank you

Electronically Reviewed/Signed On: 07/30/19 at 08:57

_____

Ibarra ARNP, DNP, Brandon D
ARNP, Department of Clinical Educaiton
Box 359733
Seattle WA

cc: Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

Clark MD, Nina Michelle
Resident, Department of General Surgery
Box 356410
Seattle WA

BDI
DD:07/30/19

Wound Care Consult

HOSPITAL DAY: 6

ID & CHIEF CONCERN/PROBLEM: *(required for all billing levels)*
94F with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia with presents after a ground-level fall 7/24, sustaining rib fractures, hemoptx, and R inferior pubic ramus fracture. Awaiting

INTERVAL HISTORY/MAJOR EVENTS: *(past 24 hours)*
no acute overnight events; received oxy 2.5mg for LLE pain not relieved by APAP
patient went down to radiology for XR pelvis
ortho pelvis reviewed films this morning
still pending dispo planning

PROBLEM LIST:
MRSA
1) Created via Discern Rules based on patient history/lab results
MRSA
1) Created via lab_mrsa_check Discern Rule based on patient lab results
Supratherapeutic INR

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

SCHEDULED MEDICATIONS:
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Insulin LISPRO inj Dose: BEDTIME Correction Subcutaneous QHS
Insulin LISPRO inj Dose: LOW Correction-Premeal Subcutaneous TID Before Meals
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:
No Infusion Medications Found.

PRN MEDICATIONS:
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Dextrose 50% 50mL inj Dose: 25 g = 50 mL IV On Call PRN
Dextrose 50% 50mL inj Dose: 12.5 g = 25 mL IV On Call PRN
Glucagon 1mg inj Dose: 1 mg Subcutaneous On Call PRN
Glucagon 1mg inj Dose: 0.5 mg Subcutaneous On Call PRN
Hypoglycemia Protocol Information Dose: 1 each INFO Daily PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN

[_] Patient unable to communicate and provide ROS

REVIEW OF SYSTEMS: [_] Unable to Obtain due to Patient Condition
CONSTITUTIONAL [x] Negative _ EYES [x] Negative _ ENMT [x] Negative _

CARDIOVASCULAR [x] Negative _ RESPIRATORY [x] Negative _ GI [x] Negative _
GENITOURINARY [x] Negative _ NEURO [x] Negative _ MUSCULOSKELETAL [x] Negative _
SKIN [x] Negative _ ENDOCRINE [x] Negative _ ALLERGY/IMMUNOLOGY [x] Negative _
HEME/LYMPH [x] Negative _ PSYCHIATRIC [x] Negative _

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/30/19 09:00	Temp C:	36.9	36.7	-	36.9
07/30/19 09:00	HR:	78	77	-	84
07/30/19 09:00	RR:	14	12	-	14
07/30/19 09:00	SBP Non-Inv:	118	107	-	131
07/30/19 09:00	DBP Non-Inv:	62	58	-	72
07/30/19 09:00	MAP Non-Inv:	90	75	-	95

I&O DATA:
Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 48.5 (kg) 107 (lbs) (07/30/19 05:00)
Previous Daily Wt: 47 (kg) 103 (lbs) (07/27/19 05:00)

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/27/2019	07/28/2019	07/29/2019	07/30/2019	07/31/2019	Total
Intake Total (0600)	1380	980	840	1481	0	4681
Output Total (0600)	750	50	0	200	0	1000
Net I&O Total (0600)	630	930	840	1281	0	3681
Daily weight		47			48.5	N/A

NEUROPHYSIOLOGY DATA: *(Most recent, lowest and highest for 24 hour range)*

Date	Result	Last	MIN	-	MAX
07/30/19 09:00	GCS Total	15	15	-	15

RESPIRATORY DATA: *(Most recent and 24 hour range.)*

Date	07/30/19 09:00
O2 Sat:	97
O2 Delivery Device:	Room air

PHYSICAL EXAM: *(include 8 or 2 with one in detail)*
CONSTITUTIONAL/GENERAL APPEARANCE: elderly women sitting in bed in no apparent distress
MENTAL STATUS/PSYCH: calm, plealsant
NEURO: oriented to name and place, MAE, generalized weakness although able to stand with assistane
HEENT: NC/AT, neck soft, trachea midline, PERRL, sclera anicteric, MMM, no tenderness to UE w/ intact sensation, able to perform AROM to all extremities, fine/gross motor intact
RESPIRATORY: CTA, eupneic on RA,
CARDIOVASCULAR (heart, pulses, edema): RRR S1S2 no m/g/b/r no JVD, NSR; SBP 90-100s; dsg CDI to R CW s/p CT removal 7/27
ABDOMEN/GI: soft, NT, ND, positive bowel tones
GENITOURINARY: incontinent of urine and stool per RN
MUSCULOSKELETAL: no deformities x 4 x chronic wounds to BLE
SKIN: CDI; chronic BLE venous stasis

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

Last 6 Point of Care Glucose Values in Preceding 24 Hours
(NOTE: Comments/notes for Labs are viewable on Flowsheet)

07/30/19	07/29/19	07/29/19	07/29/19
09:06	17:05	12:36	08:22
142	117	147	158

PROBLEMS / ASSESSMENT / PLAN:
94F with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia with presents after a ground-level fall 7/24.
Pt continues to be HD stable, awaiting disposition.

#Fracture right posterior 8-9 Rib with associated Hemopneumothorax
CT placement in the ED with post-procedure CXR that showed significant resolution; PIC scores now >8
CT to water seal w /stable, very small right apical pneumothorax on water seal; APS eval 7/26 and pt did not require regional anesthetic, so s/o; PIC scores >8; Pt on RA/eupneic; CT dc'd 7/28 f/u CXR w/ tiny right apical pneumothorax. F/U CXR have been stable
-RFP/ BHP q 4
-multimodal pain regimen, APS evaluated pt, does not require block, signed off, SW advised w/chart biopsy that pt seen by APS at another facilty, will f/u
-PT/OT following, pt will require therapy 2-3x/wk please refer to their note for details
-DVT ppx w/ SQH q8

#Hyperglycemia, may be due to inflammation but no fever or leukocytosis, h/o HgAIC 6.2-->9.2 range as outpt in spring 2019, well controlled, required 5u Insulin over past 24 hrs)
-SSI w/ low dose
-RD consult
- will touch base with med G recs regarding glucose management

#Elderly patient
Frailty score-->uses walker, cane
-Med G consultation(recs):
-Wound care consult: completed (7/25 note)
-Nutrition consult
-Iron studies
-Stop ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

 # Right inferior pubic ramus fracture
- upright XR pelvis 7/29/19
-Orthopedic Pelvis consulted, recommendations (7/30/19): start **lovenox 30 mg bid x6 wks to end 9/4/19 when pt is cleared by other services. ==> poor renal function**
-Non-op treatment trial
-WBAT BLE
-PT/OT

CHRONIC/STABLE
#Anemia, acute on chronic, transfuse for Hct <21
#s/p Hypotension, *resolved,* MAPs >60, felt due to hypovolemia as (+) straight leg test and improved w/ 500cc cyrstalloid bolus
-Orthostatics ordered. supine SBP in 90-100s, seated SBP high 80s low 90s(;on 7/26)
#Recurrent DVTs on warfarin
-initially held therapeutic anticoagulation in the setting of hemopneumothorax-
-Geri Med note on 7/25--> *Per outpatient PCP notes, patient was not taking warfarin and PCP had decided not to continue it at that time*
#Hypertension

currently normotensive
-Holding home losartan
#HLD
-atorvastatin restarted
#Chronic wounds of the bilateral lower extremities
-Wound care team following

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

#Dispo
f/u Ortho Pelvis once pelvic imaging done for final recs to determine DC needs
SW aware of PT/OT rec and plan w/ need to f/u imaging

#TICU Checklist
Analgesia/Sedation: scheduled tylenol (geritatic dosing)
FENGI: General diet
TLD: 2 PIVs,
ABX: NI
GI ppx: NI
Glucose: NI
VTE prophylaxis: SQH for now; poor renal function for Lovenox (ortho recs)
Spine: Cleared
Activity: TICU mobility
Labs: QOD
Code status: DNR, ok to Intubate
Dispo: Ward status w/ Gen Surg Team 1, currently awaiting dispo plan

Attending Addendum:

I saw and evaluated this patient today with Dr. Jiang and agree with her note.

Concurrent care was necessary because the patient required continuous physician observations and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Nita Khandelwal, MD
Critical Care Medicine
Pager: 206.405.7292

Electronically Reviewed/Signed On: 07/30/19 at 11:12

_____

Jiang MD, Sharon Yiyang
Resident, Department of Anesthesiology
Box 356540
Seattle WA

Electronically Co-Signed On: 07/30/19 at 11:20

_____

Jiang MD, Sharon Yiyang
Resident, Department of Anesthesiology
Box 356540
Seattle WA

Electronically Co-Signed On: 07/30/19 at 11:20

_____

Jiang MD, Sharon Yiyang
Resident, Department of Anesthesiology
Box 356540
Seattle WA

Electronically Co-Signed On: 07/30/19 at 12:22

_____

Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

SYJ
DD:07/30/19

ICU progress note

ASSESSMENT:
SW involved for continued support of patient and Son Louis. Per chart, 94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

.
.
INTERVENTION:
Met with patient and Son Louis at bedside. Patient initially not agreeable to SNF "I won't do it, I won't give in" but ultimately agreeable to SNF for a short period of time with the eventual goal of discharging to home with Louis. Son Louis is fearful patient will lay around in bed all day without progression. Louis requests SNF referral to Park Ridge where patient has been to in the past. Louis reports that additional social support from Sound Cross Church are planning to visit with patient tomorrow.

SNF referrals initiated via AllScripts - appreciate DPC assistance

Provided list of SNFs referrals were sent to, to Son Louis.

Foss Home and Village - Interested in accommodating
Park Ridge - Decline
Park Shore - Decline
Columbia Lutheran Home - awaiting response
Ida Culver House - Accept

Son Louis declines desire for patient to discharge to Ida Culver House. Believes it is a facility where individuals primarily go to die. Still considering patient returning home immediately following discharge.

LVM for APS King County and inquired re assigned investigator and requested return phone call 1-866-221-4909.
.
PLAN OR OUTCOME:
SW to continue assisting patient accordingly.
.

Electronically Reviewed/Signed On: 07/30/19 at 11:43

_____

Royer MSW, Chloe
Social Worker, Social Work
Box 359760
Seattle WA

Electronically Co-Signed On: 07/30/19 at 16:22

_____

Royer MSW, Chloe
Social Worker, Social Work
Box 359760
Seattle WA

CR
DD:07/30/19

Social Work Progress Note

Current Situation:
Discharge Placement Center received a SNF referral from SW.
Per SW's request, DPC referred patient to 6 SNFs in Seattle/Shoreline.

Plan:
Discharge Placement Center will follow-up and expand as needed.

Electronically Reviewed/Signed On: 07/30/19 at 11:58

_____

Duong, Lisa P
SW Assistant, Social Work
Box 359758
Seattle WA

LPD
DD:07/30/19

Discharge Placement Center Note

Addendum by Duong, Lisa P on July 30, 2019 12:55

Ida Culver has clinically accepted patient, pending insurance authorization and final review of clinical notes.

Discharge Placement Center notified SW.

Electronically Reviewed/Signed On: 07/30/19 at 12:55

_____

Duong, Lisa P
SW Assistant, Social Work
Box 359758
Seattle WA

LPD
DD:07/30/19

Discharge Placement Center Note

PHYSICAL THERAPY NOTE:
Note Type: Progress Note.

TREATMENT PROVIDED:
Time Spent:
Session 1 : Start Time: 0955, End Time: 1048, Total treatment time: 53 minutes.
Total timed codes: 53 minutes. Therapeutic Exercise/Procedure:
For 10 minutes.
Active range of motion lower extremities, pelvic fx handout.
Therapeutic Functional Activity/Bed Mobility: for 43 minutes.

PERTINENT PATIENT INFORMATION:
Diagnosis: 94 y/o F admitted after a mechanical GLF with:

-R ribs 8/9 fractures
-R hemo-pneumothorax (s/p chest tube)
-R inferior pubic ramus fracture (non-op).
Past Medical History: History of DVTs, on warfarin
HTN
Chronic BLE wounds.
Precautions
Activity: Ambulate as tolerated.
Weightbearing precautions LE: WBAT L LE, WBAT R LE.
Fall History - Fall Risk Assessment:
Fall risk: Patient is high fall risk.
Have you fallen in the past year? Pt reports she sometimes looses her balance posteriorly, but she generally catches herself. Son reports this is the first time she has injured herself from falling in ~10 years. Both pt and son were vague about her fall history/circumstances, but generally agree there have been other falls.
Prior functional status:
Mod I using 4WW. Son reports pt mobilizes independently, but he sometimes pushes her in her 4WW for longer distances (son reports they do not like wheelchairs because it's "too dangerous on the hills").

HOME ENVIRONMENT:

Lives with son in a single story home. Son reports ongoing disagreements with landlord surrounding updates to make the space more accessible (i.e. grab bars). Son can provide assist as needed and reports they have a large community of people who are also willing to help

BEHAVIOR:
Alert.

Fully oriented.
Following commands.
Tangential.

PAIN:

Reports general soreness to entire body; worse in hip with weight bearing

CARDIOPULMONARY:
Vital signs stable throughout intervention
Per ICU monitor.
Oxygen requirements:
Room air.

MUSCULOSKELETAL:
Range of Motion:
B UEs WFL, though B shoulder and wrist/digit movement is limited (pt reports this is baseline)

B ankles lacking ~10 deg from neutral (per pt, this is baseline due to her habit of walking on her toes)
Strength:
MAE againts gravity equally.

MOBILITY:
Bed Mobility
Supine to sit: surface elevated HOB, patient requires contact guard assistance, increased time to complete.
Transfers
Sit to stand: using a front wheel walker, CGA.
Stand to sit: using a front wheel walker, CGA.
Stand pivot: bedside chair, using a front wheel walker, minimal assistance, Son performed stand pivot transfer with pt x2, requiring heavy cues from therapist for hand placement, positioning during transfer, and safety of the scene (ensuring chair was secure and in a proper position)..
Ambulation
Distance: 3ft (distance limited by muscle fatigue to B LEs).
Device utilized: front wheel walker.
Level of assist: with contact guard assist, min A as pt fatigued.
Quality of ambulation: shuffling, slow, toe-walking throughout gait cycle; decreased foot clearance bilaterally, worse on the R (baseline per son).

BALANCE:
Sitting: Assistance: the patient is independent.
Standing:
Static standing: Assistance - the patient needs contact guard assist, with FWW.

EQUIPMENT:

Personal 4WW in room. Son has modified it to add a footrest as pt typically sits on the seat while her son pushes her. Advised pt and son that 4WWs were not designed for that and there are several safety risks when using the 4WW that way. Pt's son reports they have tried wheelchairs but he personally feels they are unsafe and refuses to use one.

Provided education on wheelchairs vs 4WWs and suggested the use of a wheelchair in the home for safety and to increase pt's independence. Pt's son actively declined all therapist's suggestions, but did report he could get a wheelchair through their church group if he later changes his mind.

Pt was quiet throughout this exhange and did not offer her opinions on the matter, stating she will defer to what her son thinks is best.
Equipment
In hospital/loaner equipment: assistive device front wheeled walker.

PATIENT EDUCATION:
Topics: Home exercise program,
role of PT, plan of care, goals of session, ongoing therapy, SNF vs home, wheelchair and 4WW safety.
Individuals present for education: patient, family Son, Louis.
Teaching method: verbal, written, pictures/video, demonstration.
Challenges to learning: decreased activity tolerance, pain.
Teaching outcome: cueing required, will require continued reinforcement.

GOALS:
Short term goals:
To be met by 8/10:
Pt will complete bed mobility with mod I
Pt will sit<>stand with supv and LRAD
Pt will transfer to/from chair with supv and LRAD
Pt will ambulate x50ft with SBA and LRAD
Pt will be independent in HEP
Pt's son will be trained to assist pt (as needed for discharge).
Patient/family goals: return to previous level of activity, to be able to walk, to get stronger.
Goals updated.

DAILY RECOMMENDATIONS:
Activity transfer status: stand pivot.
Transfers level of assistance: one person assist.
Device: walker.
Ambulation activity status: ambulate in room.
Ambulation level of assistance: one person assist.
Ambulation device: walker, gait belt.

IN HOUSE THERAPY PLANS:

Plan

Treatment plan:

Range of motion and positioning.
Strength training.
Mobility training.
Patient and family education/instruction.
Equipment assessment.

Patient will be seen:

2-3x/week.

The above goals and treatment plan have been discussed and agreed upon with:

Patient.
Family.

ASSESSMENT:

Seen by PT for progression of mobility and ongoing education following pelvic fractures. Pt continues to present with impairments in UE and ankle ROM, LE strength, balance, and activity tolerance. Required minimal assist for functional transfers and short distance ambulation using a walker. Pt with baseline ankle contractures as she reports a long history of toe-walking. Due to several comorbidities, most notably the altered base of support in standing, pt is at high risk for falls. Pt currently unable to stand for longer than a few minutes and struggles to ambulate farther than 2-3ft at a time, even with assist. Pt fatigues quickly with activity. Son present during session; began family training though pt's son is easily distracted and required several cues for safety during transfer. Spent considerable time educating pt and her son on pt's current mobility level, explain she needs assist with all mobility and is unable to ambulate household distances, even with assist.

Pt will likely be best served by a discharge setting that can provide ongoing therapy and 24 hour assist as pt has nursing care needs (wound care, incontinence) in addition to her mobility needs..
Recommended In House Consults: Social work.

RECOMMENDATIONS:

Current functional recommendations:

Recommended level of assist for household mobility: min A.

Discharge recommendations:

PT will continue to follow while at HMC; If patient discharges today, will need PT follow up at next level of care as determined by primary team.

Electronically Reviewed/Signed On: 07/30/19 at 15:20

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Molloy DPT, Catherine Elizabeth
Physical Therapist, Acute Rehab Therapy
Box 359897
Seattle WA

CEM
DD:07/30/19

Physical Therapy Note - HMC Acute-Progre

ASSESSMENT:
Assessment: Pt alert and oriented, hard of hearing, neuro exam unchanged, intact. Pt reports generalized pain, on scheduled tylenol.
Afebrile, SBP WNL, HRR, no telemetry. PIV x1.
Denies cough or SOB, lungs CTA, slightly dim in bases, sating > 90% on RA. PICC score 8. Needs IS encouragment. R chest dressing intact, see by GS today. Tolerating general diet, see I&Os. (+) BM.
Incontinent of urine, calls out appropriately afterwards, tolerating briefs.
BLE dressings intact, changed last night. Pt working with PT this morning, PT teaching son and talking about dispo, up with assistance to bedside commode and chair, 1 person max assist, remains a fall risk.
Wound care consulted, will try to see pt tomorrow to assess BLE wounds.
Son visited majority of day, speaking with RN, SW, MDs, PT regarding dispo. Concern for unknown home situation and son's ability to provide 24 hour care, will refer to SW and PT's recommendation.

.

EVALUATION:
Pt NOT progressing in these areas: dressing changes, dispo, PICC scores, IS.

Electronically Reviewed/Signed On: 07/30/19 at 15:38

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Harcus RN, Jeffrey S
Registered Nurse, 2WH-Neuro ICU
Box 359810
Seattle WA

JSH

Nursing Progress Note - HMC

SOAP Progress Note

HOSPITAL DAY: 6 **POD#:** _

ID/CC/INJURY LIST: 94F GLF right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx

SUBJECTIVE/INTERVAL HX:
NAEO
No pain this am, strong cough, reports pulling 1.5L on IS

OBJECTIVE:
VITALS: *(Most recent in prior 24 hours.) (As of: 07/30/2019)*
Temperature: 36.6 Pulse: 70 Blood Pressure: 119 / 82 Respirations: 14 O2 Sat: 99

I&O:
–

PHYSICAL EXAM:
Gen: NAD
sitting up in chair, breathing comfortably on RA

STUDIES (LABS/CULTURES/PATH):
–

RADIOLOGY:
–

ASSESSMENT & PLAN:
Continue RFP
Floor status

Electronically Reviewed/Signed On: 07/30/19 at 16:50

_____

Tan MD, Lancy
Resident, Department of Ticu
Box 359769
Seattle WA

LT
DD:07/30/19

NUTRITIONAL STATUS AND PLAN:
Note Type: Follow-up Nutrition Reassessment.
Time: 30 minutes.

ASSESSMENT:
94F GLF right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx
Reason for Referral: nutrition assessment.

Ht: 165cm
Wt: 48.5kg
BMI: 17.8kg/m2

Height/Weight General Data: UBW: 130-140# per pt family.
BMI classification: Healthy BMI for patient >65 years old is 22-27.9, under ideal BMI range for age.
Labs: Reviewed.
Labs (Nutrition Sheet): Reviewed.
Medications: include: atorvastatin, 1000 units cholecalciferol, MV + min, senna, miralax.
Food allergies and intolerances: NKFA.

NUTRITION-FOCUSED PHYSICAL ASSESSMENT:
Muscle wasting: Temporalis: moderate, Clavicle: severe wasting, Deltoid: severe wasting, Scapula: severe wasting.
Subcutaneous Fat Loss: Tricep: severe wasting.

DIET/NUTRITION SUPPORT:
Diet order: general.
Assessment of oral intake in the past week: >75% (good).

EVAUATION OF NUTRITIONAL STATUS:

Pt awake, alert and pleasantly conversant at visit. Son at bedside. Continues to eat adequate amounts of meals, taking Resource supplemental beverage often, which may be affecting her blood sugars. + BMs

NUTRITION DIAGNOSIS:
Severe malnutrition present on admission: r/t sarcopenia aeb global muscle and fat mass wasting,10% wt loss over 1 month admission date/time: 7/24/2019 18:24:00.

INTERVENTIONS:
Chart reviewed.
Discussed status, POC/goals with MD, with RN, in rounds, with family.

GOALS OF INTERVENTIONS:
Adequate intake to maintain nutritional status/weight
Adequate intake to support healing/repletion

PLAN:

Will adjust supplements/snacks/meals to increase nutrient density
Will follow at meals to provide ongoing assessment of adequacy of intakes

RECOMMENDATIONS:
RR. 7/30
1. Continue general diet, consider encouraging Glucerna Shakes over Resource to decrease CHO intake
2. Continue cholecalciferol and MV + min
3. Bowel regimen as ordered. Monitor stooling.

Electronically Reviewed/Signed On: 07/30/19 at 17:14

_____

Shelton RD, CD, Marilyn M
Clinical Dietitian, Harborview Medical Center
Box 359790
Pager: 663-4631 Weekends: 774-4612
Seattle WA

MMS
DD:07/30/19

Nutrition Assessment Note

RN TRANSFER NOTE:

Reason for Transfer:

Boarder pt being transferred to appropriate unit for their service bed now available on 8 East.

Assessment: Mental Status: A and O X 4, Movement Assessment: MAE, Precautions: fall.

Transfer:

Patient and family aware of transfer.

Patient belongings form complete from admission and updated.

Transfer details: Transferred from 2 West room 263, to 8 East room 801 bed 2, Transferred via bed, Transferred with RN, update given to 8 East receiving RN (note: report already called by dayshift); patient transported on bed in stable condition with care to continue via 8 East nursing team; wound care, 2100 med given and HS care completed in advance of transfer; patient with no immediate needs at time of transfer; family not currently in hospital or seen today (will update when available)..

Immediate needs at time of transfer no needs at time of transfer - evening care completed.

Electronically Reviewed/Signed On: 07/30/19 at 21:12

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Krona RN, Gayle M
Registered Nurse, Critical Care Float Pool
Box 359735
Seattle WA

GMK
DD:07/30/19

Nursing Progress Note - HMC

ASSESSMENT:
UPDATE: Delightful 94 YO lady now transfered to 8 East as a bed has become available; wound care, HS care and 2100 meds all completed before transfer with RN and HA to 8 East; patient expressed agreement to D/C to a rehab facility 'for a while' in order to regain strength and fitness; she also stated that 'the church is going to help us find a new place'; per chart patient with difficult social/family situation in the past and may not be receiving all the assistance she needs to live safely: there appears to be discord between various family members; APS and social work involved; D/C care plan on going with care now to continue via 8 East nursing and social work team.

Electronically Reviewed/Signed On: 07/30/19 at 21:44

_____

Krona RN, Gayle M
Registered Nurse, Critical Care Float Pool
Box 359735
Seattle WA

GMK
DD:07/30/19

Nursing Progress Note - HMC

Update in status from 7/27-7/29

Patient has been wards status for the past 3 days and has been awaiting bed placement.
She continued to be HD stable. Of note, at time of CT placed to water seal on 7/26 had small apical pneumothorax but pt on RA, HD stable w/o issue. CT dc'd on 7/27 w/ f/u CXR w/ small, stable apical pneuthorax w/ continued HD stability and tolerating RA. CXR f/u 7/28 w/ possible stable apical pneumothorax from before vs artifact/skin fold but patient continued to be HD stable.
Patient found to be MRSA positive during this interval and placed on precautions
PT/OT/SW cont to follow pt and give recs for dispo
Pt has been awaiting inlet/outlet imaging but delayed as pt not able to stand for long periods due to pain/frailty.
F/u W/ Ortho Pelvis on 7/28, advised that pt needs to be standing for imaging w/ information communicated to RN staff.
Pls refer to TICU progress notes during this interval, consultant's notes, imaging, lab data and EMR for further details during this interval.
Judith K Glann DNP, ARNP,CCRN, Critical Care Nurse Practitioner TICU A

Electronically Reviewed/Signed On: 07/29/19 at 11:52

_____

Glann DNP, ARNP, Judith K
Healthcare Specialist, Surgery
Box 359796
Seattle WA

Electronically Co-Signed On: 07/29/19 at 12:38

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Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

JKG
DD:07/29/19

Update

ASSESSMENT:
No restraints indicated.
neuro: aaox4, pleasant, perrl, mae's
resp: room air, lungs clear, no s/s of distress
cv: VSS, labs ordered for every other day, last draw was am 7/28/19
gi: tolerating po food and fluid without difficulty, bs present, small bm overnight
gu: incontinent, requests to wear briefs
skin: see detailed wound care documentation, no pressure related areas noted

MOBILITY:
Mobility goal for today: ambulate w/assist, transfer to chair.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/28/2019 4:39 - 7/29/2019 5:59).

EVALUATION:
Pt progressing towards discharge: awaiting acute care bed.

Electronically Reviewed/Signed On: 07/29/19 at 06:02

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Hatcher RN, Elizabeth J
Registered Nurse, 2WH-NICU
Box 359810
Seattle WA

EJH
DD:07/29/19

Nursing Progress Note - HMC

HOSPITAL DAY: 4

ID & CHIEF CONCERN/PROBLEM: *(required for all billing levels)*
94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

INTERVAL HISTORY/MAJOR EVENTS: *(past 24 hours)*
-f/u CXR stable
-NAEO
-ward status

PROBLEM LIST:
MRSA
1) Created via Discern Rules based on patient history/lab results
MRSA
1) Created via lab_mrsa_check Discern Rule based on patient lab results
Supratherapeutic INR

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

SCHEDULED MEDICATIONS:
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Insulin LISPRO inj Dose: BEDTIME Correction Subcutaneous QHS
Insulin LISPRO inj Dose: LOW Correction-Premeal Subcutaneous TID Before Meals
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:
No Infusion Medications Found.

PRN MEDICATIONS:
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Dextrose 50% 50mL inj Dose: 25 g = 50 mL IV On Call PRN
Dextrose 50% 50mL inj Dose: 12.5 g = 25 mL IV On Call PRN
Glucagon 1mg inj Dose: 1 mg Subcutaneous On Call PRN
Glucagon 1mg inj Dose: 0.5 mg Subcutaneous On Call PRN

Hypoglycemia Protocol Information Dose: 1 each INFO Daily PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN

REVIEW OF SYSTEMS:

CONSTITUTIONAL [X] negative EYES [X] Negative ENMT [X] Negative
CARDIOVASCULAR [X_] Negative RESPIRATORY [X] Negative GI [_X] Negative
GENITOURINARY [X_] Negative NEURO [X_] Negative MUSCULOSKELETAL [X_] Negative
SKIN [X_] Negative ENDOCRINE [_X] Negative ALLERGY/IMMUNOLOGY [X_] Negative
HEME/LYMPH [_X] Negative PSYCHIATRIC [X_] Negative

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/28/19 20:00	Temp C:	36.7	36.2	-	36.7
07/29/19 04:27	HR:	65	65	-	78
07/29/19 04:27	RR:	16	15	-	18
07/29/19 00:00	SBP Non-Inv:	111	111	-	142
07/29/19 00:00	DBP Non-Inv:	47	47	-	81
07/29/19 00:00	MAP Non-Inv:	58	58	-	97

I&O DATA:

Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 47 (kg) 103 (lbs) (07/27/19 05:00)
Previous Daily Wt: 48.5 (kg) 107 (lbs) (07/24/19 23:00)

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/26/2019	07/27/2019	07/28/2019	07/29/2019	07/30/2019	Total
Intake Total (0600)	0	1380	980	840	0	3200
Output Total (0600)	0	750	50	0	0	800
Net I&O Total (0600)	0	630	930	840	0	2400
Daily weight			47			N/A

NEUROPHYSIOLOGY DATA: *(Most recent, lowest and highest for 24 hour range)*

Date	Result	Last	MIN	-	MAX
07/29/19 04:27	GCS Total	15	15	-	15

RESPIRATORY DATA: *(Most recent and 24 hour range.)*

Date	07/29/19 04:27
O2 Sat:	96
O2 Delivery Device:	Room air

PHYSICAL EXAM: *(include 8 or 2 with one in detail)*

CONSTITUTIONAL/GENERAL APPEARANCE: NAD

MENTAL STATUS/PSYCH: calm
NEURO: AAO, HOH (uses hearing device), MAE, generalized weakness, staff notes that patient not able to stand for long once OOB
HEENT: NC/AT, neck soft, trachea midline, PERRL, sclera anicteric, MMM, no tenderness to UE w/ intact sensation, able to perform AROM to all extremities, fine/gross motor intact
RESPIRATORY: CTA, eupneic on RA,
CARDIOVASCULAR (heart, pulses, edema): RRR S1S2 no m/g/b/r no JVD, NSR; SBP 90-100s; dsg CDI to R CW s/p CT removal 7/27
ABDOMEN/GI: soft, NT, ND, positive bowel tones
GENITOURINARY: incontinent of urine and stool
MUSCULOSKELETAL: no deformities x 4 x chronic wounds to BLE
SKIN: CDI; chronic BLE venous stasis

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

Last 6 Hematocrits in Preceding 24 Hours

(NOTE: Comments/notes for Labs are viewable on Flowsheet)

07/28/19
03:30
27

Last 6 Point of Care Glucose Values in Preceding 24 Hours

(NOTE: Comments/notes for Labs are viewable on Flowsheet)

07/28/19	07/28/19	07/28/19	07/28/19
20:29	17:00	12:07	08:13
201	167	117	160

PROBLEMS / ASSESSMENT / PLAN:

Pt continues to be HD stable, eupneic on RA s/p CT removal on 7/27 although tiny, small apical pneumothorax at time of CT to H20 seal and post removal.

#Fracture right posterior 8-9 Rib with associated Hemopneumothorax
CT placement in the ED with post-procedure CXR that showed significant resolution; PIC scores now >8
CT to water seal w /stable, very small right apical pneumothorax on water seal; APS eval 7/26 and pt did not require regional anesthetic, so s/o; PIC scores >8; Pt on RA/eupneic; CT dc'd 7/28 f/u CXR w/ tiny right apical pneumothorax. F/U CXR have been stable
-RFP/ BHP q 4
-multimodal pain regimen, APS evaluated pt, does not require block, signed off, SW advised w/chart biopsy that pt seen by APS at another facilty, will f/u
-PT/OT following, pt will require therapy 2-3x/wk please refer to their note for details
-DVT ppx w/ SQH

#Hyperglycemia, may be due to inflammation but no fever or leukocytosis, h/o HgAIC 6.2-->9.2 range as outpt in spring 2019, well controlled, required 5u Insulin over past 24 hrs)
-SSI w/ low dose

-RD consult

#Elderly patient
Frailty score-->uses walker, cane
-Med G consultation(recs)
-Wound care consult
-Nutrition consult
-Iron studies
-Stop ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

 # Right inferior pubic ramus fracture
-Orthopedic Pelvis consult, awaiting recs
-Non op treatment trial
-WBAT BLE
-f/u inlet/outlet pelvis views when pt able to weightbear--> ordered, pending to go to Xray--> pt unable to stand, alerted Ortho 7/27 and again today, 7/28, Ortho advised that pt needs to be weight bearing for study, RN staff advised of this and need to assist pt in radiology to do this.
-PT/OT

#Anemia, acute, due to blood loss from injuries, on chronic
-Tx if Hct <21

CHRONIC/STABLE
#s/p Hypotension, *resolved,* MAPs >60, felt due to hypovolemia as (+) straight leg test and improved w/ 500cc cyrstalloid bolus
-Orthostatics ordered. supine SBP in 90-100s, seated SBP high 80s low 90s(;on 7/26)
#Recurrent DVTs on warfarin
-initially held therapeutic anticoagulation in the setting of hemopneumothorax-
-Geri Med note on 7/25--> *Per outpatient PCP notes, patient was not taking warfarin and PCP had decided not to continue it at that time*
#Hypertension
currently normotensive
-Holding home losartan
#HLD
-atorvastatin restarted
#Chronic wounds of the bilateral lower extremities
-Wound care team following

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage

- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:

- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

#Dispo
f/u Ortho Pelvis once pelvic imaging done for final recs to determine DC needs
SW aware of PT/OT rec and plan w/ need to f/u imaging

#TICU Checklist
Analgesia/Sedation: scheduled tylenol (geritatic dosing)
FENGI: General diet
TLD: 2 PIVs,
ABX: NI
GI ppx: NI
Glucose: NI
VTE prophylaxis: on Heparin 5,000u q 8
Spine: Cleared
Activity: TICU mobility
Labs: QOD
Code status: DNR, ok to Intubate
Dispo: Ward status w/ Gen Surg Team 1

Judith K. Glann, DNP, ARNP, CCRN, Critical Care Nurse Practitioner TICU A

Electronically Reviewed/Signed On: 07/29/19 at 12:28

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Glann DNP, ARNP, Judith K
Healthcare Specialist, Surgery
Box 359796
Seattle WA

JKG
DD:07/29/19

ICU Progress Note

Addendum by Khandelwal MD, Nita on July 29, 2019 12:39

Attending Addendum:

I saw and evaluated this patient today with Judith Glann, ARNP and agree with her note.

Concurrent care was necessary because the patient required continuous physician observations and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Nita Khandelwal, MD
Critical Care Medicine
Pager: 206.405.7292

Electronically Reviewed/Signed On: 07/29/19 at 12:39

_____

Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

NK
DD:07/29/19

ICU Progress Note

ASSESSMENT:
SW involved for continued support of patient and Son Louis. Per chart, 94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

.
.
INTERVENTION:
Met with patient and Son Louis at bedside. Son Louis reports strong preference for patient to discharge to home with outpatient PT / OT and not to SNF. Patient has been to SNF in the past and had a poor experience - laid in bed most of the day per Louis. Asked patient d/c preference and decision making deferred to Louis. CCN notified of preferred d/c plan to home with outpatient PT / OT.
.
PLAN OR OUTCOME:
SW to continue assisting patient accordingly.
.

Electronically Reviewed/Signed On: 07/29/19 at 10:52

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Royer MSW, Chloe
Social Worker, Social Work
Box 359760
Seattle WA

CR
DD:07/29/19

Social Work Progress Note

ASSESSMENT:
Assessment: Pelvis x-ray NOT completed, RN called X-ray and unable to obtain due to multiple cases.

Pt alert and oriented, hard of hearing, neuro exam unchanged, intact. Pt reports generalized pain, on scheduled tylenol. Afebrile, SBP WNL, HRR, no telemetry. PIV x1. Denies cough or SOB, lungs CTA, slightly dim in bases, sating > 90% on RA. R chest dressing intact. Tolerating general diet, see I&Os. (+) BM. Incontinent of urine, calls out appropriately afterwards, tolerating briefs. BLE dressings intact. Up with assistance to bedside commode and chair, able to stand and march in place briefly with assist. Up to chair for 2 out of 3 meals.

.

EVALUATION:
Pt NOT progressing in these areas: dressing changes, dispo.

Electronically Reviewed/Signed On: 07/29/19 at 18:52

_____

Harcus RN, Jeffrey S
Registered Nurse, 2WH-Neuro ICU
Box 359810
Seattle WA

JSH
DD:07/29/19

Nursing Progress Note - HMC

ASSESSMENT:
No restraints indicated.
neuro: aaox4, perrl, mae's,
resp: room air, lungs clear, no s/s of distress noted
cv: VSS, afebrile, piv x1, labs unremarkable
gi: poor intake, encouragement needed, bs present, no bm up to this point in shift, passing flatus
gu: incontinent, wearing brief
skin: see iview wound documentation

MOBILITY:
Mobility goal for today: ambulate w/assist, active ROM/in bed activity.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/27/2019 8:00 - 7/28/2019 4:39).

EVALUATION:
Pt progressing towards discharge: pending acute care bed placement.

Electronically Reviewed/Signed On: 07/28/19 at 06:03

_____

Hatcher RN, Elizabeth J
Registered Nurse, 2WH-NICU
Box 359810
Seattle WA

EJH
DD:07/28/19

Nursing Progress Note - HMC

HOSPITAL DAY: 4

ID & CHIEF CONCERN/PROBLEM: *(required for all billing levels)*
94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

INTERVAL HISTORY/MAJOR EVENTS: *(past 24 hours)*
-CT dc'd w/ f/u small apical pneumothorax, cont on RA
-unable to obtain inlet/outlet imaging as patient cannot stand, alerted Ortho team who will f/u w/ us to see if pt can sit for exam or if will need to stand

PROBLEM LIST:
MRSA
1) Created via Discern Rules based on patient history/lab results
MRSA
1) Created via lab_mrsa_check Discern Rule based on patient lab results
Supratherapeutic INR

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

SCHEDULED MEDICATIONS:
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:
No Infusion Medications Found.

PRN MEDICATIONS:
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN

REVIEW OF SYSTEMS:
CONSTITUTIONAL [X] negative EYES [X] Negative ENMT [X] Negative

CARDIOVASCULAR [X_] Negative RESPIRATORY [X] Negative GI [_X] Negative
GENITOURINARY [X_] Negative NEURO [X_] Negative MUSCULOSKELETAL [X_] Negative
SKIN [X_] Negative ENDOCRINE [_X] Negative ALLERGY/IMMUNOLOGY [X_] Negative
HEME/LYMPH [_X] Negative PSYCHIATRIC [X_] Negative

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/28/19 04:00	Temp C:	36.7	36	-	36.7
07/28/19 04:00	HR:	68	67	-	70
07/28/19 04:00	RR:	17	14	-	20
07/28/19 04:00	SBP Non-Inv:	143	92	-	143
07/28/19 04:00	DBP Non-Inv:	55	41	-	55
07/28/19 04:00	MAP Non-Inv:	84	53	-	93

I&O DATA:
Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 47 (kg) 103 (lbs) (07/27/19 05:00)
Previous Daily Wt: 48.5 (kg) 107 (lbs) (07/24/19 23:00)

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/25/2019	07/26/2019	07/27/2019	07/28/2019	07/29/2019	Total
Intake Total (0600)	160	1137	1380	980	0	3657
Output Total (0600)	160	176	750	50	0	1136
Net I&O Total (0600)	0	961	630	930	0	2521
Daily weight	48.5			47		N/A

NEUROPHYSIOLOGY DATA: *(Most recent, lowest and highest for 24 hour range)*

Date	Result	Last	MIN	-	MAX
07/28/19 04:00	GCS Total	15	14	-	15

RESPIRATORY DATA: *(Most recent and 24 hour range.)*

Date	07/28/19 04:00
O2 Sat:	100
O2 Delivery Device:	Room air

PHYSICAL EXAM: *(include 8 or 2 with one in detail)*
CONSTITUTIONAL/GENERAL APPEARANCE: NAD
MENTAL STATUS/PSYCH: calm
NEURO: AAO, HOH (uses hearing device), MAE, generalized weakness, staff notes that patient not able to stand for long once OOB
HEENT: NC/AT, neck soft, trachea midline, PERRL, sclera anicteric, MMM, no tenderness to UE w/ intact sensation, able to perform AROM to all extremities, fine/gross motor intact

RESPIRATORY: CTA, eupneic on RA,
CARDIOVASCULAR (heart, pulses, edema): RRR S1S2 no m/g/b/r no JVD, NSR; SBP 90-100s; dsg CDI to R CW s/p CT removal 7/27
ABDOMEN/GI: soft, NT, ND, positive bowel tones
GENITOURINARY: incontinent of urine and stool
MUSCULOSKELETAL: no deformities x 4 x chronic wounds to BLE
SKIN: CDI; chronic BLE venous stasis

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY 07/28/19 03:30	RESULTS FROM YESTERDAY ---
8.1 |- PT - - -	- - - |- PT - - -
5.97]----------[338 |- INR - - -	- - -]----------[- - - |- INR - - -
27 |- PTT - - -	- - - |- PTT - - -

Last 6 Hematocrits in Preceding 24 Hours
(NOTE: Comments/notes for Labs are viewable on Flowsheet)
07/28/19
03:30
27

RESULTS FROM TODAY 07/28/19 03:30	RESULTS FROM YESTERDAY 07/27/19 06:45
|- ICa - - -	|- ICa - - -
139 108 32 |- Ca 8.0	141 110 34 |- Ca 8.1
---------|----------|----------< 188 |- Mg - - -	---------|----------|----------< 160 |- Mg - - -
4.6 25 0.70 |- Phos - - -	4.2 25 0.89 |- Phos - - -

PROBLEMS / ASSESSMENT / PLAN:
94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia with presents after a ground-level fall yesterday

Pt continues to be HD stable, eupneic on RA s/p CT removal on 7/27 although tiny, small apical pneumothorax at time of CT to H20 seal and post removal.

#Fracture right posterior 8-9 Rib with associated Hemopneumothorax
CT placement in the ED with post-procedure CXR that showed significant resolution; PIC scores now >8
CT to water seal w /stable, very small right apical pneumothorax on water seal; APS eval 7/26 and pt did not require regional anesthetic, so s/o; PIC scores >8; Pt on RA/eupneic; CT dc'd 7/28 f/u CXR w/ tiny right apical pneumothorax.
-RFP/ BHP q 4
-multimodal pain regimen, APS evaluated pt, does not require block, signed off, SW advised w/chart biopsy that pt seen by APS at

another facilty, will f/u
-PT/OT following
-DVT ppx w/ SQH
-AM CXR w/ artifact vs persistent tiny right apical pneumothorax, F/U AM CXR

#Hyperglycemia, may be due to inflammation but no fever or leukocytosis, h/o HgAIC 6.2-->9.2 range as outpt in spring 2019
-SSI w/ low dose
-RD consult

#Elderly patient
Frailty score-->uses walker, cane
-Med G consultation(recs)
-Wound care consult
-Nutrition consult
-Iron studies
-Stop ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

 # Right inferior pubic ramus fracture
-Orthopedic Pelvis consult, awaiting recs
-Non op treatment trial
-WBAT BLE
-f/u inlet/outlet pelvis views when pt able to weightbear--> ordered, pending to go to Xray--> pt unable to stand, alerted Ortho 7/27 and again today, 7/28, Ortho advised that pt needs to be weight bearing for study, RN staff advised of this and need to assist pt in radiology to do this.
-PT/OT

#Anemia, acute, due to blood loss from injuries, on chronic
-Tx if Hct <21

CHRONIC/STABLE
#s/p Hypotension, *resolved,* MAPs >60, felt due to hypovolemia as (+) straight leg test and improved w/ 500cc cyrstalloid bolus
-Orthostatics ordered. supine SBP in 90-100s, seated SBP high 80s low 90s(;on 7/26)
#Recurrent DVTs on warfarin
-initially held therapeutic anticoagulation in the setting of hemopneumothorax-
-Geri Med note on 7/25--> *Per outpatient PCP notes, patient was not taking warfarin and PCP had decided not to continue it at that time*
#Hypertension
currently normotensive
-Holding home losartan
#HLD
-atorvastatin restarted
#Chronic wounds of the bilateral lower extremities

-Wound care team following

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

#TICU Checklist
Analgesia/Sedation: scheduled tylenol (all geritatic dosing)
FENGI: General diet
TLD: 2 PIVs,
ABX: NI
GI ppx: NI
Glucose: NI
VTE prophylaxis: on Heparin 5,000u q 8
Spine: Cleared
Activity: TICU mobility
Labs: QOD
Code status: DNR, ok to Intubate (will try to contact a family member for clarification)
Dispo: Ward status w/ Gen Surg Team 1

Judith K. Glann, DNP, ARNP, CCRN, Critical Care Nurse Practitioner TICU A

Electronically Reviewed/Signed On: 07/28/19 at 11:24

_____

Glann DNP, ARNP, Judith K
Healthcare Specialist, Surgery
Box 359796
Seattle WA

JKG
DD:07/28/19

ICU Progress

Addendum by Khandelwal MD, Nita on July 28, 2019 11:30

Attending Addendum:

I saw and evaluated this patient today with Judith Glann, ARNP and agree with her note.

Concurrent care was necessary because the patient required continuous physician observations and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Nita Khandelwal, MD
Critical Care Medicine
Pager: 206.405.7292

Electronically Reviewed/Signed On: 07/28/19 at 11:30

_____

Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

NK
DD:07/28/19

ICU Progress

ASSESSMENT:
Assessment:
NEURO: Alert and oriented x4. Following commands x4, 4/5 strength. PERRL and brisk. No c/o pain this shift, receiving ATC scheduled tylenol. HOH, pocket talker in use and pt able to interact well.
CARD: SR with no ectopy. PPP. SBP 90-160, no intervention needed. PIV in place, flushing well.
PULM: Breathing even and unlabored. No cough noted. Lungs CTA-diminished at bases.
GI/GU: Tolerating general diet. Large BM this shift. Incontinent of urine, wearing a brief in bed. Transfered x1 to chair.
SKIN: Grossly intact.
PSYCH/SOC: Pt still reporting some anguish over home vs SNF. She would benefit from a SW chat..
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was dangling at bedside.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/28/2019 4:39 - 7/28/2019 9:00).

Electronically Reviewed/Signed On: 07/28/19 at 18:37

_____

Klapstein RN, Katherine C
Registered Nurse, HMC 2WH-Neuro ICU
Box 359810
Seattle WA

KCK
DD:07/28/19

Nursing Progress Note - HMC

ASSESSMENT:
Frail 94 YO woman sustained GLF in her kitchen on 7/24 resulting in R rib Fx 8-9, R PTX and R rami Fx; transfered t HMC for further workup and treatment; admitted to the TICU service; transitioned to acute care orders on 7/6; R CT placed to H20 seal yesterday morning; injuries are non-op; medical Hx is signifiant for HTN, DVTs, chronic venous stasis ulcers and HLD; extremely HOH at baseline; wears glasses; non smoker; no nicotine; lives with son in church sponsored housing on Bainbridge island and was previously homeless living in a tent with her son; AM labs pending; see inpatient flowsheets for full assessment details; dispositon unclear at this point; care plan on going.

MOBILITY:
Mobility goal for today: dangle at bedside.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was dangling at bedside.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

EVALUATION:
Pt progressing towards discharge: stable on acute care orders; disposition tbd.

Electronically Reviewed/Signed On: 07/27/19 at 03:06

_____

Krona RN, Gayle M
Registered Nurse, Critical Care Float Pool
Box 359735
Seattle WA

GMK
DD:07/27/19

Nursing Progress Note - HMC

ASSESSMENT:

Care Plan:

BRONCHIAL HYGIENE DB&C - IS: frequency: Q4 w/a, date: 7/25/2019, GOAL 1500 ALERT 850.

RT Notes:

Pt remains on RA w/spO2 97%. BBS are clear. Able to do IS to 1100mL. Has a fair, dry cough. .

Electronically Reviewed/Signed On: 07/27/19 at 04:43

_____

Rowley RRT, Roxanne
Respiratory Care Practitioner, HMC
Box 359761
Seattle WA

RR
DD:07/27/19

Respiratory Therapy Note - Night Summary

HOSPITAL DAY: 2

ID & CHIEF CONCERN/PROBLEM: *(required for all billing levels)*
94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

INTERVAL HISTORY/MAJOR EVENTS: *(past 24 hours)*
-CT to water seal, very small apical pneuthorax
-APS, no intervention needed s/o
-Cont Ketorlac for pain along w/prn agents, sch APAP
-Wards
-SW evaluating
-PT/OT
-No orthostatic changes

PROBLEM LIST:
MRSA
1) Created via Discern Rules based on patient history/lab results
MRSA
1) Created via lab_mrsa_check Discern Rule based on patient lab results
Supratherapeutic INR

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

SCHEDULED MEDICATIONS:
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Ketorolac 15mg/mL inj Dose: 7.5 mg = 0.5 mL IV Q8 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:
No Infusion Medications Found.

PRN MEDICATIONS:
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN

Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO Q4 Hours PRN

REVIEW OF SYSTEMS:

CONSTITUTIONAL [X] negative EYES [X] Negative ENMT [X] Negative
CARDIOVASCULAR [X_] Negative RESPIRATORY [X] Negative GI [_X] Negative
GENITOURINARY [X_] Negative NEURO [X_] Negative MUSCULOSKELETAL [X_] Negative
SKIN [X_] Negative ENDOCRINE [_X] Negative ALLERGY/IMMUNOLOGY [X_] Negative
HEME/LYMPH [_X] Negative PSYCHIATRIC [X_] Negative

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/27/19 04:20	Temp C:	37	36.1	-	37
07/27/19 04:20	HR:	71	62	-	96
07/27/19 04:20	RR:	13	13	-	16
07/27/19 04:20	SBP Non-Inv:	111	92	-	122
07/27/19 04:20	DBP Non-Inv:	51	42	-	59
07/27/19 04:20	MAP Non-Inv:	83	63	-	91

I&O DATA:

Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 47 (kg) 103 (lbs) (07/27/19 05:00)
Previous Daily Wt: 48.5 (kg) 107 (lbs) (07/24/19 23:00)

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/24/2019	07/25/2019	07/26/2019	07/27/2019	07/28/2019	Total
Intake Total (0600)	0	160	1137	1380	0	2677
Output Total (0600)	0	160	176	750	0	1086
Net I&O Total (0600)	0	0	961	630	0	1591
Daily weight		48.5			47	N/A

NEUROPHYSIOLOGY DATA: *(Most recent, lowest and highest for 24 hour range)*

Date	Result	Last	MIN	-	MAX
07/27/19 00:15	GCS Total	14	14	-	15

RESPIRATORY DATA: *(Most recent and 24 hour range.)*

Date	07/27/19 04:20
O2 Sat:	98
O2 Delivery Device:	Room air

PHYSICAL EXAM: *(include 8 or 2 with one in detail)*

CONSTITUTIONAL/GENERAL APPEARANCE: NAD
MENTAL STATUS/PSYCH: calm
NEURO: AAO, HOH, MAE, generalized weakness, staff noted when OOT slight unsteady on feet
HEENT: NC/AT, neck soft, trachea midline, PERRL, sclera anicteric, MMM, no tenderness to UE w/ intact sensation, able to perform AROM to all extremities, fine/gross motor intact
RESPIRATORY: CTA, eupneic on RA, CT to water seal 0cc/serosanguinous drainage/24hs, very small apical pneumothorax, stable from prev day
CARDIOVASCULAR (heart, pulses, edema): RRR S1S2 no m/g/b/r no JVD, NSR; SBP 90-100s
ABDOMEN/GI: soft, NT, ND, positive bowel tones
GENITOURINARY: incontinent of urine and stool
MUSCULOSKELETAL: no deformities x 4 x chronic wounds to BLE
SKIN: CDI; chronic BLE venous stasis

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY

- - - |- PT - - -
- - -]----------[- - - |- INR - - -
- - - |- PTT - - - 27

RESULTS FROM YESTERDAY
07/26/19 02:25

8.5 |- PT - - -
6.10]----------[296 |- INR - - -
|- PTT - - -

02:25
27

PROBLEMS / ASSESSMENT / PLAN:
94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia with presents after a ground-level fall yesterday

Pt continues to be HD stable

#Fracture right posterior 8-9 Rib with associated Hemopneumothorax
CT placement in the ED with post-procedure CXR that showed significant resolution; PIC scores now >8
CT to water seal w /stable, very small right apical pneumothorax on water seal; APS eval 7/26 and pt did not require regional anesthetic, so s/o; PIC scores >8
-D/W Dr. Robinson Gen/Surg Chief, OK to DC CT and f/u CXR in 4 hrs
-RFP/ BHP q 4
-multimodal pain regimen, APS evaluated pt, does not require block, signed off, SW advised w/chart biopsy that pt seen by APS at another facilty, will f/u
-DC Ketorlac, and oxycodone
-PT/OT following
-DVT ppx w/ SQH

#Elderly patient
Frailty score-->uses walker, cane

-Med G consultation(recs)
-Wound care consult
-Nutrition consult
-Iron studies
-Stop ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

 # Right inferior pubic ramus fracture
-Orthopedic Pelvis consult, awaiting recs
-Non op treatment trial
-WBAT BLE
-f/u inlet/outlet pelvis views when pt able to weightbear--> ordered, pending to go to Xray--> pt unable to stand, alerting Ortho to see if would be OK w/ seated films, awaiting call back
-PT/OT

#Anemia, acute, due to blood loss from injuries, on chronic
-Tx if Hct <21

CHRONIC/STABLE
#s/p Hypotension, *resolved,* MAPs >60, felt due to hypovolemia as (+) straight leg test and improved w/ 500cc cyrstalloid bolus
-Orthostatics ordered. supine SBP in 90-100s, seated SBP high 80s low 90s(;on 7/26)
#Recurrent DVTs on warfarin
-holding therapeutic anticoagulation in the setting of hemopneumothorax
-F/U AM CXR, if stable, consider restart once txf to wards
#Hypertension
-Holding home losartan
#HLD
-atorvastatin restarted
#Chronic wounds of the bilateral lower extremities
-Wound care team following

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix

- Change every other day or as needed with soiling

TICU Checklist
Analgesia/Sedation: scheduled tylenol, Ketorlac x 24hrs-->cont another 24hr scheduled, oxycodone PRN (all geritatic dosing)
FENGI: General diet
TLD: 2 PIVs, DC Right C
ABX: NI
GI ppx: NI
Glucose: NI
VTE prophylaxis: on Heparin 5,000u q 8
Spine: Cleared
Activity: TICU mobility
Labs: QOD
Code status: DNR, ok to Intubate (will try to contact a family member for clarification)
Dispo: Ward status w/ Gen Surg Team 1

Judith K. Glann, DNP, ARNP, CCRN, Critical Care Nurse Practitioner TICU A

Electronically Reviewed/Signed On: 07/27/19 at 16:25

_____

Glann DNP, ARNP, Judith K
Healthcare Specialist, Surgery
Box 359796
Seattle WA

JKG
DD:07/27/19

ICU Progress Note

Addendum by Khandelwal MD, Nita on July 27, 2019 16:26

Attending Addendum:

I saw and evaluated this patient today with Judith Glann, ARNP and agree with her note.

Concurrent care was necessary because the patient required continuous physician observations and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Nita Khandelwal, MD
Critical Care Medicine
Pager: 206.405.7292

Electronically Reviewed/Signed On: 07/27/19 at 16:26

_____

Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

NK
DD:07/27/19

ICU Progress Note

ORTHOPEDIC SURGERY DAILY PROGRESS NOTE

HOSPITAL DAY: 3

ASSESSMENT:
94 y/o F s/p GLF sustaining a R LC pelvic fracture.

PLAN:
Activity / WB status: WBAT BLE
Antibiotics: none indicated
Anticoagulation plan: per primary
Anticipated discharge plan: per primary
Problems and Plan:

R LC pelvic fracture
- followed by pelvis team
- will trial nonop treatment
- **f/u inlet/outlet pelvis views when pt begins to weightbear**
- PT/OT

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/27/19 04:20	Temp C:	37	36.1	-	37
07/27/19 04:20	HR:	71	66	-	96
07/27/19 04:20	RR:	13	13	-	16
07/27/19 04:20	SBP Non-Inv:	111	92	-	122
07/27/19 04:20	DBP Non-Inv:	51	42	-	59
07/27/19 04:20	MAP Non-Inv:	83	63	-	91

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*
RESULTS FROM TODAY

07/27/19 06:45

				|- ICa - - -
141	110	34		|- Ca 8.1
---------	----------	----------	< 160	|- Mg - - -
4.2	25	0.89		|- Phos - - -

RESULTS FROM TODAY

07/26/19 02:25

	8.5	|- PT - - -
6.10]----------	[296	|- INR - - -
	27	|- PTT - - -

SCHEDULED MEDICATIONS:

Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Ketorolac 15mg/mL inj Dose: 7.5 mg = 0.5 mL IV Q8 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:

No Infusion Medications Found.

PRN MEDICATIONS:

Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO Q4 Hours PRN

Electronically Reviewed/Signed On: 07/27/19 at 07:44

_____

Nhan MD, Derek Tang
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

DTN
DD:07/27/19

Addendum by Walterscheid MD, Zakkary Joshua on July 30, 2019 9:28

Recommend 2 wks of DVT prophylaxis with lovenox 30mg BID to end August 10, 2019 if clear with primary team and other consulting services.

Electronically Reviewed/Signed On: 07/30/19 at 09:28

_____

Walterscheid MD, Zakkary Joshua
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

ZJW
DD:07/30/19

OCCUPATIONAL THERAPY NOTE:
Note Type: Evaluation.

TREATMENT PROVIDED:
Time Spent:
Session 1 : Start Time: 0846, End Time: 0930, Total Treatment Time: 44 minutes, Total Timed Codes: 20 minutes.
OT Evaluation.
Self care/home mngmt Include assist tech home (97535) for 20 minutes.

PERTINENT PATIENT INFORMATION:
Diagnosis/PMH
Diagnosis: 94 y/o F admitted after a mechanical GLF with:

-R ribs 8/9 fractures
-R hemo-pneumothorax (s/p chest tube)
-R inferior pubic ramus fracture (non-op).
Past Medical History: History of DVTs, on warfarin
HTN
Chronic BLE wounds.
Precautions:
Activity: ambulate.
Spine: Spines cleared:.
Weightbearing precautions: RLE - WBAT, LLE - WBAT.
Patient Safety Patient recieved with: in bed, Patient left with: in bedside chair, RN alerted.
Prior functional status:
BADL:
requires increased time, but independent.
IADL:
does her own cooking including canning food, Independent.
Functional mobility:
uses rollator in the community, holds onto furniture in the home.

HOME ENVIRONMENT:
Living situation: Lives in apartment w/son who is able to provide 24/7 assist, has a walk-in shower w/a shower chair..

PAIN:

no pain when resting in bed, though c/o pain in R ribs and hip w/movement

CARDIOPULMONARY:
Vital Signs
Stable per ICU monitor.
Oxygen requirements: room air.

MUSCULOSKELETAL:
ROM
All joints within functional limits except as noted:
B shoulder flexion to approx 110 deg, lacking full composite grip d/t arthritis.
Strength

moving all extremities against gravity without focal deficits, B grip strength WFL and equal .

SENSATION:
Denies sensory changes.

INTEGUMENTARY:
Drains: chest tube R, foley.
Skin Integrity distal B calves wrapped w/clean dressing, no drainage noted, pt reports chronic ulcers.

FUNCTIONAL MOBILITY:
Bed mobility
Supine to sit: Contact guard assist, HOB raised slightly.
Scooting edge of bed: Stand by assist.
Sitting balance
Edge of bed, static: Independent.
Functional transfers
Assistive device: front wheeled walker.
Sit to stand: Moderate assistance.
Bed to BSC: Moderate assistance, assist to keep weight forward as pt tends to list backwards, and assist to manage walker.
BSC to bedside chair : mod A to stand up from BSC, then therapist swapped out BSC for bedside chair while pt standing w/CGA for balance. benefits from cues for hand placement during transfer, plus physical assist for eccentric control of sit into chair.

SELF CARE:
Basic Activities of Daily Living
Grooming: Hand washing: sitting, Set-up assist.
Lower body dressing: mod A to doff briefs, max A to don clean briefs.
Toileting: Moderate assistance.

COGNITION:
Behavior: alert, cooperative, "I'm very independent, I need to do this by myself even if it kills me".
Command following: Patient consistently follows verbal commands.
Orientation: Patient is oriented to person, place, situation.
Communication: Able to communicate basic needs, hard of hearing, pocket talker greatly increases ease of communication.

VISION:
Vision Screen/Visual perceptual/inattention:
Glasses/contacts: glasses.

EQUIPMENT:

already owns shower chair

PATIENT EDUCATION:
Topics: ADLs:, Anticipated course of rehab, Functional transfers:, Goals of rehab/Plan of care, Recommended follow-up therapy, Role of Occupational Therapy.
Individuals present for education: patient.
Teaching method: verbal.
Teaching outcome: Patient verbalizes understanding.

DAILY RECOMMENDATIONS:
Mobility Recommendations
Encourage participation in BADLs.
Mobility: bedside chair.
Level of Assist Needed: 1-2 person depending on level of fatigue.
Device Needed: gait belt, front wheel walker.
Self Care Recommendations:
Toileting bedside commode.
Eating in bedside chair.

GOALS:

Short Term Goals:
Goals expected to be met by: 8/23/2019
Basic Activities of Daily Living:
Bathing: Sitting, Set-up assist.
Upper body dressing: Independent.
Lower body dressing: Modified independent.
Toileting: Modified independent.
Functional mobility and transfers:
Bed mobility: Independent.

Toilet transfer: Modified independent.
Functional mobility: Modified independent.
Patient/family goals: increase independence with ADLs.

IN HOUSE THERAPY PLANS:
Plan
Patient will be seen: 1-3 days a week.
Treatment plan: ADL training, functional mobility training, therapeutic activities, therapeutic exercise.

ASSESSMENT:
Patient seen for functional evaluation. She was able to get herself out of bed with CGA, required grossly mod assist for transfers with FWW, max assist for lower body dressing, mod assist for toileting, and set up assist to wash face while seated. Patient reports being extremely independent, and while her son provides support and assistance, she completes majority of basic ADLs and mobility independently. She is requiring increased assistance now d/t decreased balance, activity tolerance, and mobility at trunk/R hip d/t pain. Barriers: pain, chest tube. Strengths: assistance available at home, extremely motivated to regain independence, participatory with therapies. Acute OT will continue to follow to progress mobility and ADLs.

Currently recommend discharge location that can provide assistance with all mobility and ADLs plus ongoing skilled OT. .

RECOMMENDATIONS:
Current functional recommendations:
Recommend assistance for ADLs.
Recommend 1-2 person assist w/FWW for functional transfers.
Discharge recommendations:
OT will continue to follow while at HMC; If patient discharges today, will need OT follow up at next level of care as determined by primary team.

Electronically Reviewed/Signed On: 07/27/19 at 11:50

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Brown OTR/L, Christina Lynn
Occupational Therapist, HMC Rehab Services
Box 359827
Seattle WA

CLB
DD:07/27/19

Occupational Therapy Note - HMC Acute -

94F GLF right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx

reliable 1000cc on IS
up in chair this am
no air leak on CT
AM CXR reviewed

recommendations:
dc CT
follow up cxr

Electronically Reviewed/Signed On: 07/27/19 at 16:31

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Robinson DO, Todd Justin
Resident, HMC General/Trauma Surgery
Box 359796
Seattle WA

TJR
DD:07/27/19

ASSESSMENT:
Assessment:
NEURO: Alert and oriented x4. Following commands x4, 4/5 strength. PERRL and brisk. No c/o pain this shift, receiving ATC scheduled tylenol. HOH, given pocket talker and pt able to interact well.
CARD: SR with no ectopy. PPP. SBP 90-160, no intervention needed. PIV in place, drawing and flushing well.
PULM: Breathing even and unlabored. No cough noted. Lungs CTA-diminished at bases. CT removed this shift.
GI/GU: Tolerating general diet. No BM this shift. Incontinent of urine, wearing a brief in bed. Transfered x1 to chair.
SKIN: Grossly intact. Wound care done this shift.
PSYCH/SOC: Pt reports that if she were to go to a SNF or rehab that her son would not visit her and he refers to them as "death houses." She is looking for guidance from the nurse saying she doesn't want to make him mad and they "fight all the time." When pressed further about fighting, she denies any physical contact and states they just argue and back talk eachother. He spoke to me and stated that he does not want her at a rehab or SNF. She is having a difficult time making the decision for herself and fears that she may lose her son if she goes to a rehab facility. SW made aware. .
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was dangling at bedside.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/27/2019 8:00 - 7/27/2019 17:15).

Electronically Reviewed/Signed On: 07/27/19 at 18:25

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Klapstein RN, Katherine C
Registered Nurse, HMC 2WH-Neuro ICU
Box 359810
Seattle WA

KCK
DD:07/27/19

Nursing Progress Note - HMC

HOSPITAL DAY:

INTERIM SUMMARY: Covers dates 7/25-7/27

ID & CHIEF CONCERN/PROBLEM: *(required for all billing levels)*
94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

DIAGNOSES: Right rib fractures, hemopneumothorax

CONSULTS:
Gen Surgery
Ortho Pelvis, Ortho Blue
Geri Med
PT/OT
SW

PROCEDURES:
R CT placed by Gen Surg 7/24
R CT dc'd 7/27
CT head, C spine, T and L spine, CT chest/abd/pelvis

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

PMHx
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Outpt Medications
atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) Dose: 1 tab PO Daily PRN Pain.

PHYSICAL EXAM: *See daily TICU progress note for 7/27/19*

HOSPITAL COURSE:
Please refer to the TICU Admit note, daily progress notes, consultants's notes, procedure notes, imaging, imaging reports, laboratory data and the EMR for further details of the patient's hospitalization as the following is a general synopsis of care given while in the TICU from 7/24-7/27
Per Dr. Wettstein's note: "The patient is a 94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia who presents after a ground-level fall yesterday (no head trauma, no LOC and was able to ambulate right after), complaining of right-sided rib pain and hip pain. The patient states that she was attempting to open her refrigerator yesterday, when the door suddenly gave way and she fell backwards, landing on her right side. She denies hitting her head. She has been unable to walk since the fall. She also complains of shortness of breath. The patient's son is at bedside and assists with history. He reports that after the accident, he checked his mother for any signs of bony tenderness, bruising, or swelling and she had none so he thought that she was okay to remain at home. Today, however, due to her worsening pain and shortness of breath, they decided to present to the ED."
Patient was seen firts at UWMC ED, where labs were drawn and reviewed which were significant for a subtherapeutic INR of 1.3 but otherwise unremarkable. Pan Scan was ordered showing no multiple right-sided rib fractures, a right hemopneumothorax, and a right pubic ramus fracture. Large-bore 28 F chest tube placement was performed under sedation obtaining 30 cc. The post procedure CXR showed a small right pneumothorax but markedly improved. Chest tube was put on suction and patient was transferred to HMC for further care. She arrived to the ICU in stable condition. On arrival, she is breathing comfortably on RA, with good pain control with PO regimen

Patient continued to be hemodynamically stable and placed on rib fracture protocol w/ CT kept to suction w/ f/u imaging to reassess pulmonary status. Her therapeutic anticoagulation was held given the hemothorax in the setting of pt w/ supratherapeutic INR. She was started on multimodal pain medication w/ APS consulted given pt marginal PIC scores of 6-7
Orthopedic Pelvis surgery was consulted for right inferior pubic ramus fracture w/ subsequent imaging done w/ plan for non-operative measures w/ PT/OT assistance.. Geriatric Med was consulted given pt age and additional medical problems. (recurrent DVTs and need for recs given therapeutic AC along w/ review of hypertension, HLD, chronic wounds of BLE w/ no need for Pallative consult) As patient was normotensive, her home losartan was held w/ statin restarted. HMC wound care was consulted to assist w/ care of BLE. SW was consulted to assist w/ anticipated DC planning.w/ home safety eval done. A bedside swallow was done w/ pt able to be placed on a diet. On evening of HD #1, pt had soft SBP (80s) w/ MAPs >60 but noted to have (+) leg lift test and was given a 500cc bolus w/ crystalloids w/ improvement in BP
By 7/26, patient continued to be HD stable w/ DVT ppx held in anticipation of possible regional block by APS. However, after evaluating patient, it was felt her pain control had improved along w/ steady improvement in PIC scores that they signed off. Of note, patient had been started on Ketorlac x 48 hrs along w/ APAP and prn oxycodone. Her DVT ppx was restarted. With regards to use of therapeutic anticoagulation, Geri Med recommended that this medication be held and to f/u w/ PCP to determine if it would be needed. Additionally, they recommended for : Wound care consult BLE; nutrition consult; iron studies; geriatric dosing of meds, delirium precautions, fall precautions, consider bisphophonate in outpt setting (please refer to consult note for specifics)
With regards to Right inferior pubic ramus fracture, patient continued w/ WBAT BLE w/ PT/OT and plan for need of inlet/outlet pelvis views when pt able to weight bear.In terms of CT managment, it was placed to water seal w/f/u imaging showing very small apical pneumothorax. As her overall status continued to be stable/improved, she was made ward status.
By 7/27, patient continued to be hemodynamically stable w/ f/u CXR stable that patient was able to have CT discontinued w/ f/u CXR stable post removal. Ketorlac was discontinued w/ patient pain well controlled

PROBLEMS / ASSESSMENT / PLAN: See daily progress note for plan of the day on 7/27/19

Judith K. Glann, DNP, ARNP, CCRN, Critical Care Nurse Practitioner, TICU A

Electronically Reviewed/Signed On: 07/27/19 at 20:37

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Glann DNP, ARNP, Judith K
Healthcare Specialist, Surgery
Box 359796
Seattle WA

Electronically Co-Signed On: 07/28/19 at 07:05

_____

Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

JKG
DD:07/27/19

Interim Summary

ASSESSMENT:
Assessment: AAOX4. Follows commands and moves all extremities. C/o minimal pain managed w/ scheduled ketorolac. R chest tube to sx at -20, minimal bloody output. Satting well on RA.. On rib fx protocol. Hypotensive responsive to passive leg raise, administered 500ml LR bolus per order. Remained asymptomatically hypotensive, eventually normalized. Tele SR. Incontinent w/ attends, multiple BM's after fluid bolus, adequate UO. Dressings CDI. Maintained on bedrest for severe instability, turn Q2. Held 0500 SQH dose for pain service consult this am, per MD. No family visiting during shift, pt updated to plan of care.
.

MOBILITY:
Mobility goal for today: passive ROM.

EVALUATION:
Pt NOT progressing in these areas: need ortho consult to determine plan of care.

Electronically Reviewed/Signed On: 07/26/19 at 05:47

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Santos BSN, RN, Frances Kate
Registered Nurse, UWMC 7NE
Box 356096
Seattle WA

FKS
DD:07/26/19

Nursing Progress Note - HMC

HOSPITAL DAY: 2

ID & CHIEF CONCERN/PROBLEM: *(required for all billing levels)*
94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

INTERVAL HISTORY/MAJOR EVENTS: *(past 24 hours)*
-SW(eval for home safety-home OK), Geri Med consult/no need for Pallative per Geri
-swallow study--> diet
-Ortho non-op
-low SBP in 80s w/ good leg rift test, given 500cc bolus crystalloids w/ good response
-APS consult this AM to eval if needs block

PROBLEM LIST:
Supratherapeutic INR

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

SCHEDULED MEDICATIONS:
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q8 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q6 Hours
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Ketorolac 15mg/mL inj Dose: 7.5 mg = 0.5 mL IV Q6 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Selenium 200mcg tab Dose: 400 mcg = 2 tab NG-Tube Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both BID
Tocopherol 1,500units/3.24mL liquid Dose: 1,500 units = 3.24 mL NG-Tube BID
Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:
No Infusion Medications Found.

PRN MEDICATIONS:
Calcium carb 1250mg(elem 500mg)/5mL susp Dose: 1,250 mg = 5 mL Feeding Tube On Call PRN
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Calcium gluconate Dose: 9 mEq = 19.35 mL IVPB On Call PRN

Magnesium oxide 400mg tab Dose: 800 mg = 2 tab Feeding Tube On Call PRN
Magnesium sulfate/0.9% NaCl Dose: 16 mEq = 54 mL IVPB On Call PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO Q4 Hours PRN
Potassium 280mg-Na 160mg-Phosp 250mg/pkt Dose: 3 packet Feeding Tube On Call PRN
Potassium chloride 20mEq packet Dose: 40 mEq = 2 packet Feeding Tube On Call PRN
Potassium chloride/0.9% NaCl Dose: 40 mEq = 270 mL IVPB On Call PRN
Potassium phosphate Dose: 40 mEq = 9.09 mL IVPB On Call PRN
Sodium phosphate Dose: 40 mEq = 10 mL IVPB On Call PRN
Sodium Phosphate 250mg tab Dose: 3 tab Feeding Tube On Call PRN

REVIEW OF SYSTEMS:

CONSTITUTIONAL [X] pain at CT site EYES [X] Negative ENMT [X] Negative
CARDIOVASCULAR [X_] Negative RESPIRATORY [X] Negative GI [_X] Negative
GENITOURINARY [X_] Negative NEURO [X_] Negative MUSCULOSKELETAL [X_] Negative
SKIN [X_] Negative ENDOCRINE [_X] Negative ALLERGY/IMMUNOLOGY [X_] Negative
HEME/LYMPH [_X] Negative PSYCHIATRIC [X_] Negative

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/26/19 04:00	Temp C:	36.2	36	-	36.9
07/26/19 05:00	HR:	67	59	-	77
07/26/19 05:00	RR:	14	12	-	20
07/26/19 05:00	SBP Non-Inv:	117	82	-	144
07/26/19 05:00	DBP Non-Inv:	59	37	-	85
07/26/19 05:00	MAP Non-Inv:	101	61	-	102

I&O DATA:

Height: 165 (cm) 5' 5" (ft / in) (07/25/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 48.5 (kg) 107 (lbs) (07/24/19 23:00)
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/23/2019	07/24/2019	07/25/2019	07/26/2019	07/27/2019	Total
Intake Total (0600)	0	0	160	1137	0	1297
Output Total (0600)	0	0	160	176	0	336
Net I&O Total (0600)	0	0	0	961	0	961
Daily weight			48.5			N/A

NEUROPHYSIOLOGY DATA: *(Most recent, lowest and highest for 24 hour range)*

Date	Result	Last	MIN	-	MAX
07/26/19 04:00	GCS Total	15	15	-	15

RESPIRATORY DATA: *(Most recent and 24 hour range.)*

Date	07/26/19 05:00
O2 Sat:	99
O2 Delivery Device:	Room air

PHYSICAL EXAM: *(include 8 or 2 with one in detail)*
CONSTITUTIONAL/GENERAL APPEARANCE: NAD
MENTAL STATUS/PSYCH: calm
NEURO: AAO, HOH, MAE, generalized weakness, staff noted when OOT slight unsteady on feet
HEENT: NC/AT, neck soft, trachea midline, PERRL, sclera anicteric, MMM, no tenderness to UE w/ intact sensation, able to perform AROM to all extremities, fine/gross motor intact
RESPIRATORY: CTA, eupneic on RA, CT to suction w/o air leak, 12cc/serosanguinous drainage/24hs, no pneumthorax on AM CXR; PIC scores had been 6 o/n 7/25, now >7
CARDIOVASCULAR (heart, pulses, edema): RRR S1S2 no m/g/b/r no JVD, NSR; SBP 90-100s
ABDOMEN/GI: soft, NT, ND, positive bowel tones
GENITOURINARY: incontinent of urine and stool
MUSCULOSKELETAL: no deformities x 4 x chronic wounds to BLE
SKIN: CDI; chronic BLE venous stasis

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*
Last 6 Hematocrits in Preceding 24 Hours

RESULTS FROM TODAY 07/26/19 02:25	RESULTS FROM YESTERDAY 07/25/19 03:35
8.5 |- PT - - -	8.5 |- PT - - -
6.10]----------[296 |- INR - - -	7.29]----------[307 |- INR - - -
27 |- PTT - - -	27 |- PTT - - -

(NOTE: Comments/notes for Labs are viewable on Flowsheet)

07/26/19 02:25	07/25/19 03:35
27	27

RESULTS FROM TODAY 07/26/19 02:25	RESULTS FROM YESTERDAY 07/25/19 03:35
|- ICa - - -	|- ICa - - -
138 107 33 |- Ca 7.7	139 108 11 |- Ca 7.8
---------|----------|----------< 137 |- Mg 2.0	---------|----------|----------< 136 |- Mg 1.8
3.9 23 0.77 |- Phos 4.5	4.1 23 0.65 |- Phos 3.8

PROBLEMS / ASSESSMENT / PLAN:

94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia with presents after a ground-level fall yesterday

#Fracture right posterior 8-9 Rib with associated Hemopneumothorax
CT placement in the ED with post-procedure CXR that showed significant resolution; PIC scores 7
-CT to suction -20 mm Hg-->reeval AM CXR, f/u w/ radiology, small apical pneuthorax, continue to water seal
-Hold anticoagulation for possible APS consult
-RFP/ BHP q 4
-multimodal pain regimen, APS evaluated pt, does not require block, signed off, SW advised w/chart biopsy that pt seen by APS at another facilty, will f/u
-extended Ketorlac for another 24 hrs, along w/ scheduled APAP, prn oxycodone
-PT/OT consultation
-PIC score improved post rounds 7-8, w/ noted improvement in pulmonary mechanics
-restarted DVT ppx w/ SQH

#Elderly patient
Frailty score-->uses walker, cane
-Med G consultation
-Therapeutic Anticoagulation recs-> recommend to defer to PCP

 # Right inferior pubic ramus fracture
-Orthopedic Pelvis consult, awaiting recs
-Non op treatment trial
-WBAT BLE
-f/u inlet/outlet pelvis views when pt able to weightbear--> ordered, pending to go to Xray
-PT/OT

#Anemia, acute, due to blood loss from injuries, on chronic
-Tx if Hct <21

CHRONIC/STABLE
#s/p Hypotension, *borderline*, MAPs >60, felt due to hypovolemia as (+) straight leg test and improved w/ 500cc cyrstalloid bolus
-Orthostatics ordered. supine SBP in 90-100s, seated SBP high 80s low 90s;
#Recurrent DVTs on warfarin
-holding therapeutic anticoagulation in the setting of hemopneumothorax
-F/U AM CXR, if stable, consider restart once txf to wards
#Hypertension
-Holding home losartan
#HLD
-atorvastatin restarted
#Chronic wounds of the bilateral lower extremities
-Wound care team following

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline

- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:

- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

TICU Checklist

Analgesia/Sedation: scheduled tylenol, Ketorlac x 24hrs-->cont another 24hr scheduled, oxycodone PRN (all geritatic dosing)
FENGI: General diet
TLD: 2 PIVs, Right CT -20cm suction --> change to water seal--> F/U CXR
ABX: NI
GI ppx: NI
Glucose: NI
VTE prophylaxis: on Heparin 5,000u q 8
Spine: Cleared
Activity: TICU mobility
Labs: QOD
Code status: DNR, ok to Intubate (will try to contact a family member for clarification)
Dispo: Ward status if PIC scores >7-8 and above

Judith K. Glann, DNP, ARNP, CCRN, Critical Care Nurse Practitioner TICU A

Electronically Reviewed/Signed On: 07/26/19 at 14:44

_____

Glann DNP, ARNP, Judith K
Healthcare Specialist, Surgery
Box 359796
Seattle WA

JKG
DD:07/26/19

ICU Progress Notes

Addendum by Khandelwal MD, Nita on July 26, 2019 16:14

Attending Addendum:

I saw and evaluated this patient today with Judith Glann, ARNP and agree with her note.

Concurrent care was necessary because the patient required continuous physician observations and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Nita Khandelwal, MD
Critical Care Medicine
Pager: 206.405.7292

Electronically Reviewed/Signed On: 07/26/19 at 16:14

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Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

NK
DD:07/26/19

ICU Progress Notes

ASSESSMENT:

Care Plan:

BRONCHIAL HYGIENE DB&C - IS: frequency: Q4 w/a, date: 7/25/2019, GOAL 1500 ALERT 850.

RT Notes:

Pt remains on RA this shift w/ sats in the high 90s. BS clear. Pt has weak non-productive cough on command. IS done up to 900mL w/ poor technique, however, pt had good chest rise w/ deep breathing. Pt does great PEP. RT will continue to follow Q4 w/a per RFP.

Electronically Reviewed/Signed On: 07/26/19 at 06:26

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Pham RRT, Caroline L
Respiratory Care Practitioner, HMC
Box 359761
Seattle WA

CLP
DD:07/26/19

Respiratory Therapy Note - Noc shift sum

CONSULT(S) REQUESTED:
Consult requested by Khandelwal MD, Nita.

REASON FOR CONSULT:
Reason for consult
rib fracture pain.

HISTORY OF PRESENT ILLNESS:

94 yo f w/ h/o recurrent DVTs on warfarin, HTN, HLD, who presented w/ GLF found to have right sided rib fractures, right hemopneumothorax, and R pubic ramus fracture. s/p chest tube placement. APS consulted for possible regional procedure given patients age and relatively higher risk of morbiditiy in this setting.

INTERVAL HISTORY:
Patient doing well from a respiratory standpoint.
Patient reports no pain, although states she would't tell us if she did have pain.

TREATMENT PROVIDED:
Short-acting Opioids:
Oxycodone IR 2.5-5 mg PO, q 3 hr, PRN.
Non-Opioid Analgesics:
Acetaminophen 1000 mg PO, q 8 hr.

TREATMENT-RELATED SIDE EFFECTS:
Patient-reported Side Effects/Complaints:
Nausea: absent.
Constipation: absent.
Drowsiness: absent.
Itching: absent.

ALLERGIES:

nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

MEDICATIONS:
INPATIENT MEDICATIONS

Scheduled Medications
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO TID
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q8 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q6 Hours
Atorvastatin 10mg tab Dose: 10 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Selenium 200mcg tab Dose: 400 mcg = 2 tab NG-Tube Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both Q12 Hours
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both BID
Tocopherol 1,500units/3.24mL liquid Dose: 1,500 units = 3.24 mL NG-Tube BID
Vitamin multi with minerals tab Dose: 1 tab PO Daily

Infusions
No Infusion Medications Found.

PRN Medications
Calcium carb 1250mg(elem 500mg)/5mL susp Dose: 1,250 mg = 5 mL Feeding Tube On Call PRN
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Calcium gluconate Dose: 9 mEq = 19.35 mL IVPB On Call PRN
Magnesium oxide 400mg tab Dose: 800 mg = 2 tab Feeding Tube On Call PRN
Magnesium sulfate/0.9% NaCl Dose: 16 mEq = 54 mL IVPB On Call PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO Q4 Hours PRN
Potassium 280mg-Na 160mg-Phosp 250mg/pkt Dose: 3 packet Feeding Tube On Call PRN
Potassium chloride 20mEq packet Dose: 40 mEq = 2 packet Feeding Tube On Call PRN
Potassium chloride/0.9% NaCl Dose: 40 mEq = 270 mL IVPB On Call PRN
Potassium phosphate Dose: 40 mEq = 9.09 mL IVPB On Call PRN
Sodium phosphate Dose: 40 mEq = 10 mL IVPB On Call PRN
Sodium Phosphate 250mg tab Dose: 3 tab Feeding Tube On Call PRN

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REVIEW OF SYSTEMS:
complete ROS obtained and negative except per HPI

PHYSICAL EXAMINATION:
CONSTITUTIONAL: well developed, well nourished, no acute distress.
MENTAL STATUS: normal affect.
EYES: pupils medium.
ENMT: normal hearing.
RESPIRATORY: Beathing comfortably. No use of accessory muscles.

SPEECH: clear.
MUSCULOSKELETAL: Normal bulk and tone.
NEUROLOGIC: nonfocal.

RESULTS REVIEW:
Results Coagulation

7/24/2019 11:55	**Prothrombin Time Patient**	**16.6 sec**	**High**
	Prothrombin Time INR	1.3	
	PTT Patient	**36 sec**	**High**
	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29. .	

IMPRESSION AND PLAN:
94 yo f w/ h/o recurrent DVTs on warfarin, HTN, HLD, who presented w/ GLF found to have right posterio 8-9 rib fractures, right hemopneumothorax, and R pubic ramus fracture. s/p chest tube placement. APS consulted for possible regional procedure given patients age and relatively higher risk of morbiditiy in this setting. Patient currently not using much opiate, saturating well on RA, per RT note IS 900 (above alert), 600 with us this morning, weak non-productive cough. Functionally she is doing quite well, was sitting up, eating, and visiting with family this morning. Given how well she is doing currently, would not recommend regional procedure at this time. Please reconsult if clinical condition worsens and patient is failing optimized multimodal therapy. Reccomend APAP, NSAIDs, and low dose frequent oxycodone to encourage mobility.

APS is signing off and returning the patient's pain management to primary service.

ATTENDING STATEMENT:
See Resident’s note for details. I saw and evaluated patient and agree with the Resident’s findings and plan as written. DOS 07/26/2019

Electronically Reviewed/Signed On: 07/26/19 at 10:47

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Kerson MD, Abigail G
Resident, Department of Anesthesiology
Box 356540
Seattle WA

Electronically Co-Signed On: 07/30/19 at 12:00

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Lesnik MD, Ivan K
Anesthesiologist, HMC Anesthesiology
Box 359724
Seattle WA

AGK
DD:07/26/19

Pain Acute Inpatient Note

SOAP Progress Note

HOSPITAL DAY: 2 **POD#:** _

ID/CC/INJURY LIST: 94F GLF right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx

SUBJECTIVE/INTERVAL HX:
PIC 7
CT with SS output, 76cc, no airleak
Has "no pain" this am, but feels very sore

OBJECTIVE:
VITALS: *(Most recent in prior 24 hours.) (As of: 07/26/2019)*
Temperature: 36.2 Pulse: 70 Blood Pressure: 104 / 48 Respirations: 15 O2 Sat: 99

I&O:
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PHYSICAL EXAM:
Gen: NAD, very hard of hearing
Resp: breathing comfortably on RA, right CT in place to suction with SS output, no airleak

STUDIES (LABS/CULTURES/PATH):
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RADIOLOGY:
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ASSESSMENT & PLAN:
RFP
CT to waterseal today, f/u 4 hour CXR

Electronically Reviewed/Signed On: 07/26/19 at 08:27

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Tan MD, Lancy
Resident, Department of Ticu
Box 359769
Seattle WA

LT
DD:07/26/19

PHYSICAL THERAPY NOTE:
Note Type: Evaluation, Treatment.

TREATMENT PROVIDED:
Time Spent:
Session 1 : Start Time: 0930, End Time: 1000, Total treatment time: 30 minutes.
Total timed codes: 10 minutes. Physical Therapy Evaluation: This evaluation was of moderate complexity due 1-2 personal factors, evaluation of 3 or more elements, an evolving clinical presentation, and moderate clinical complexity..
Therapeutic Functional Activity/Bed Mobility: for 10 minutes.

PERTINENT PATIENT INFORMATION:
Diagnosis: 94 y/o F admitted after a mechanical GLF with:

-R ribs 8/9 fractures
-R hemo-pneumothorax (s/p chest tube)
-R inferior pubic ramus fracture (non-op).
Past Medical History: History of DVTs, on warfarin
HTN
Chronic BLE wounds.
Precautions
Activity: Ambulate as tolerated.
Weightbearing precautions LE: WBAT L LE, WBAT R LE.
Fall History - Fall Risk Assessment:
Fall risk: Patient is high fall risk.
Have you fallen in the past year? Pt reports she sometimes looses her balance posteriorly, but she generally catches herself. Son reports this is the first time she has injured herself from falling in ~10 years. Both pt and son were vague about her fall history/circumstances, but generally agree there have been other falls.
Prior functional status:
Mod I using 4WW. Son reports pt mobilizes independently, but he sometimes pushes her in her 4WW for longer distances (son reports they do not like wheelchairs because it's "too dangerous on the hills").

HOME ENVIRONMENT:

Lives with son in a single story home. Son reports ongoing disagreements with landlord surrounding updates to make the space more accessible (i.e. grab bars). Son can provide assist as needed

BEHAVIOR:
Alert.
Fully oriented.

Following commands.
Tangential.

PAIN:
Patient reports no pain.

CARDIOPULMONARY:
Vital signs stable throughout intervention
Per ICU monitor.
Oxygen requirements:
Room air.

MUSCULOSKELETAL:
Range of Motion:
B UEs WFL, though B shoulder and wrist/digit movement is limited (pt reports this is baseline)

B ankles lacking ~10 deg from neutral (per pt, this is baseline due to her habit of walking on her toes)
Strength:
MAE againts gravity equally.

INTEGUMENTARY:
Drains: chest tube.

MOBILITY:
Bed Mobility
Supine to sit: surface elevated HOB, patient requires stand by assistance, increased time to complete.
Transfers
Sit to stand: using a front wheel walker, CGA.
Stand to sit: using a front wheel walker, CGA.
Stand pivot: bedside chair, using a front wheel walker, CGA.
Ambulation
Distance: 5ft (distance limited by muscle fatigue to B LEs).
Device utilized: front wheel walker.
Level of assist: with contact guard assist.
Quality of ambulation: shuffling, slow, toe-walking throughout gait cycle; decreased foot clearance bilaterally (baseline per son).

BALANCE:
Sitting: Assistance: the patient is independent.
Standing:
Static standing: Assistance - the patient needs contact guard assist, with FWW.

EQUIPMENT:

personal 4WW at home
Equipment
In hospital/loaner equipment: assistive device front wheeled walker.

PATIENT EDUCATION:
Topics:
role of PT, plan of care, goals of session, ongoing therapy.
Individuals present for education: patient, family Son, Louis.
Teaching method: verbal, demonstration.
Challenges to learning: decreased activity tolerance.
Teaching outcome: demonstrates task, cueing required, will require continued reinforcement.

GOALS:
Short term goals:
To be met by 8/10:
Pt will complete bed mobility with mod I
Pt will sit<>stand with supv and LRAD
Pt will transfer to/from chair with supv and LRAD
Pt will ambulate x50ft with SBA and LRAD
Pt will be independent in HEP.
Patient/family goals: return to previous level of activity, to be able to walk, to get stronger.

DAILY RECOMMENDATIONS:
Activity transfer status: stand pivot.
Transfers level of assistance: one person assist.
Device: walker.
Ambulation activity status: ambulate in room.
Ambulation level of assistance: one person assist.
Ambulation device: walker, gait belt.

IN HOUSE THERAPY PLANS:

Plan
Treatment plan:
Range of motion and positioning.
Strength training.
Mobility training.
Patient and family education/instruction.
Equipment assessment.
Patient will be seen:
2-3x/week.

The above goals and treatment plan have been discussed and agreed upon with:
Patient.
Family.

ASSESSMENT:
Seen by PT for initial mobility assessment following pelvic fractures. Pt is alert, oriented, and highly motivated to participate with therapy. Presents with impairments in UE and ankle ROM, LE strength, balance, and activity tolerance. Required light assist for bed mobility and minimal assist for functional transfers and short distance ambulation using a walker. Pt with baseline ankle contractures as she reports a long history of toe-walking. Fatigued quickly with ambulation this date. Considered a high fall risk based on her history of falls and gait deviations. Pt's son at bedside reports pt is highly independent with household mobility and ADLs. Currently pt is below this baseline. Recommend ongoing therapy in a setting that can provide assist for mobility.
Recommended In House Consults: Social work.

RECOMMENDATIONS:
Current functional recommendations:
Recommended level of assist for household mobility: min A.
Discharge recommendations:
PT will continue to follow while at HMC; If patient discharges today, will need PT follow up at next level of care as determined by primary team.

Electronically Reviewed/Signed On: 07/26/19 at 12:29

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Molloy DPT, Catherine Elizabeth
Physical Therapist, Acute Rehab Therapy
Box 359897
Seattle WA

CEM
DD:07/26/19

Physical Therapy Note - HMC Acute-IA

NUTRITIONAL STATUS AND PLAN:
Note Type: Initial Nutrition Assessment.
Time: 45 minutes.

ASSESSMENT:
94F GLF right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx
Reason for Referral: nutrition assessment.

Ht: 165cm
Wt: 48.5kg
BMI: 17.8kg/m2

Height/Weight General Data: UBW: 130-140# per pt family.
BMI classification: Healthy BMI for patient >65 years old is 22-27.9, under ideal BMI range for age.
Labs: Reviewed.
Labs (Nutrition Sheet): Reviewed.
Medications: include: vitamin C, vitamin E, atorvastatin, 1000 units cholecalciferol, MV + min, senna.
Food allergies and intolerances: NKFA.

NUTRITION-FOCUSED PHYSICAL ASSESSMENT:
Muscle wasting: Temporalis: moderate, Clavicle: severe wasting, Deltoid: severe wasting, Scapula: severe wasting.
Subcutaneous Fat Loss: Tricep: severe wasting.

DIET/NUTRITION SUPPORT:
Diet order: general.
Assessment of oral intake in the past week: >75% (good).

EVAUATION OF NUTRITIONAL STATUS:
1. General assessment: pt seen, HOH, family assisting with interview. Pt appears visually thin, frail, c/w BMI. Per NFPA, notable muscle and fat mass wasting globally. Pt currently 77% of UBW, though unclear time period for this wt loss. Pt's family noted pt was ~120# one month ago, suggesting 13# (10.8%) loss over one month. Pt meets criteria for severe malnutrition.
2. GI/Nutrition: Great PO intake since admit, eating 100% of meals. Family reports pt had poor PO PTA as pt did not like meals at previous facility. However, nutrition goal at home included finishing 4 Ensure daily, will continue this goal while admitted to promote anabolism and support healing. No N/V noted at this time. Last BM 7/25.
3. Labs: Vit D pending, already receiving cholecalciferol.

NUTRITION DIAGNOSIS:
Severe malnutrition present on admission: r/t sarcopenia aeb global muscle and fat mass wasting,10% wt loss over 1 month admission date/time: 7/24/2019 18:24:00 .

INTERVENTIONS:
Chart reviewed.
Discussed status, POC/goals with RN, with family, with the patient.

Discussed current intakes & tolerance with RN, with family, with the patient.

GOALS OF INTERVENTIONS:
Adequate intake to maintain nutritional status/weight
Adequate intake to support healing/repletion

PLAN:
Will adjust supplements/snacks/meals to increase nutrient density
Will follow at meals to provide ongoing assessment of adequacy of intakes
Will monitor nutrition lab trends, weight trends

RECOMMENDATIONS:
H.7.26
1. Continue general diet. Encourage intake.
2. Will add Ensure TID to meal trays to boost protein/kcal intake.
3. Continue trauma vites per protocol.
4. Continue cholecalciferol and MV + min
5. Bowel regimen as ordered. Monitor stooling.
6. Monitor wt trends. Pt meets criteria for severe malnutrition.

Electronically Reviewed/Signed On: 07/26/19 at 14:13

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Schupp MPH, RD, Courtney Lynn
Dietitian, Nutrition Services
Box 359790
Seattle WA

Electronically Co-Signed On: 07/26/19 at 16:03

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Schupp MPH, RD, Courtney Lynn
Dietitian, Nutrition Services
Box 359790
Seattle WA

CLS
DD:07/26/19

Nutrition Assessment Note

PHYSICAL EXAMINATION:
At the time of my examination, the Patient's GCS was:
15.
The following factors (spints, traction, etc.) limited my examination:
Bilateral lower extremity ulcers.
Head, chest, abdomen, back, groin/GU re-examination completed.
Extremities re-examined, including peripheral pulses and range-of-motion for all Joints..

CASE REVIEW:
BCVI imaging is done, has formal reports, and I have reviewed these
None indicated.
Brain/face imaging is done, has final reports, and I have reviewed these:
Normal.
Spine imaging is done, has final reports, and I have reviewed these:
Normal.
Current spine clearance orders are appropriate for above findings.
Chest, abdomen, pelvis imaging is done, has final reports, and I have reviewed these:
Abnormal: plan in place.
Extremity imaging is done, has final reports, and I have reviewed these:
None indicated.
All known wounds/injuries/problems are appropriately covered by the primary or a consulting service at this time

Electronically Reviewed/Signed On: 07/30/19 at 17:54

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Rosen MD, Joshua
Resident, Department of Surgery
Box 356410
Seattle WA

Electronically Co-Signed On: 07/31/19 at 13:35

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Cuschieri MD, Joseph
Attending, Dept of Surgery
Box 359796
Seattle WA

cc: Rosen MD, Joshua
Resident, Department of Surgery
Box 356410
Seattle WA

JR
DD:07/26/19

Trauma Patient Tertiary Survey Note

OCCUPATIONAL THERAPY NOTE:
Note Type: Consult.
MD order received, chart reviewed:.

TREATMENT PROVIDED:
Time Spent:
Start Time: 1459.

RECOMMENDATIONS:
Current functional recommendations:
Pt fatigued w/ being upright , currently resting in bed, chest tube still in place.RN report pt requires increase physical assistance with fatigue and ankle contractures. Acute OT will fu in 1-2 days, hopefully chest tube will be removed and pt will have her shoes present to address functional evaluation. Anticipate pt will require assistance for all adls and mobtily .

Electronically Reviewed/Signed On: 07/26/19 at 15:02

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Kim OT, Susie S
Rehab Therapist
Box 359819
Seattle WA

SSK
DD:07/26/19

Occupational Therapy Note - HMC Acute co

ASSESSMENT:
NEURO: see detailed assessment. C/O pain in BLE, reports adequate relief w/tylenol and toradol. Denies pain in ribs or pelvis.

CV: see detailed assessment. NSR w/o ectopy. SBP within parameters. + pulses. Afebrile.PIV x1 patent.

RESP: LS clear to diminished at bases. CDB, IS. PIC scores 7-8. Chest tube to water seal this morning at 0945, CXR completed four hours later. Plan for another CXR in the morning. O2sat WNL RA.

GI: Abd soft, BT present, one small formed brown BM. Taking 100% of general diet and drinking ensures.

GU: Voiding in BSC or in attends, yellow urine.

SKIN: fragile, grossly intact.

PSYC/SOC: Son Louis at bedside this morning and early afternoon, supportive, updated by RN and MD. No restraints indicated.

MOBILITY:
Mobility goal for today: transfer to chair.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was ambulating w/assist less then 10 feet, standing at bedside.
Duration of mobility event was less than 15 minutes.
Patient mobility tolerance: asymptomatic.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/26/2019 8:00 - 7/26/2019 15:56).

EVALUATION:
Pt progressing towards discharge: floor boarder.

Electronically Reviewed/Signed On: 07/26/19 at 18:04

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Bakenhus RN, Deborah A
Registered Nurse, Neuro ICU
Box 359810
Seattle WA

DAB
DD:07/26/19

Nursing Progress Note - HMC

DIAGNOSIS CLARIFICATION:

1. Severe Protein-Calorie Malnutrition- Per Nutrition Consult: Patient's BMI= 17.8 kg/m2.
   NUTRITION-FOCUSED PHYSICAL ASSESSMENT: Muscle wasting: Temporalis: moderate, Clavicle: severe wasting, Deltoid: severe wasting, Scapula: severe wasting. Subcutaneous Fat Loss: Tricep: severe wasting.
   EVALUATION OF NUTRITIONAL STATUS:
   General assessment: Pt appears visually thin, frail, c/w BMI. Per NFPA, notable muscle and fat mass wasting globally. Pt currently 77% of UBW, though unclear time period for this wt loss. Pt's family noted pt was ~120# one month ago, suggesting 13# (10.8%) loss over one month. Pt meets criteria for severe malnutrition.

Electronically Reviewed/Signed On: 07/30/19 at 14:36

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Glann DNP, ARNP, Judith K
Healthcare Specialist, Surgery
Box 359796
Seattle WA

JKG/MLC
DD:07/30/19
TD:07/30/19

Diagnosis Clarification

HOSPITAL DAY: 0

CHIEF CONCERN: *(Required for all billing levels)*
This is a 94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

PCP: William Neighbor

HISTORY OF PRESENT ILLNESS:
Per Dr. Wettstein's note: "The patient is a 94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia who presents after a ground-level fall yesterday (no head trauma, no LOC and was able to ambulate right after), complaining of right-sided rib pain and hip pain. The patient states that she was attempting to open her refrigerator yesterday, when the door suddenly gave way and she fell backwards, landing on her right side. She denies hitting her head. She has been unable to walk since the fall. She also complains of shortness of breath. The patient's son is at bedside and assists with history. He reports that after the accident, he checked his mother for any signs of bony tenderness, bruising, or swelling and she had none so he thought that she was okay to remain at home. Today, however, due to her worsening pain and shortness of breath, they decided to present to the ED."
Patient was seen firts at UWMC ED, where labs were drawn and reviewed which were significant for a subtherapeutic INR of 1.3 but otherwise unremarkable. Pan Scan was ordered showing no multiple right-sided rib fractures, a right hemopneumothorax, and a right pubic ramus fracture. Large-bore 28 F chest tube placement was performed under sedation obtaining 30 cc. The post procedure CXR showed a small right pneumothorax but markedly improved. Chest tube was put on suction and patient was transferred to HMC for further care. She arrived to the ICU in stable condition. On arrival, she is breathing comfortably on RA, with good pain control with PO regimen

PROBLEM LIST:
Supratherapeutic INR

PAST MEDICAL HISTORY:
Recurrent DVTs on warfarin
Hypertension
Hypertension anemia
Chronic wounds of the bilateral lower extremities

MEDICATIONS PRIOR TO ADMISSION:
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) Dose: 1 tab PO Daily PRN Pain.

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs

Adhesive Bandage

HABITS:
Tobacco: denies
Alcohol: denies
Drugs: denies

SOCIAL HISTORY:
Lives with her son on Bainbridge Island with his son

FAMILY HISTORY:
[non contributory

REVIEW OF SYSTEMS:
In addition to that documented in the HPI above, the additional ROS was obtained:

Constitutional: Denies fevers or chills
Eyes: Denies vision changes
ENMT: Denies sore throat
Resp: Denies SOB
GI: Denies vomiting or diarrhea
GU: Denies painful urination
MSK: Denies recent trauma
Skin: Denies new rashes
Neuro: Denies new numbness or tingling or weakness
Endocrine: Denies unexpected weight loss
Heme: Denies bleeding disorders

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/25/19 00:00	Temp C:	37.1	36.4	-	37.5
07/25/19 00:00	HR:	78	72	-	92
07/25/19 00:00	RR:	16	16	-	21
07/25/19 00:00	SBP Non-Inv:	125	116	-	162
07/25/19 00:00	DBP Non-Inv:	65	58	-	90
07/25/19 00:00	MAP Non-Inv:	103	77	-	103
07/24/19 18:28	GCS Total	15	15	-	15
07/25/19 00:00	O2 Sat:	99			
07/24/19 16:22	O2 Flow Rate:	0			
07/25/19 00:00	O2 Delivery Device:	Room air			

I&O DATA:
Height: 165 (cm) 5' 5" (ft / in) (07/24/2019)
Admit Wt: 48.5 (kg) 107 (lbs) (07/24/2019)
BMI: 17.8 (kg/m2) (07/24/2019)
Last Daily Wt: 48.5 (kg) 107 (lbs) (07/24/19 23:00)

Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	07/22/2019	07/23/2019	07/24/2019	07/25/2019	07/26/2019	Total
Intake Total (0600)	0	0	0	0	0	0
Output Total (0600)	0	0	0	160	0	160
Net I&O Total (0600)	0	0	0	-160	0	-160
Daily weight				48.5		N/A

PHYSICAL EXAM:

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/25/19 00:00	Temp C:	37.1	36.4	-	37.5
07/25/19 00:00	HR:	78	72	-	92
07/25/19 00:00	RR:	16	16	-	21
07/25/19 00:00	SBP Non-Inv:	125	116	-	162
07/25/19 00:00	DBP Non-Inv:	65	58	-	90
07/25/19 00:00	MAP Non-Inv:	103	77	-	103

Gen: resting in bed without difficulty, NAD
Neuro: cooperative with care
Psych: good eye contact, smiles easily, appropriate insight and responses
Pulm: on room air, respirations regular, unlabored, R chest tube to suction
HEENT: normocephalic, gaze conjugate, sclera white, oral mucosa moist, trachea midline
CV: warm & well perfused, no edema, brisk cap refill
GI: rounded/flat, normoactive bowel tones, abdomen soft, nondistended, nontender
GU: deferred
MSK: moves all extremities
Skin: intact, no rashes

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY

- - - - - - - - - -|- ICa - - -
- - - - - - - - - -|- Ca - - -
- - - - - - - - - -|- Mg - - -
- - - - - - - - - -|- Phos - - -

RESULTS FROM YESTERDAY
07/24/19 11:55

142 - 107 - 13
---------|----------|----------< 183
4.2 - 28 - 0.70

|- ICa - - -
|- Ca 8.6
|- Mg - - -
|- Phos - - -

RESULTS FROM TODAY

- - - - - - - - - -|- PT - - -
- - -]----------[- - -|- INR - - -
- - - - - - - - - -|- PTT - - -

RESULTS FROM YESTERDAY
07/24/19 19:50

9.6 - |- PT 16.6
7.01]----------[cmt - - - - - - - - - - - - - |- INR 1.3
31 - |- PTT 36

OTHER LABORATORY STUDIES: *(Most recent and 24 hour range.)*

Date	07/24/19 11:55
AST (GOT):	13
ALT (GPT):	12
Alk Phos (Total):	67
Bilirubin (Total):	0.4
Albumin:	3.1

LAST 6 HEMATOCRITS IN PRECEDING 24 HOURS:
(NOTE: Comments/notes for Labs are viewable on Flowsheet)

07/24/19 19:50	07/24/19 11:55
31	34

Scheduled Medications
Acetaminophen Dose: 1,000 mg = 100 mL IVPB Q8 Hours
Acetaminophen 325mg tab Dose: 650 mg = 2 tab PO Q6 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q8 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q6 Hours
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Enoxaparin 30mg/0.3mL inj Dose: 30 mg = 0.3 mL Subcutaneous Q12 Hours
Ibuprofen 400mg tab Dose: 400 mg = 1 tab PO Q6 Hours
Ketorolac 15mg/mL inj Dose: 7.5 mg = 0.5 mL IV Q8 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Selenium 200mcg tab Dose: 400 mcg = 2 tab NG-Tube Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Tocopherol 1,500units/3.24mL liquid Dose: 1,500 units = 3.24 mL NG-Tube BID
Vitamin multi with minerals tab Dose: 1 tab PO Daily

Infusions
No Infusion Medications Found.

PRN Medications
Calcium carb 1250mg(elem 500mg)/5mL susp Dose: 1,250 mg = 5 mL Feeding Tube On Call PRN
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Calcium gluconate Dose: 9 mEq = 19.35 mL IVPB On Call PRN
Magnesium oxide 400mg tab Dose: 800 mg = 2 tab Feeding Tube On Call PRN
Magnesium sulfate/0.9% NaCl Dose: 16 mEq = 54 mL IVPB On Call PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO Q4 Hours PRN
Potassium 280mg-Na 160mg-Phosp 250mg/pkt Dose: 3 packet Feeding Tube On Call PRN
Potassium chloride 20mEq packet Dose: 40 mEq = 2 packet Feeding Tube On Call PRN
Potassium chloride/0.9% NaCl Dose: 40 mEq = 270 mL IVPB On Call PRN
Potassium phosphate Dose: 40 mEq = 9.09 mL IVPB On Call PRN
Sodium phosphate Dose: 40 mEq = 10 mL IVPB On Call PRN

Sodium Phosphate 250mg tab Dose: 3 tab Feeding Tube On Call PRN

ASSESSMENT / PLAN:
94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia with presents after a ground-level fall yesterday

#**Fracture right posterior 8-9 Rib with associated Hemopneumothorax**
-CT placement in the ED with post-procedure CXR that showed significant resolution
-CT to suction -20 mm Hg
-Hold anticoagulation
-RFP
-multimodal pain regimen
-PT/OT consultation
-PIC score 7

#Elderly patient
-Med G consultation in AM
-Anticoagulation recs

#. Right inferior pubic ramus fracture
-Orthopedics consult, awaiting recs

Chronic/stable conditions
#Recurrent DVTs on warfarin
-holding anticoagulation in the setting of hemopneumothorax
#Hypertension
-Holding home losartan
#HLD
-atorvastatin restarted
#Chronic wounds of the bilateral lower extremities
-will consult wound care in AM

Analgesia/Sedation: scheduled tylenol, ibuprofen + oxycodone PRN
FENGI: General diet
TLD: 2 PIVs, Right CT
ABX: NI
GI ppx: NI
Glucose: NI
VTE prophylaxis: enoxaparin 30 daily
Spine: Cleared
Activity: TICU mobility
Code status: DNR, ok to Intubate (will try to contact a family member for clarification)
Dispo: TICU

Attending Addendum:

I saw and evaluated this patient today with Dr. Czerwonko and agree with his note.

Concurrent care was necessary because the patient required continuous physician observations and interventions in an ICU setting to respond to emergent changes in their medical condition and to prevent further deterioration in their clinical state.

Nita Khandelwal, MD
Critical Care Medicine
Pager: 206.405.7292

Electronically Reviewed/Signed On: 07/25/19 at 00:47

_____

Czerwonko Pupi MD, Matias
Resident, Department of General Surgery
Box 356410
Seattle WA

Electronically Co-Signed On: 07/25/19 at 10:42

_____

Czerwonko Pupi MD, Matias
Resident, Department of General Surgery
Box 356410
Seattle WA

Electronically Co-Signed On: 07/25/19 at 13:08

_____

Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

MC
DD:07/25/19

ICU Admission note

ASSESSMENT:

Care Plan:

BRONCHIAL HYGIENE DB&C - IS: frequency: Q4 w/a, date: 7/25/2019, GOAL 1500 ALERT 850.

RT Notes:

94 y.o. F s/p GLF, R 8/9 rib fractures, hemo/ptx with right sided chest tube. RT following for RFP. Pt has poor technique but able to do 500-750mL. Pt does great PEP. Breath sounds are clear throughout. Pt on RA with SpO2 99%..

Electronically Reviewed/Signed On: 07/25/19 at 00:54

_____

Verhey RRT, Benjamin
Respiratory Care Practitioner, HMC
Box 359761
Seattle WA

BV
DD:07/25/19

Respiratory Therapy Note - Rib Fracture

ID/CC:
Blunt trauma.
Modified trauma response.

HISTORY OF PRESENT ILLNESS:
This is a 94 y.o. F who suffered a mechanical GLF at home when she turned to open the refrigerator and had the door become loose. She fell onto her right side, did not hit hear head, did not lose consciocness. She was unable to walk afterwards and was taken to UWMC for further evaluation. While there she underwent pan-scan which revealed R sided rib fractures and a hemo-pneumothorax. A right sided chest tube was placed and she was subsequently transfered to HMC. She was never hypotensive and was alert and mentating throughout her pre-HMC course. Her spine was cleared prior to arrival.

Primary Survey
Airway: Intact, phonating
Breathing: Bilateral breath sounds, right chest tube in place with no air leak, 60 cc of bloody output
Circulation: Normotensive, intact distal pulses
Disability: GCS 15
CXR: Good position of R chest tube, no ptx

She complains of pain only in her R chest

HISTORY SOURCE:
History from: patient, pre-hospital provider.

PAST MEDICAL HISTORY:
1. History of DVTs, on warfarin
2. HTN
3. Chronic BLE wounds

MEDICATIONS:
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) Dose: 1 tab PO Daily PRN Pain.

ALLERGIES:

nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

FAMILY HISTORY:
No family history of bleeding or clotting disorders, or problems with anesthesia.

SOCIAL HISTORY:
Denies tobacco/ EtOH/ drug use
lives with her son on bainbridge island
Unable to fully assess frailty score due to hearing impairment but likely at least 5

REVIEW OF SYSTEMS:
A complete review of systems has been performed and is otherwise negative except for those items mentioned in the HPI.

PHYSICAL EXAMINATION:
(Most recent in prior 24 hours.)(As of: 07/24/2019)
Temperature: 37.1 Pulse: 82 Blood Pressure: 125 / 65 Respirations: 16 O2 Sat: 99
Height: 165 (cm) 5' 5" (ft / in) Weight: 48.5 (kg) 107 (lbs) BMI: 17.8 (kg/m2)

GENERAL: Elderley, frail, lying in bed
SKIN: There are severe venous stasis changes to the bilateral lower extremities with venous stasis ulcerations that do not appear activley infect. Large chronic wounds with fibrinous base
HEAD: NCAT, MMM
EYES: Pupils equal round and reacive to light
EARS: No hemotympanum
NOSE: No nasal septal hematoma, no deformities
MOUTH: No evidence of trauma
NECK: Trachea midline
CV: RRR, normal S1/S2
PV: 2+ DP and radial pulses bilaterally
CHEST: There is pain on palpation of the right chest. There is a right chest tube in place with 60 cc of bloody output
ABDOMEN: Soft, NT/ND, no rebound or guarding
BACK: No deformities, abrasions, contusions. No step-offs or pain on palpation of the C/T/L spine
PELVIC: There is pain on palpation of the R hip
MSK: Chronic LE wounds as described above. No deformities
NEURO: AOx3, moves all four extremities to command

RESULTS REVIEW:
Results

Laboratory

7/24/2019 21:27	Color, URN	Yellow	
	Clarity, URN	Clear	
	Specific Gravity, URN	**1.033 g/mL High**	
	pH, URN	< or =5.0	
	Protein (Albumin Semi-Quant), URN		**Trace mg/dL**
	Glucose Qual, URN	Negative mg/dL	
	Ketones, URN	Negative mg/dL	
	Bilirubin Qual, URN	Negative	
	Occult Blood, URN	Negative	
	Nitrite, URN	Negative	
	Leukocyte Esterase, URN	Negative	
	Urobilinogen, URN	0.1-1.9 Ehrlich units	
	Comments for Macroscopic, URN		None
	WBC, URN	0-5(NEG) /HPF	
	RBC, URN	0-2(NEG) /HPF	
	Epith. Cells, Squamous, URN		**>5(PRESENT) /LPF**
	Epith. Cells, Renal/Transitional, URN		<3(NEG) /HPF
	Bacteria, URN	Not Seen	
	Mucus, URN	**Present /LPF**	
	Comments for Microscopic, URN		None
7/24/2019 21:26	Amphet/Methamphetamine Qual,URN		Negative
	Alcohol (Ethyl), URN	Negative mg/dL	
	Barbiturate Qual, URN	Negative	
	Benzodiazepines Qual, URN	Negative	
	Cocaine Qual, URN	Negative	
	Methadone Qual, URN	Negative	
	Opiates Qual, URN	**Positive**	
	Phencyclidine Qual, URN	Negative	
	Cannabinoids Qual, URN	Negative	
	Tricyclic Antidepressant Qual, URN		Negative
	Acetaminophen Qualitative, URN		**Positive**
	Drug Screen Info, URN	Drug screen comment [Interpretation] in	

Urine

7/24/2019 19:50	WBC	7.01 thousand/microL	
	RBC	**3.32 million/microL Low**	
	Hb	**9.6 g/dL Low**	
	HCT	**31 % Low**	
	MCV	94 fL	
	MCH	28.9 pg	
	MCHC	**30.9 g/dL Low**	
	PLT	**>82 thousand/microL**	
	RDW-CV	**17.3 % High**	
	Ethyl Alcohol Level	Negative mg/dL	
7/24/2019 11:55	Na	142 mEq/L	
	K	4.2 mEq/L	
	Cl	107 mEq/L	
	CO2	28 mEq/L	
	Anion Gap	7	
	Glucose Level	**183 mg/dL High**	
	BUN	13 mg/dL	
	Creatinine	0.70 mg/dL	
	eGFR, Calculated, African American		>60 mL/min/1.73m2
	eGFR, Calculated, European American		>60 mL/min/1.73m2
	eGFR, Additional Information		Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	**8.6 mg/dL Low**	
	AST (GOT)	13 units/L	
	ALT (GPT)	12 units/L	
	Alk Phos (Total)	67 units/L	
	Bilirubin (Total)	0.4 mg/dL	
	Protein (Total)	6.6 g/dL	

Albumin	**3.1 g/dL Low**
WBC	6.41 thousand/microL
RBC	**3.51 million/microL Low**
Hb	**10.2 g/dL Low**
HCT	**34 % Low**
MCV	98 fL
MCH	29.1 pg
MCHC	**29.7 g/dL Low**
PLT	333 thousand/microL
RDW-CV	**17.5 % High**
% Neutrophils	72 %
% Lymphocytes	17 %
% Monocytes	8 %
% Eosinophils	1 %
% Basophils	1 %
% Immature Granulocytes	1 %
% Nucleated RBC	0 %
Nucleated RBC	0.00 thousand/microL
Neutrophils	4.69 thousand/microL
Lymphocytes	1.06 thousand/microL
Monocytes	0.53 thousand/microL
Eosinophils	0.06 thousand/microL
Basophils	0.03 thousand/microL
Immature Granulocytes	0.04 thousand/microL
Prothrombin Time Patient	**16.6 sec High**
Prothrombin Time INR	1.3
PTT Patient	**36 sec High**
PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29. .

RADIOLOGICAL STUDIES:
Radiology Results
XR Chest (07/24/2019 18:34)
~RADIOGRAPH OF THE CHEST, 1 VIEW
CLINICAL INDICATION:
Chest tube placement
COMPARISONS:
July 24, 2019
FINDINGS AND IMPRESSION:
Right thoracostomy tube present. There may be persistent small right pneumothorax. There is a small persistent right pleural effusion.
Heart size is unchanged.
Unchanged bibasilar consolidations.
ATTENDING RADIOLOGIST AND PAGER NUMBER
268330 GROSS JOEL ALAN MD
(206)991-9135
RESULT DETAIL
Ordering Provider:Amit Raj Trivedi 501922
Diagnosis:Chest tube placement
History:
Comment:
Assisting Radiologist(s):MARIAM SHEHATA 503183

XR Chest (07/24/2019 16:31)
~EXAMINATION:

XR CHEST 1VIEW
CLINICAL INDICATION:
confirm chest tube placement
FINDINGS AND IMPRESSION:
Compared to chest CT done earlier today at 1326 hours, there is persistent right subpulmonic/anterior pneumothorax. There is associated small pleural effusion.
Right chest tube is in an expected position.
Heart size is unchanged.
There are bilateral basilar consolidations, which could represent either atelectasis, aspiration or pneumonia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664
RESULT DETAIL
Ordering Provider:MARIE CLOUGHERTY VRABLIK 505826
Diagnosis:confirm chest tube placement
History:
Comment:From ORCA:
Assisting Radiologist(s):

CT Lumbar Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.
Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.

-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Thoracic Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.
(accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques

were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.
Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Chest Abdomen Pelvis (07/24/2019 14:02)
~EXAMINATION:
CT CHEST ABDOMEN AND PELVIS W CONTRAST
CLINICAL INDICATION:
GLF. Additional history: 94-year-old female patient with a ground level fall yesterday presented with the back, right side and right hip pain.
TECHNIQUE:
CTB A15 CT Chest Abdomen Pelvis with IV contrast.
Contiguous axial sections were obtained through the chest, abdomen and pelvis with IV contrast only. Multiplanar reformatted images were performed.
Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.
CONTRAST:
Omnipaque 350 mg-ml 88@2.2 ml 07/24/2019 02:03 PM INTRAVENOUS
COMPARISON:
None.
FINDINGS:
CHEST:
Thyroid: Unremarkable.
Thoracic lymph nodes: No lymphadenopathy by size criteria.
Mediastinum and esophagus: Moderate sliding hiatus hernia.
Heart and vasculature: Moderate to severe coronary artery disease.
Atherosclerotic changes of the aorta. Aortic wall calcifications.
Lungs: Unremarkable.
Pleura: Right sided hydropneumothorax with no mediastinal shift. Trace left pleural effusion.
Chest wall: Slightly displaced fracture right posterior eighth and ninth rib.
No fracture is noted involving right seventh rib at the costovertebral junction.
ABDOMEN:
Liver: Unremarkable.
Gallbladder: Distended with no opaque stones
Bile ducts: Prominent CBD measuring 9 mm (601/54) with associated mild intrahepatic biliary radical dilatation. CBD seen) distally towards the pancreas with no obvious lesions in the periampullary region.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenals: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical hypodense lesions, the small lesions are too small to characterize while the larger lesions are likely cysts.
Abdominal Lymph Nodes and Retroperitoneum: No lymphadenopathy by size criteria.
Vasculature: Moderate aortobiiliac atherosclerotic disease with no aneurysmal dilatation of the aorta.
Bowel: Unremarkable.
Peritoneum and Abdominal Wall: Mild ascites. No abdominal collections. No pneumoperitoneum.
PELVIS:

Pelvic Viscera: Unremarkable.
Bladder: Unremarkable.
BONES:
-Two fracture lines involving the right inferior pubic ramus (3/213-216).
-Severe spondylo-degenerative changes of the spine with scoliotic deformity and mild wedging of L2 and T11 vertebral bodies, age indeterminate.
-Osteopenia. Right hip arthroplasty.
IMPRESSION:
1. Multiple right-sided rib fractures with right-sided hydropneumothorax.
2. Fracture right inferior pubic ramus. L2 and T11 vertebral body age-indeterminate wedge fracture.
3. Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated.
ATTENDING RADIOLOGIST AND PAGER NUMBER
234240 O'REGAN JEREMIAH P MD
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):HASSAN ABOUGHALIA 5218379

CT Cervical Spine (07/24/2019 13:30)
~EXAMINATION:
CT C SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
Cervical Spine wo contrast: routine (N-53)
MDCT scanning was obtained through the cervical spine without contrast.
Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.
Inferior Extent: T4
COMPARISON:
C-spine CT 12/7/2012
FINDINGS:
ALIGNMENT: Normal alignment.
VERTEBRAE: Vertebral body height and density are normal. No fractures or destructive lesions.
HARDWARE: No hardware present.
DISCS: Normal disc height
SOFT TISSUES: Prevertebral, interspinous, and posterior soft tissues are normal. Multiple tiny hypodense thyroid nodules.
AXIAL DISCS AND FORAMINA:
Similar posterior subluxation of the right atlantoaxial articulation (602/91).
Moderate degenerative changes of the cervical spine including multilevel disc height loss, mild facet arthropathy, and fusion of the C4-5 posterior elements. Diffuse osteopenia.

C2-3: No central or foraminal stenosis.
C3-4: No central or foraminal stenosis.
C4-5: No central or foraminal stenosis.
C5-6: No central or foraminal stenosis.
C6-7: No central or foraminal stenosis.
C7-T1: No central or foraminal stenosis.
Right small-to-moderate pneumothorax.
IMPRESSION:
1. No acute fractures of the cervical spine. Stable degenerative changes.
Diffuse osteopenia.
2. Right small to moderate pneumothorax.
The above findings were communicated to Antonia Nemanich M.D. by Thomas Eggert
M.D. PGY-3 at 7/24/2019 2:04 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

CT Head (07/24/2019 13:30)
~EXAMINATION:
CT HEAD WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure.
COMPARISON:
CT head 3/29/2018.
FINDINGS:
Field-of-view does not contain the anterior mandible.
MASS EFFECT & VENTRICLES: No midline shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Mild to moderate cerebral volume loss. Few unchanged scattered parenchymal calcifications. Unchanged mild to moderate periventricular white matter hypoattenuation. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Severe vascular calcifications involving of the common carotids and cavernous ICAs.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Orbits are normal.
IMPRESSION:
No acute intracranial hemorrhage, infarct, or masses.
Similar cerebral volume loss and periventricular white matter hypoattenuation consistent with chronic microvascular ischemia.

ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

.

INJURIES LIST & ASSESSMENT:
This is a 94 y.o. F s/p mechanical GLF with injuries as listed below. She will be admitted to the TICU for rib fracture protocol and pain control. Orthopedics will consult for her pelvic fractures.

ED COURSE & MEDICAL DECISION MAKING:
Services Consulted in ED orthopaedics.

PLAN:
#. Right ribs 8/9 fractures
#. Right hemo-pneumothorax
- CT to -20 cmH2O, f/u AM CXR
- RFP
- Geri T bundle

#. Right inferior pubic ramus fracture
- Orthopedics consult

#. Prominent CBD
- No LFT abnormalities, CTM

#. History of DVTs
- Holding warfarin, continue ppx lovenox

#. Elderley, frail
- Geriatrics consult in the AM
- Prior NWH notes raise concern about patient's social situation and note that adult protective services have made multiple visits but always cleared patient's situation. Patient reportedly lives in a tent on Bainbridge island with her son. Patient in the past has been deemed compentant to make decision to return to this environment
- SW consult in the AM
- PT/OT evaluations

#. Code status

- Prior note from NWH in 2018 states conversation with patient where she elected to be made DNR, intubation ok

Electronically Reviewed/Signed On: 07/25/19 at 01:20

_____

Rosen MD, Joshua
Resident, Department of Surgery
Box 356410
Seattle WA

Electronically Co-Signed On: 07/25/19 at 17:12

_____

Bulger MD, Eileen Metzger
Attending, HMC
Dept Of Surgery, Box 359796
Seattle WA

JR
DD:07/25/19

General Surgery Trauma History&Physical

ASSESSMENT:
Assessment: AAOX4. Follows commands and moves all extremities. C/o minimal pain managed w/ scheduled IV tylenol and ketorolac. R chest tube to sx at -20, minimal bloody output. Satting well on RA, f/u CXR completed. On rib fx protocol. SBP w/in goal, tele SR. NPO since midnight. Incontinent w/ attends, no UO for most of shift, bladder scan about 260ml, MD notified. Recieved LR 250 bolus, x1 UO PVR 130ml. Chronic venous stasis wounds assessed and redressed, wound consult placed. Maintained on bedrest for pelvic fx's. Lives w/ son Lewis was not present at bedside, pt has another estranged son Douglas who is not welcomed in room. .

MOBILITY:
Mobility goal for today: passive ROM.

PLAN:
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 7/25/2019 3:44 - 7/25/2019 5:14).

EVALUATION:
Pt NOT progressing in these areas: need ortho consult to determine plan of care.

Electronically Reviewed/Signed On: 07/25/19 at 06:55

_____

Santos BSN, RN, Frances Kate
Registered Nurse, UWMC 7NE
Box 356096
Seattle WA

FKS

Nursing Progress Note - HMC

ORTHOPEDIC SURGERY DAILY PROGRESS NOTE

HOSPITAL DAY: 1

ASSESSMENT:
94 y/o F s/p GLF sustaining a R LC pelvic fracture.

PLAN:
Activity / WB status: WBAT BLE
Antibiotics: none indicated
Anticoagulation plan: per primary
Anticipated discharge plan: per primary
Problems and Plan:

R LC pelvic fracture
- followed by pelvis team
- will trial nonop treatment
- f/u inlet/outlet pelvis views when pt begins to weightbear
- PT/OT

SUBJECTIVE:
Denies mml pain this morning. Denies acute complaints.

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/25/19 04:00	Temp C:	36.5	36.4	-	37.5
07/25/19 07:00	HR:	62	60	-	92
07/25/19 07:00	RR:	16	14	-	21
07/25/19 07:00	SBP Non-Inv:	126	97	-	162
07/25/19 07:00	DBP Non-Inv:	51	44	-	90
07/25/19 07:00	MAP Non-Inv:	81	64	-	103

PHYSICAL EXAM:
Gen: Pt lying in bed, supine
Resp: Breathing comfortably
Neuro: Answering all questions appropriately

Lower Extremity Musculoskeletal Exam

Dressing: kerlix wraps around ankles b/l appear clean/dry/intact.
Nontender to logroll of hips
Sensory: Sensation intact to light touch: deep/superficial peroneal, tibial, sural, saphenous nerves
Motor: Strength intact to resistance extensor / flexor hallucis longus, gastrocnemius - soleus complex, tibialis anterior.
Vascular: 2+ DP pulses

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY

07/25/19 03:35

```
                                        |-  ICa - - -
139         108         11              |-  Ca  7.8
----------|-------------|------------< 136 |-  Mg  1.8
4.1         23          0.65            |-  Phos 3.8
```

RESULTS FROM TODAY

07/25/19 03:35

```
                    8.5                 |-  PT  - - -
7.29 ]----------------------[ 307        |-  INR - - -
                    27                  |-  PTT - - -
```

SCHEDULED MEDICATIONS:

Acetaminophen Dose: 1,000 mg = 100 mL IVPB Q8 Hours
Acetaminophen 325mg tab Dose: 650 mg = 2 tab PO Q6 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q8 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q6 Hours
Atorvastatin 40mg tab Dose: 40 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Enoxaparin 30mg/0.3mL inj Dose: 30 mg = 0.3 mL Subcutaneous Q12 Hours
Ibuprofen 400mg tab Dose: 400 mg = 1 tab PO Q6 Hours
Ketorolac 15mg/mL inj Dose: 7.5 mg = 0.5 mL IV Q8 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Selenium 200mcg tab Dose: 400 mcg = 2 tab NG-Tube Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both BID
Tocopherol 1,500units/3.24mL liquid Dose: 1,500 units = 3.24 mL NG-Tube BID
Vitamin multi with minerals tab Dose: 1 tab PO Daily

INFUSIONS:

No Infusion Medications Found.

PRN MEDICATIONS:

Calcium carb 1250mg(elem 500mg)/5mL susp Dose: 1,250 mg = 5 mL Feeding Tube On Call PRN
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID PRN
Calcium gluconate Dose: 9 mEq = 19.35 mL IVPB On Call PRN
Magnesium oxide 400mg tab Dose: 800 mg = 2 tab Feeding Tube On Call PRN
Magnesium sulfate/0.9% NaCl Dose: 16 mEq = 54 mL IVPB On Call PRN
Ondansetron 4mg tab Dose: 4 mg = 1 tab PO Q8 Hours PRN
Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours PRN
oxyCODONE 5mg tab Dose: 2.5-5 mg PO Q4 Hours PRN

Potassium 280mg-Na 160mg-Phosp 250mg/pkt Dose: 3 packet Feeding Tube On Call PRN
Potassium chloride 20mEq packet Dose: 40 mEq = 2 packet Feeding Tube On Call PRN
Potassium chloride/0.9% NaCl Dose: 40 mEq = 270 mL IVPB On Call PRN
Potassium phosphate Dose: 40 mEq = 9.09 mL IVPB On Call PRN
Sodium phosphate Dose: 40 mEq = 10 mL IVPB On Call PRN
Sodium Phosphate 250mg tab Dose: 3 tab Feeding Tube On Call PRN

Electronically Reviewed/Signed On: 07/25/19 at 10:51

_____

Nhan MD, Derek Tang
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

DTN
DD:07/25/19

GERIATRIC MEDICINE INITIAL CONSULTATION NOTE

SPECIFIC RECS:
-Wound care consult
-Nutrition consult
-Iron studies
-Stop ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-If pt to SNF, please send all Med G notes with patient.

CONSULT: We are consulted by Dr. Khandelwal of the SICU service regarding anticoagulation and pain management in this elderly inpatient.

IDENTIFICATION AND CHIEF CONCERN: 94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

HISTORY OF PRESENT ILLNESS: This is a 94 year old female previously living at home with her son with a h/o DVTs, HTN, venous insufficiency, chronic leg ulcers, osteoporosis who presents with pelvic fracture, right RF, and hemopneumothorax after GLF. She was walking through her house as she usually does, holding on to furniture and walls for support, on her way to the kitchen to make breakfast. She held on to the refridgerator, which opened, causing her to fall. She denies any dizziness, lightheadedness. She has had falls in the past. She reports poor balance despite PT and uses a walker when she is outside of the house. She also has chronic leg wounds from venous stasis, which have been making it more difficult for her to walk.

She reports weight loss over the past 3+ years despite good appetite. She has a history of DVTs in the past, but per outpatient notes has been off warfarin recently and her PCP decided not to restart anticoagulation at a recent prior visit.

REVIEW OF SYSTEMS:
Comprehensive review of systems completed and negative, except as per HPI.

GERIATRIC ROS:
-ADLs: Independent
-IADLS: requires assistance with most IADLs
-Cognition: intact
-Mood: good
-Mobility: walker
-Vision: glasses
-Hearing: hearing aids
-Continence: continent but frequent urination
-Nutrition: malnourished
-Goals of Care/Advanced Care Directives: Reports wanting to be full code and that she has completed paperwork with her doctor to this effect.

PAST MEDICAL HISTORY:
HTN
HLD
Osteoporosis with prior spinal fracture
DVTs

MEDICATIONS:

Home Medications
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, exten Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Code Dose: 1 tab PO Daily PRN Pain

Over the Counter/Other Supplements:

–

Scheduled Medications
Acetaminophen Dose: 1,000 mg = 100 mL IVPB Q8 Hours
Acetaminophen 325mg tab Dose: 650 mg = 2 tab PO Q6 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q8 Hours
Ascorbic acid 500mg tab Dose: 1,000 mg = 2 tab NG-Tube Q6 Hours
Atorvastatin 40mg tab Dose: 40 mg = 1 tab PO QPM
Cholecalciferol 1,000units tab Dose: 1,000 units = 1 tab PO Daily
Heparin 5,000units/mL inj Dose: 5,000 units = 1 mL Subcutaneous Q8 Hours
Ibuprofen 400mg tab Dose: 400 mg = 1 tab PO Q6 Hours
Ketorolac 15mg/mL inj Dose: 7.5 mg = 0.5 mL IV Q8 Hours
Polyethylene glycol 3350-NF powder 17g Dose: 17 g = 1 packet PO Daily
Selenium 200mcg tab Dose: 400 mcg = 2 tab NG-Tube Daily
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID
Timolol 0.5% ophth soln 5mL Dose: 1 drop(s) EYE-Both BID
Tocopherol 1,500units/3.24mL liquid Dose: 1,500 units = 3.24 mL NG-Tube BID
Vitamin multi with minerals tab Dose: 1 tab PO Daily

Infusions
No Infusion Medications Found.

PRN Medications
Calcium carb 1250mg(elem 500mg)/5mL susp Dose: 1,250 mg = 5 mL Feeding Tube On Call
Calcium carb 500mg chewtab (200mg elem) Dose: 1,000 mg = 2 tab Chew TID
Calcium gluconate Dose: 9 mEq = 19.35 mL IVPB On Call
Magnesium oxide 400mg tab Dose: 800 mg = 2 tab Feeding Tube On Call
Magnesium sulfate/0.9% NaCl Dose: 16 mEq = 54 mL IVPB On Call
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Ondansetron 4mg/2mL inj Dose: 4 mg = 2 mL IV Q8 Hours
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Potassium chloride 20mEq packet Dose: 40 mEq = 2 packet Feeding Tube On Call
Potassium chloride/0.9% NaCl Dose: 40 mEq = 270 mL IVPB On Call
Potassium phosphate Dose: 40 mEq = 9.09 mL IVPB On Call
Sodium phosphate Dose: 40 mEq = 10 mL IVPB On Call
Sodium Phosphate 250mg tab Dose: 3 tab Feeding Tube On Call

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

SOCIAL HISTORY:
Living environment: Lives with her son Louis
Family/caregiver support: son
Hobbies/work: worked as a nanny. Now enjoys canning, taking long train rides
Habits (Tobacco, Any alcohol use, Use of any other substances): denies any tobacco, alcohol, or other drugs
DPOA: Louis

FAMILY HISTORY:
Mother died in her 90s of unknown cause

PHYSICAL EXAM:
Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/25/19 08:00	Temp C:	36	36	-	37.5
07/25/19 08:00	HR:	59	59	-	92
07/25/19 08:00	RR:	16	14	-	21
07/25/19 08:00	SBP Non-Inv:	111	97	-	162
07/25/19 08:00	DBP Non-Inv:	42	42	-	90
07/25/19 08:00	MAP Non-Inv:	69	64	-	103

WT: 48kg BMI: 17.8kg/m2
GEN: Thin woman sitting up in bed, NAD
HEAD: NCAT, pocket talker in ear
EYES: Wearing glasses, sclera nonicteric
ENMT: MMM, poor dentition
NECK: No JVP elevation
CV: RRR, no M/R/G
PULM: CTAB
GI: Soft, NTND, +BS
SKIN: thin, LE with chronic venous stasis changes, LEs with bandages bilaterally covering chronic wounds
MSKEL: decreased muscle mass
NEURO: Awake, alert, oriented x4, moving all extremities
PSYCH: Calm, pleasant
Delirium Screen: negative
Depression (PHQ-2): 0
Frailty (CSF9): 6
Nutrition (MNA-SF): Malnourished

LABORATORY/MICROBIOLOGY:

RESULTS FROM TODAY
07/25/19 03:35

RESULTS FROM YESTERDAY
07/24/19 11:55

			|- ICa - - -						|- ICa - - -		
139	108	11	|- Ca 7.8		142	107	13		|- Ca 8.6		
---------|----------|----------< 136			|- Mg 1.8		---------|----------|----------< 183				|- Mg - - -		
4.1	23	0.65	|- Phos 3.8			4.2	28		0.70	|- Phos - - -	

RESULTS FROM TODAY
07/25/19 03:35

		8.5	|- PT - - -					9.6		|- PT 16.6	
	7.29]----------[307		|- INR - - -				7.01]----------[cmt			|- INR 1.3	
27			|- PTT - - -		31				|- PTT 36		

RESULTS FROM YESTERDAY
07/24/19 19:50

EKG:
_

RADIOLOGY: _

ASSESSMENT AND RECOMMENDATIONS:
94 year old female pmh osteoporosis, chronic leg wounds, HTN who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF

SPECIFIC RECS:
-Wound care consult
-Nutrition consult
-Iron studies
-Stop ketorolac and other NSAIDS
-APAP 1,000mg PO TID
-Delirium precautions (see below for full list)
-Fall precautions
-Defer anticoag restart decision to PCP
-Consider starting bisphosphonate in outpatient setting
-If pt to SNF, please send all Med G notes with patient.

 # SURGICAL ISSUE:
a R LC pelvic fracture.
Precautions: WBAT BLE

 # MEDICAL ISSUE(S):

#Anticoagulation
Per outpatient PCP notes, patient was not taking warfarin and PCP had decided not to continue it at that time.
-Recommend deferring decision of whether to restart anticoagulation to outpatient setting

#Chronic leg wounds
#Venous stasis
-Wound care consult

 # GERIATRIC ISSUES:
Delirium Precautions:
High risk for delirium given age, intermittent access to hearing aids, pain
- Initiate Delirium Powerplan
- Insomnia: Schedule melatonin 6mg PO qPM if needed
- Medications: minimize narcotics as able, schedule tylenol (max 3 grams in elderly).
Avoid diphenhydramine, benzodiazepines, zolpidem, muscle relaxants, scopolamine, metoclopramide, and prochlorperazine as able. Limit CNS active medications and use lowest effective dose, consult the Beer's List if unsure about appropriate use in the elderly.
- Environmental: window bed, well-lit room during day, minimize nighttime disturbance, keep calendars/clock visible. OOB TID w/ therapies and to chair when able; family at bedside and frequent reorientation
- Ensure that glasses or hearing aids are available when communicating w/patient.

Pain management:
-Acetaminophen 1000 mg TID
-Oxycodone 5-10 mg q3h PRN
-Avoid NSAIDS (ibuprofen, ketorolac)
-Schedule bowel meds while giving opiate analgesics

#Fall prevention
Patient is at high risk for an inpatient fall due to history of fall prior to admission
- Provide visual cues indicating high fall risk (yellow blanket/socks), if not already done
- Check orthostatic vital signs if applicable
- Secondary fracture prevention as below
- **FALLS CLINIC REFERRAL AFTER D/C**

Bone:
Known osteoporosis
Vitamin D: continue Cholecalciferol Vitamin D 1,000 IU daily
Other: PCP should consider repeat DEXA scan if not recently done, possible bisphosphonate therapy

Nutrition:
#Anemia:
Anemia likely has chronic and acute components. Unclear if declining Hct in hospital represents new blood loss vs. dilution.
-Nutrition consult
-Iron studies

Pressure ulcer prevention: Patient is at risk for pressure ulcers due to new immobility, low body weight suggestive of poor nutritional intake.
- Pressure ulcer precautions
- Nutrition consult
- Wound care consult

Thank you for this consult. Please do not hesitate to contact us with any questions or concerns. We will follow along. Pager: 206-540-4337.

ATTENDING STATEMENT:

I saw and evaluated the patient and agree with Dr. Newman's note.

Additional diagnoses: _, _

Date of Service: 07/25/2019

Today's Date is: 07/25/2019

Joe C. Huang, M.D.

Electronically Reviewed/Signed On: 07/25/19 at 13:03

_____

Newman MD, PhD, Kira Laine S
Resident, Department of Internal Medicine
Box 359892
Seattle WA

Electronically Co-Signed On: 07/25/19 at 14:31

_____

Huang MD, Joe Chin-Sun
Clinical Instructor, Dept of Medicine, Division of Gerontology and Geriatric Medicine
Box 359755
Seattle WA

cc: Neighbor Jr, MD, William E
Attending, Hall Health Primary Care
Box 354410
Seattle WA

KLN
DD:07/25/19

Anticoagulation Monitoring Note

INDICATION: DVT

HOME DOSING REGIMEN: warfarin 4mg PO daily

OUTPATIENT ANTICOAGULATION PROVIDER: William Neighbor, PCP

INR GOAL: 2.0-3.0

EXPECTED DURATION OF THERAPY: TBD

Current INR and Warfarin Dosing: *(for the last 14 days)*

Date	INR	Warfarin	HCT	PLT	SCr	VitK	Comment
07/24/19	- - -	- - -	31	cmt	- - -	- - -	_
07/25/19	- - -	- - -	27	307	0.65	- - -	_

LABS: *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY
07/25/19 03:35

139 | 108 | 11 | < 136
4.1 | 23 | 0.65

|- ICa - - -
|- Ca 7.8
|- Mg 1.8
|- Phos 3.8

RESULTS FROM YESTERDAY
07/24/19 11:55

142 | 107 | 13 | < 183
4.2 | 28 | 0.70

|- ICa - - -
|- Ca 8.6
|- Mg - - -
|- Phos - - -

RESULTS FROM TODAY
07/25/19 03:35

8.5
7.29]----------[307
27

|- PT - - -
|- INR - - -
|- PTT - - -

RESULTS FROM YESTERDAY
07/24/19 19:50

9.6
7.01]----------[cmt
31

|- PT 16.6
|- INR 1.3
|- PTT 36

VITAMIN K ADMINISTERED: none

ASSESSMENT:
Patient on chronic warfarin for history of recurrent DVTs now s/p GLF. INR upon admission subtherapeutic at 1.3. Questionable compliance per chart review. She has not had an INR within goal therapeutic range in our system in 2019.

PLAN:
1. Continue to hold warfarin at this time given injuries.
2. Would benefit from having a discussion with geriatrics and PCP regarding risk v benefit of continuing warfarin.

Electronically Reviewed/Signed On: 07/25/19 at 12:58

_____

Bruden PharmD, Meghann
Pharmacist, HMC Pharmacy
Box 359885
Seattle WA

MB
DD:07/25/19

Anticoagulation Monitoring Note

Wound Care Consult

REFERRED BY: Nursing staff

WOUND CHIEF CONCERN: Bilateral lower extremities

HPI: Wound Care Team was contacted by nursing staff on 7/25 requesting bilateral lower extremity assessment. Per patient, she has had ulcers on her legs for 30+ years. They come and they go. Occasionally they itch. She denies significant pain right now. She lives with her son in Bainbridge. He applies a cream and dressing. Nursing staff have applied Xeroform since her admission. She admitted on 7/25 after sustaining pelvic fx and hemopneumothorax following a ground level fall. Patient has been afebrile and without white count. She also receives follow up at Northwest Hospitals Wound Care clinic and per chart review is noted to have mixed vascular disease with ulcerations to her legs. Her last visit was 7/15/2019. Today's visit is for skin check with dressing recommendations.

SOCIAL HISTORY:
Lives on Bainbridge island

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

LABS:

RESULTS FROM TODAY
07/25/19 03:35

			|- ICa - - -				
139	108	11	|- Ca 7.8	142	107	13	|- Ca 8.6
---------|----------|----------< 136			|- Mg 1.8	---------|----------|----------< 183			|- Mg - - -
4.1	23	0.65	|- Phos 3.8	4.2	28	0.70	|- Phos - - -

RESULTS FROM YESTERDAY
07/24/19 11:55

RESULTS FROM TODAY
07/25/19 03:35

8.5		|- PT - - -	
7.29]----------[307		|- INR - - -	
27		|- PTT - - -	31

RESULTS FROM YESTERDAY
07/24/19 19:50

9.6		|- PT 16.6	
7.01]----------[cmt		|- INR 1.3	
		|- PTT 36	

HEIGHT & WEIGHT

Height for Calculation:	165 cm	(07/25/2019)
Weight for Calculation:	48.5 kg	(07/24/2019)
Body Mass Index (BMI):	17.8 kg/m2	(07/24/2019)
DAILY Weight - kg:	48.5 kg	(07/24/2019)

PHYSICAL EXAM:
General: Lying in bed in no acute distress
Resp: Unlabored breathing on room air
Neuro: Sensation intact to light touch to bilateral lower extremities
CV: Feet warm. Unable to palpate pedal pulses. Hemosiderin staining present.
Bilateral lower extremities:

Wound bed: Red tissue with yellow fibrinous exudate. There is also residual white cream in the above photo
Edges: Attached
Undermining/tunneling: None
Exudate: Small amount serous
Periwound skin: Dry and intact
Pain: Nontender to palpation
Odor: No odor
Etiology: Mixed vascular disease

IMPRESSION & RECOMMENDATIONS:

94 year old female with mixed vascular disease to her lower extremities. She receives follow up at Northwest Hospitals Wound Care clinic and can continue to do so after discharge (Norsworthy, Nilufer Bozdemir, MD with follow up planned for ~8/12/2019). Her wounds do not have overt signs of infection.

Bilateral lower extremities:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wounds with Xeroform. Cover Xeroform with gauze or ABD pads and secure with Kerlix and tape
- Change daily and as needed with soiling

Alternative multiday dressing recommendation to consider on discharge:
- Cleanse area with soap and water or normal saline
- Gently remove loose/dried exudate as able
- Apply no-sting barrier to periwound skin and allow 30+ seconds to dry to protect skin from drainage
- Cover wound with Mepilex white foam (med stores #49218). Cover with gauze or ABD pads and secure with Kerlix
- Change every other day or as needed with soiling

Discussed with RN and patient

Wound care signing off

For questions please call the Wound Care Team at 744-7590.

Thank you

Electronically Reviewed/Signed On: 07/25/19 at 13:01

_____

Ibarra ARNP, DNP, Brandon D
ARNP, Department of Clinical Educaiton
Box 359733
Seattle WA

cc: Khandelwal MD, Nita
Attending, Department of Anesthesiology
Box 359724
Seattle WA

BDI
DD:07/25/19

Wound Care Consult

94F GLF right rib 8-9 fx, hemopneumothorax, right inf pubic ramus fx

Hct 31->27
no airleak on chest tube
minimal serous output from chest tube
Cr normal
exceedingly hard of hearing

recommendations:
get her hearing aids new batteries
strict rib fracture protocol
early APS consultation

Electronically Reviewed/Signed On: 07/25/19 at 14:32

_____

Robinson DO, Todd Justin
Resident, HMC General/Trauma Surgery
Box 359796
Seattle WA

TJR
DD:07/25/19

ASSESSMENT:
Assessment:
NEURO: Alert and oriented x4. Following commands x4, 4/5 strength. PERRL and brisk. No c/o pain this shift, receiving ATC scheduled ketorolac and tylenol. PIC score 7 this shift. HOH, given pocket talker and pt able to interact well.
CARD: SR with no ectopy. PPP. SBP 90-160, no intervention needed. PIV in place, drawing and flushing well.
PULM: Breathing even and unlabored. No cough noted. Lungs CTA-diminished at bases. CT to -20 water seal.
GI/GU: Tolerating general diet. No BM this shift. Incontinent of urine, wearing a brief in bed. Transfered x1 to BSC with no result.
SKIN: Grossly intact. Wound care consulted on BLE venous stasis ulcers.
PLAN: PT/OT consult..
No restraints indicated.

MOBILITY:
Mobility goal for today: ambulate w/assist.
If eligible, did the pt have a mobility event today? Yes.
Highest level of mobility achieved was dangling at bedside.

Electronically Reviewed/Signed On: 07/25/19 at 16:44

_____

Klapstein RN, Katherine C
Registered Nurse, HMC 2WH-Neuro ICU
Box 359810
Seattle WA

KCK
DD:07/25/19

Nursing Progress Note - HMC

VISIT INFORMATION:

Unit: H-2WB
Service: H SICU A
Reason for Admission No Reason for Admission found.
Current Attending *(REG):* Nita Khandelwal
Admit Date: 07/24/19 18:24

GENERAL INFORMATION:
SOCIAL WORKER: Chloe Royer, LSWAIC
Phone: 206-744-2423
Pager: 206-540-1251.
IDENTIFYING DATA / REASON FOR REFERRAL:
SW involved for continued support of patient and family.
CURRENT SITUATION:
Per chart, 94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF .
LANGUAGE: English.
INTERPRETER: No.
INFORMATION OBTAINED FROM: patient, medical record, Son Louis.

PEDIATRIC SCREEN:
SCREENING CRITERIA MET: No.

ICU SCREEN:
SCREENING CRITERIA MET: Yes.
PEDIATRIC: No.
OVER 65: Yes.
ABUSE / NEGLECT / VIOLENCE CONCERNS: No.
UNIDENTIFIED: No.
CRITICAL, UNSTABLE OR POOR PROGNOSIS: In Process.
LNOK / CUSTODY ISSUES, NEED CLARIFICATION: No.
CATASTROPHIC ACCIDENT / TRAUMA: Yes.
CRIME VICTIM: No.
FAMILY IN CRISIS: No.
HOUSING-FINANCIAL ISSUES: Yes, Hx of homelessness and recent relocation into church sponsored housing.
LAW ENFORCEMENT ISSUES: Unknown.
OTHER LEGAL: Unknown.
OUT OF COUNTY: No.
SUBSTANCE USE CONCERNS: No.
HOMELESS: No.

FUNDING ISSUES: No.
FROM A FACILITY: No.
PATIENT / FAMILY NON-ENGLISH SPEAKING: No.
SELF-INFLICTED: No.

SOCIAL HISTORY:
BACKGROUND / EDUCATION:
Born and raised on Bainbridge Island. Completed High School.
LIVING SITUATION / ADDRESS PRIOR TO ADMIT:
Lives with Son Louis in Cross Sound Church sponsored housing. Per chart, address is 321 High School Road NE, Ste D3 PMB 292, Bainbridge Island, WA 98110 (need to confirm address) .
EMPLOYMENT HISTORY:
Pt reports hx of working at the Bon Marche but has been unemployed most of her life. However, today's Geriatrician note states pt hx working as nanny.
VALUES / BELIEFS / CULTURAL FACTORS:
Affiliated with Cross Sound Church.
PHYSICAL AND COGNITIVE FUNCTIONING PRIOR TO ADMIT:
Patient reports using a FWW "with breaks" PTA and independent with ADLs. Denies incontinence. Son reports assisting pt with some ADLs / iADLs - set up for showers and wound care.
FAMILY HISTORY:
Born and raised on Bainbridge Island. Reports Spouse "Bob" was a "jiggalo" and died in the 1970's. Spent several years living in Brooklyn, NY caring for Bob's family. Refers to Son Doug as a "bully" and informs of no contact ordered by the court. Son Louis describes son Doug as a "neo-nazi" and reports there is a current restraining order against Doug for hx of physical and mental abuse against pt.

HEALTH CARE DECISION MAKING:
LEGAL NEXT OF KIN:
Son / Durable Power of Attorney for Health Care Louis Charles Hoffman Alloin .
CONTACT IN FOLLOWING ORDER FOR LEGAL NEXT OF KIN DECISION MAKING:
1 : Louis Charles Hoffman Alloin , Son / Health Care DPOA & General POA , 360-649-5702 .

PSYCHIATRIC HISTORY:
OTHER PSYCHIATRIC HISTORY INFORMATION:
Pt does not respond to writer when Psychiatric hx questioned. Son Louis does report concern that patient is depressed. Attributes depression to feeling micromanaged in current living situation. Denies pt verbalizing suicidal plans. Care Team notified of Louis's concerns.

SUBSTANCE USE HISTORY:
TOBACCO: Per chart, denies.
ALCOHOL:
Per chart, denies.
DRUGS:
Per chart denies.

PROVIDERS/COMMUNITY AGENCIES:
PCP: Dr. William Neighbor.

CPS/APS:
PRIOR CPS / APS HISTORY:
Per EPIC 6/12/19 office visit with PCP Dr. Neighbor, hx of adult failure to thrive and recent APS involvement

Per Dr. Norsworthy 5/23/19 note, Mrs. Hoffman's case has a challenging sociopsychological and economical aspect: She is living with her son in a tent. Her living conditions and access to food is poor. HHRN declined to care for her as she has no address with unsafe and unkept environment. Her son has been carrying out the wound care, he run out of supply and did not reach us for refills. There is an open APS file for her. Her son is not allowing her to live at a place that she will has better food and care, openly using psychological pressure on her with economical concerns: "people goes to nursing facility for dying", "he would not visit her there if she chooses to go", "she will loose all family photos as he cannot afford to keep them in storage".

.

INCOME/INSURANCE COVERAGE:
SOURCE OF INCOME: SSI, Pt reports receiving about $800 per month in Social Security.
MEDICAL COVERAGE HISTORY:
Medicaid: Yes: QMB .
Medicare: Yes, TYPE: A, B.

TRANSPORTATION:
NEEDS / ISSUES:
Denies having a vehicle. States " I walk to safeway".

SOCIAL WORK SUMMARY:
ASSESSMENT:
Per chart, this is a 94 year old female who presents with pelvic fx, right RF and hemo-pneumothorax secondary to GLF
.
INTERVENTION:
Met with patient at bedside, introduced self, and explained role. Pt reports that Son Louis is planning to arrive to hospital later today and states "we take care of each other". Describes Son Doug as a "bully" and reports Doug is not allowed to contact her for two years. Reports was recently homeless for several years and was living on the side of the "highway 305" near a bus stop in a tent. Reports was unfairly evicted from houising prior to homelessness. Recently moved into church sponsored housing. Patient informs was born and raised on Bainbridge Island and has seen significant change since childhood, "it's Mercer Island". Pt reports Spouse Bob died in the 1970's and was a "jiggalo" who divorced her. At times patient does not answer writers questions and continues to discuss childhood and family hx.

Met with patient's Son Louis. Louis reports extended period residing with and caring for patient. Describes

himself as an "eunuch" and purpose is to serve pt. Louis is tangential re academic and work success, is difficult to follow at times, and is briefly redirectable. Louis reports owning and operating a radio station but then denies current employment. Reports homelessness for a little over a year and recent relocation into a church sponsored studio apartment with pt. Louis describes difficulty residing in church sponsored housing due to micro management causing patient depression. Reports about a year remaining on a protection restraining order against Brother Doug who is described as a neo-nazi. Son Louis does report ability to care for patient 24/7.

PLAN OR OUTCOME:

SW to continue assisting patient accordingly.

Electronically Reviewed/Signed On: 07/25/19 at 16:45

_____

Royer MSW, Chloe
Social Worker, Social Work
Box 359760
Seattle WA

Electronically Co-Signed On: 07/25/19 at 16:48

_____

Royer MSW, Chloe
Social Worker, Social Work
Box 359760
Seattle WA

Electronically Co-Signed On: 07/26/19 at 07:54

_____

Royer MSW, Chloe
Social Worker, Social Work
Box 359760
Seattle WA

CR
DD:07/25/19

Social Work Assessment

REASON FOR CONSULTATION:
This is an inpatient pelvis consultation.

REASON FOR CONSULTATION:
Right lateral compression pelvic fracture.

NON-ORTHOPEDIC INJURIES:
Rib fractures, as well as a right pneumothorax with placement of a chest tube.

HISTORY OF PRESENT ILLNESS:
Ms. Hoffman is a 94-year-old female with a past significant history of hypertension, chronic venous stasis with a history of recurrent DVTs. She is currently on warfarin. The patient sustained a ground level on 07/24/2019 after opening her refrigerator door per her son whom she lives with. Patient had pain and had inability to ambulate. She denied hitting her head or any amnesia to events. She was originally taken to UWMC ED where a CT scan was ordered and demonstrated the aforementioned pelvic injuries, as well as the rib fractures. The patient was transferred to Harborview for definitive management.

PAST MEDICAL HISTORY:
1. Recurrent DVT, is on warfarin.
2. Hypertension.
3. Chronic venous stasis ulcers.

ALLERGIES:
ASPIRIN, PENICILLIN, SULFA DRUGS.

MEDICATIONS:
Atorvastatin, Lipitor, warfarin, as well as Tylenol with codeine.

SOCIAL HISTORY:
The patient lives with her son on Bainbridge Island. They both deny any use of tobacco, alcohol or drug use.

REVIEW OF SYSTEMS:
Complete 14-point review of systems reviewed and is all negative, except for what is aforementioned above.

PHYSICAL EXAMINATION:

GENERAL: She is a well-appearing 94-year-old female in no acute distress.
PULMONARY: No extra work of breathing. No stridor. She is on room air.
CARDIOVASCULAR: All 4 extremities are warm and well perfused with brisk capillary refill.
MUSCULOSKELETAL: Focused exam of the bilateral lower extremities reveals intact palpable distal pulses and sensation intact to light touch in deep and superficial peroneal nerves, as well as tibial, sural and saphenous. The patient is able to fire EHL, as well as FHL, tibialis anterior and gastrocsoleus complex. No pain to log roll on either hip.

IMAGING:
CT of the pelvis demonstrates a very small right lateral compression type pelvic injury with ipsilateral inferior rami fractures.

ASSESSMENT:
Ms. Hoffman is a 94-year-old female with a significant past medical history of DVTs who is currently on warfarin, who had a mechanical ground level fall resulting in a lateral compression type 1 pelvic fracture.

PLAN:
Given the stability of this fracture pattern, the patient's low demand, as well as her age, we will trial nonoperative management. Recommendations would be to ambulate with physical therapy with the use of a walker if needed. Patient will obtain post-mobilization radiographs which will include AP inlet and outlet views. Patient may follow up in our clinic in 3 weeks after discharge to assess her pain, as well as repeat imaging, the same views as previously described. It would be important, given the patient's history of DVTs, as well as low demand and likely inability to ambulate fully for some time, that she continue on anticoagulation Lovenox 30 mg two times a day for 6 weeks of treatment.

Electronically Reviewed/Signed On: 07/31/19 at 15:17

_____

Jacobsen MD, Kimberly Anne
Fellow, Department of Orthopedics And Sports Me
Box 359798
Seattle WA

Electronically Co-Signed On: 08/01/19 at 10:23

_____

Kleweno MD, Conor Patrick
Associate Professor, Orthopaedics & Sports Medicine
Box 359798
Seattle WA

KAJ/NTS
DD:07/30/19
TD:07/31/19

C320532

COLLECTIVE NOTIFICATION 07/24/2019 11:25 HOFFMAN, JEANNE L MRN: U8170135

Criteria Met

- PDMP

Security and Safety

No recent Security Events currently on file

ED Care Guidelines

There are currently no ED Care Guidelines for this patient. Please check your facility's medical records system.

Prescription Drug Report (12 Mo.)

Rx Details

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2019-05-22	ACETAMINOPHEN-COD #3 TABLET	60	WILLIAM NEIGHBOR	3	4.5
2019-02-03	ACETAMINOPHEN-COD #3 TABLET	60	WILLIAM NEIGHBOR	3	4.5
2018-11-30	ACETAMINOPHEN-COD #3 TABLET	60	WILLIAM NEIGHBOR	3	4.5
2018-09-19	HYDROCODONE-ACETAMIN 5-325 MG	20	JESSE ABBOTT KLAFTER	2	50
2018-08-24	HYDROCODONE-ACETAMIN 5-325 MG	60	IBRAHIMA TOURAY	2	75
2018-07-29	HYDROCODONE-ACETAMIN 5-325 MG	60	IBRAHIMA TOURAY	2	75

Rx Summary

Metric	Count
CS II-V Rx	6
CS-II Rx	3
Quantity Dispensed	320
Unique Prescribers	3
Unique Pharmacies	2
Benzos	0
Opioids	6
Long Acting Opioids	0

E.D. Visit Count (12 mo.)

Facility	Visits	Low Acuity
Northwest Hospital	1	0
UW Medical Center	1	0
Total	**2**	**0**

Note: Visits indicate total known visits. Medicaid Low Acuity Dx are the number of primary diagnoses on the Medicaid's Low Acuity dx list.

Recent Emergency Department Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Jul 24, 2019	UW M.C.	Seatt.	WA	Emergency	Chief Complaint: MED EVAL
Sep 10, 2018	Northwest H.	Seatt.	WA	Emergency	Chief Complaint: AMS

Recent Inpatient Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Sep 10, 2018	Northwest H.	Seatt.	WA	Inpatient	• Syncope

Care Team

Provider	PRC Type	Phone	Fax	Service Dates
NEIGHBOR, WILLIAM	Family Medicine			Current
WILLIAM E NEIGHBOR JR	Primary Care			Current

Collective Portal

This patient has registered at the UW Medical Center Emergency Department

For more information visit: https://secure.ediecareplan.com/notify/b780075e-0626-4764-b3bf-d0f3556bf6f5

PLEASE NOTE:

1. **Any care recommendations and other clinical information are provided as guidelines or for historical purposes only, and providers should exercise their own clinical judgment when providing care.**
2. **You may only use this information for purposes of treatment, payment or health care operations activities, and subject to the limitations of applicable Collective Policies.**
3. **You should consult directly with the organization that provided a care guideline or other clinical history with any questions about additional information or accuracy or completeness of information provided.**

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Please click on link to see image.

ED Triage Form Entered On: 7/24/2019 11:36
Performed On: 7/24/2019 11:31 by Ryden RN, Anna E

Triage
Chief Complaint : Pt with GLF yesterday, now reporting back, R side chest, and R hip pain. -LOC, denies hitting head. Is at baseline as per son. C-collar applied by fire. Pt is very hard of hearing, SI assessment deferred at this time.
Mode of Arrival to Emergency Dept : Other: bainbridge is fire
Transport Unit Number - Emergency Dept : A22
Pregnancy Status : N/A
ED Patient Origin : Private residence
Comm Disease Screening in ED : N/A
Health History : See Medical Record

Ryden RN, Anna E - 7/24/2019 11:31
(As Of: 7/24/2019 11:36:12 PDT)

Problems(Active)

Supratherapeutic INR (ICD-9-CM :790.92)	*Name of Problem:* Supratherapeutic INR ; *Recorder:* Fletcher MD, Grant Selmer; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 790.92 ; *Last Updated:* 6/5/2014 15:17 ; *Life Cycle Date:* 12/7/2012 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM

Diagnoses(Active)

Back pain	*Date:* 7/24/2019 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Back pain ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0
GLF	*Date:* 7/24/2019 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* GLF ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0

Vitals/Ht/Wt
SBP - Noninvasive : 134 mmHg
DBP - Noninvasive : 59 mmHg (Low)
Heart Rate : 82 bpm
Respiratory Rate : 18 br/min
SpO2 : 99 %
Pain Symptoms in Emergency Dept : Yes
Temperature - C : 37.1 degC(Converted to: 98.8 degF)
Temperature Source : Temporal Artery
O2 Delivery Device : Room air

Ryden RN, Anna E - 7/24/2019 11:31

Allergies/Medication

(As Of: 7/24/2019 11:36:13 PDT)

Allergies (Active)

Adhesive Bandage	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* Adhesive Bandage ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:*

	EPIC ; *Reviewed Date:* 7/24/2019 11:35
aspirin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* aspirin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* Paper Chart ; *Reviewed Date:* 7/24/2019 11:35
nitrofurantoin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* nitrofurantoin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 7/24/2019 11:35
penicillin	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:PENICILLIN ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* penicillin ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 7/24/2019 11:35
sulfa drugs	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:SULFA ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* sulfa drugs ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 7/24/2019 11:35

ESI
DCP GENERIC CODE
Tracking Acuity : 3 Urgent
ED Tracking Group : UWMC Tracking Group

Ryden RN, Anna E - 7/24/2019 11:31

Assessment/Screening
ED Neurological - GENERAL Asmt : Alert
Orientation : Oriented x 3
Affect/Behavior : Calm
Have you fallen within the past year? : Yes
Are you afraid of falling? : Yes
Issues w/ walking/balance/feel unsteady? : Yes
Abuse/Neglect Concerns - Emergency Dept : Deferred, unable to assess at this time
Suicidal Ideation : Deferred, unable to assess at this time
Language Spoken : English

Ryden RN, Anna E - 7/24/2019 11:31

Pain Associated Behaviors
Pain Intensity 0 - 10 Scale : Patient UNavailable for reassessment
Location of Pain : R chest, R hip

Ryden RN, Anna E - 7/24/2019 11:31

Electronically Reviewed/Signed On: 07/24/19 at 11:31

_____

Ryden RN, Anna E
Registered Nurse, Emergency Dept
Box 356123
Seattle WA

AER
DD:07/24/19

ED Triage Form

DISCHARGE/TRANSFER:

Discharge details:

Discharge disposition: Home/Self Care.

Patient meets clinical criteria for discharge.

Vital Signs Data

7/24/2019 14:13	Temperature - C	36.4 degC
	Temperature Source	Temporal Artery
	Heart Rate	76 bpm
	Respiratory Rate	18 br/min
	SBP - Noninvasive	**143 mmHg High**
	DBP - Noninvasive	65 mmHg
	MAP - Noninvasive	85 mmHg
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper
	Vital Sign Reason	Routine .

Oxygenation Data

7/24/2019 14:13	SpO2	99 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting .

Discharge method: self.

Belongings with patient: Yes.

Prescriptions: printed.

IV removed.

ED General Topic(s) Taught: Medications.

Discharge Instructions reviewed and patient verbilizes understanding: Yes.

UWMC huddle complete and findings discussed with Primary Provider. Patient ready for discharge.

Electronically Reviewed/Signed On: 07/24/19 at 14:33

_____

Palma RN, Josephine
Registered Nurse, Emergency Department
Box 356123
Seattle WA

JP
DD:07/24/19

ED RN Discharge/Transfer

PRE-PROCEDURE:
Checklist:
Correct patient identification.
Concent: obtained from patient representative: holder of DPOA for health care.
Equipment in ready position at bedside: airway cart, suction functioning, cardiac monitor, ETCO2, pulse oximetry.
Time out completed? Yes.
History
Last PO intake > 4 hours ago.
Risk Classification
ASA physical status classification Class 2.
Procedure:
Chest tube.

PHYSICIANS PRESENT:
Operator: Attending: Vrablik MD, Marie Clougherty, Resident: Nemanich MD, Antonia Justine.

PHYSICAL EXAMINATION:
Airway: LEMON RULE (1) - Look externally / Evaluate 3-3-2 rule / Mallampati score I - IV / Obstructions / Neck Mobility.
Chest normal.
Cardiovascular normal.

REFERENCE:

sedation not completed as patient tolerated procedure well with only local anesthetic

Marie Vrablik, MD, MCR
Attending Physician
Department of Emergency Medicine
University of Washington

Electronically Reviewed/Signed On: 07/24/19 at 15:21

_____

Nemanich MD, Antonia Justine
Resident, Department of Emergency Medicine
Box 359702
Seattle WA

Electronically Co-Signed On: 07/26/19 at 05:29

_____

Vrablik MD, Marie Clougherty
Assistant Professor, Emergency Medicine
Box 359702
Seattle WA

AJN
DD:07/24/19

ED Pre-Sedation Physicians Evaluation

PROCEDURE PERFORMED:
Chest tube insertion site: the thoracostomy tube was placed on the right side of the chest, in the 4th intercostal space, at the mid axillary line.

INDICATIONS:
Hemothorax. Pneumothorax.

PREOPERATIVE INFORMATION:
Consent: the risks and benefits were explained to, and consent was obtained from, the holder of durable power of attorney (DPOA) for health care.
Pre-procedure verification: the procedure, site and patient identification were verified prior to beginning the procedure.

OPERATORS:
Resident Nemanich MD, Antonia Justine.

OPERATIVE DETAILS:
The patient was monitored during the procedure with blood pressure monitoring, a cardiac monitor, pulse oximetry.
Patient position: the patient was placed in the supine position.
Chest tube insertion site: the thoracostomy tube was placed on the right side of the chest, in the 4th intercostal space, at the mid axillary line.
The skin, muscle, periosteum, and parietal pleura was anesthetized with 1% lidocaine with epinephrine: 20 cc.
The procedure was performed using 28 French tube.
After making an incision in the skin, blunt dissection was used to create a track for the chest tube.
Upon insertion of the tube a rush of air was noted, fluid was obtained, the fluid was serosanguinous, approximately 30 mL of fluid returned.
The tube was sutured into place.
A vaseline gauze was applied to the site at the conclusion of the procedure.
A chest X-ray was obtained and shows good positioning of the tube.

SAMPLES AND SPECIMENS:
None.

COMPLICATIONS:
Bleeding: Scant.

ATTENDING STATEMENT:
I was present for and supervised the entire procedure.

SIGNATURE:
Marie Vrablik, MD, MCR

Attending Physician
Department of Emergency Medicine
University of Washington

Electronically Reviewed/Signed On: 07/24/19 at 16:45

_____

Nemanich MD, Antonia Justine
Resident, Department of Emergency Medicine
Box 359702
Seattle WA

Electronically Co-Signed On: 07/26/19 at 05:29

_____

Vrablik MD, Marie Clougherty
Assistant Professor, Emergency Medicine
Box 359702
Seattle WA

AJN
DD:07/24/19

Procedure - Chest Tube Placement

VISIT INFORMATION:

Chief Complaint:
Chest pain and hip pain

History of Present Illness:
The patient is a 94-year-old woman with history of recurrent DVTs on warfarin, hypertension, hyperlipidemia who presents after a ground-level fall yesterday, complaining of right-sided rib pain and hip pain. The patient states that she was attempting to open her refrigerator yesterday, when the door suddenly gave way and she fell backwards, landing on her right side. She denies hitting her head. She has been unable to walk since the fall. She also complains of shortness of breath. The patient's son is at bedside and assists with history. He reports that after the accident, he checked his mother for any signs of bony tenderness, bruising, or swelling and she had none so he thought that she was okay to remain at home. Today, however, due to her worsening pain and shortness of breath, they decided to present to the ED.

PMH:
Recurrent DVTs on warfarin
Hypertension
Hypertension anemia
Chronic wounds of the bilateral lower extremities

Medications:
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) Dose: 1 tab PO Daily PRN Pain

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Social history:
Tobacco: denies
Alcohol: denies
Drugs: denies

Lives with her son on Bainbridge Island

ROS:
10/14 review of systems completed. Systems reviewed are negative except as stated above in HPI. Systems reviewed: Constitutional, HENT, Eyes, Resp, CV, GI, GU, MSK, skin, heme/lymph

Physical exam:

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/24/19 16:22	Temp C:	36.5	36.4	-	37.1
07/24/19 17:00	HR:	79	72	-	92
07/24/19 17:00	RR:	18	17	-	21
07/24/19 17:00	SBP Non-Inv:	116	116	-	162
07/24/19 17:00	DBP Non-Inv:	90	58	-	90
07/24/19 17:00	MAP Non-Inv:	98	77	-	100

GENERAL: Very frail appearing, nearly cachectic, elderly woman, alert and im mild pain, in C collar
SKIN: Warm and dry. No rashes, bruises, lacerations, or abrasions.
HEAD: Atraumatic. Normocephalic. Facial bones without obvious deformity or tenderness.
EYES: Pupil size 3mm and symmetric. PERRL. No scleral icterus or hyphema. Extraocular muscles intact without nystagmus. No proptosis or exophthalmos. No pain or double vision with eye movements.
EARS: Atraumatic pinnae. No hemotympanum b/l.
NOSE: No nasal septa hematoma or epistaxis.
MOUTH: Teeth aligning well. No loose teeth. Dry mucus membranes. No lacerations. Pt handling secretions normally.
NECK: Trachea mid-line. No mid-line tenderness of c-spine. No swelling or crepitus of neck. ROM not tested due to c-spine precautions.
CV: Regular rate and rhythm. No murmurs, rubs, or gallops. Pulses 2+ and symmetric bilateral radial and DP. Warm extremities without discoloration or edema.
CHEST: Normal respiratory effort. Chest wall tender on R. Faint crepitus over R lateral chest. no ecchymosis, Lungs are clear and equal to auscultation bilaterally without crackles or wheezes.
ABDOMEN: Not distended. Non-tender to palpation. No rebound tenderness or guarding. No palpable masses. No bruising or abrasions.
BACK: No abrasions, lacerations, bruising, or pressure sores. +Midline tenderness at T2-T3, no crepitus or step-offs.
PELVIC: Stable and non-tender to lateral compression. Tender to palpation on R.
MSK: No gross deformities. No lacerations, brusing or abrasions. Moving all extremities.
LYMPHATIC: No lymphadenopathy.
NEURO: GCS 15. Alert and oriented to person, place, and time. CN II-XII grossly intact. Sensation grossly intact. Strength 5/5 in flexors and extensors of all extremities. No sensory level.

RESULTS REVIEW:

Results

Laboratory

7/24/2019 11:55	Na	142 mEq/L	
	K	4.2 mEq/L	
	Cl	107 mEq/L	
	CO2	28 mEq/L	
	Anion Gap	7	
	Glucose Level	**183 mg/dL High**	
	BUN	13 mg/dL	
	Creatinine	0.70 mg/dL	
	eGFR, Calculated, African American		>60 mL/min/1.73m2
	eGFR, Calculated, European American		>60 mL/min/1.73m2

	eGFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	**8.6 mg/dL Low**
	AST (GOT)	13 units/L
	ALT (GPT)	12 units/L
	Alk Phos (Total)	67 units/L
	Bilirubin (Total)	0.4 mg/dL
	Protein (Total)	6.6 g/dL
	Albumin	**3.1 g/dL Low**
	WBC	6.41 thousand/microL
	RBC	**3.51 million/microL Low**
	Hb	**10.2 g/dL Low**
	HCT	**34 % Low**
	MCV	98 fL
	MCH	29.1 pg
	MCHC	**29.7 g/dL Low**
	PLT	333 thousand/microL
	RDW-CV	**17.5 % High**
	% Neutrophils	72 %
	% Lymphocytes	17 %
	% Monocytes	8 %
	% Eosinophils	1 %
	% Basophils	1 %
	% Immature Granulocytes	1 %
	% Nucleated RBC	0 %
	Nucleated RBC	0.00 thousand/microL
	Neutrophils	4.69 thousand/microL
	Lymphocytes	1.06 thousand/microL
	Monocytes	0.53 thousand/microL
	Eosinophils	0.06 thousand/microL
	Basophils	0.03 thousand/microL
	Immature Granulocytes	0.04 thousand/microL
	Prothrombin Time Patient	**16.6 sec High**
	Prothrombin Time INR	1.3
	PTT Patient	**36 sec High**
	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.

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RADIOLOGICAL STUDIES:
Radiology Results
XR Chest (07/24/2019 16:31)
~EXAMINATION:
XR CHEST 1VIEW
CLINICAL INDICATION:
confirm chest tube placement
FINDINGS AND IMPRESSION:
Compared to chest CT done earlier today at 1326 hours, there is persistent right subpulmonic/anterior pneumothorax. There is associated small pleural effusion.
Right chest tube is in an expected position.
Heart size is unchanged.
There are bilateral basilar consolidations, which could represent either atelectasis, aspiration or pneumonia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS

(206)986-3664
RESULT DETAIL
Ordering Provider:MARIE CLOUGHERTY VRABLIK 505826
Diagnosis:confirm chest tube placement
History:
Comment:From ORCA:
Assisting Radiologist(s):

CT Lumbar Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.
Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:

No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Thoracic Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.

Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Chest Abdomen Pelvis (07/24/2019 14:02)
~EXAMINATION:
CT CHEST ABDOMEN AND PELVIS W CONTRAST
CLINICAL INDICATION:
GLF. Additional history: 94-year-old female patient with a ground level fall yesterday presented with the back, right side and right hip pain.
TECHNIQUE:
CTB A15 CT Chest Abdomen Pelvis with IV contrast.
Contiguous axial sections were obtained through the chest, abdomen and pelvis with IV contrast only. Multiplanar reformatted images were performed.
Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.

CONTRAST:
Omnipaque 350 mg-ml 88@2.2 ml 07/24/2019 02:03 PM INTRAVENOUS
COMPARISON:
None.
FINDINGS:
CHEST:
Thyroid: Unremarkable.
Thoracic lymph nodes: No lymphadenopathy by size criteria.
Mediastinum and esophagus: Moderate sliding hiatus hernia.
Heart and vasculature: Moderate to severe coronary artery disease.
Atherosclerotic changes of the aorta. Aortic wall calcifications.
Lungs: Unremarkable.
Pleura: Right sided hydropneumothorax with no mediastinal shift. Trace left pleural effusion.
Chest wall: Slightly displaced fracture right posterior eighth and ninth rib. No fracture is noted involving right seventh rib at the costovertebral junction.
ABDOMEN:
Liver: Unremarkable.
Gallbladder: Distended with no opaque stones
Bile ducts: Prominent CBD measuring 9 mm (601/54) with associated mild intrahepatic biliary radical dilatation. CBD seen) distally towards the pancreas with no obvious lesions in the periampullary region.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenals: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical hypodense lesions, the small lesions are too small to characterize while the larger lesions are likely cysts.
Abdominal Lymph Nodes and Retroperitoneum: No lymphadenopathy by size criteria.
Vasculature: Moderate aortobiiliac atherosclerotic disease with no aneurysmal dilatation of the aorta.
Bowel: Unremarkable.
Peritoneum and Abdominal Wall: Mild ascites. No abdominal collections. No pneumoperitoneum.
PELVIS:
Pelvic Viscera: Unremarkable.
Bladder: Unremarkable.
BONES:
-Two fracture lines involving the right inferior pubic ramus (3/213-216).
-Severe spondylo-degenerative changes of the spine with scoliotic deformity and mild wedging of L2 and T11 vertebral bodies, age indeterminate.
-Osteopenia. Right hip arthroplasty.

IMPRESSION:
1. Multiple right-sided rib fractures with right-sided hydropneumothorax.
2. Fracture right inferior pubic ramus. L2 and T11 vertebral body age-indeterminate wedge fracture.
3. Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if

clinically indicated.
ATTENDING RADIOLOGIST AND PAGER NUMBER
234240 O'REGAN JEREMIAH P MD
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):HASSAN ABOUGHALIA 5218379

CT Cervical Spine (07/24/2019 13:30)
~EXAMINATION:
CT C SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
Cervical Spine wo contrast: routine (N-53)
MDCT scanning was obtained through the cervical spine without contrast.
Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.
Inferior Extent: T4
COMPARISON:
C-spine CT 12/7/2012
FINDINGS:
ALIGNMENT: Normal alignment.
VERTEBRAE: Vertebral body height and density are normal. No fractures or destructive lesions.
HARDWARE: No hardware present.
DISCS: Normal disc height
SOFT TISSUES: Prevertebral, interspinous, and posterior soft tissues are normal. Multiple tiny hypodense thyroid nodules.
AXIAL DISCS AND FORAMINA:
Similar posterior subluxation of the right atlantoaxial articulation (602/91).
Moderate degenerative changes of the cervical spine including multilevel disc height loss, mild facet arthropathy, and fusion of the C4-5 posterior elements. Diffuse osteopenia.
C2-3: No central or foraminal stenosis.
C3-4: No central or foraminal stenosis.
C4-5: No central or foraminal stenosis.
C5-6: No central or foraminal stenosis.
C6-7: No central or foraminal stenosis.
C7-T1: No central or foraminal stenosis.
Right small-to-moderate pneumothorax.
IMPRESSION:
1. No acute fractures of the cervical spine. Stable degenerative changes. Diffuse osteopenia.
2. Right small to moderate pneumothorax.
The above findings were communicated to Antonia Nemanich M.D. by Thomas Eggert M.D. PGY-3 at 7/24/2019 2:04 PM.

ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

CT Head (07/24/2019 13:30)
~EXAMINATION:
CT HEAD WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure.
COMPARISON:
CT head 3/29/2018.
FINDINGS:
Field-of-view does not contain the anterior mandible.
MASS EFFECT & VENTRICLES: No midline shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Mild to moderate cerebral volume loss. Few unchanged scattered parenchymal calcifications. Unchanged mild to moderate periventricular white matter hypoattenuation. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Severe vascular calcifications involving of the common carotids and cavernous ICAs.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Orbits are normal.
IMPRESSION:
No acute intracranial hemorrhage, infarct, or masses.
Similar cerebral volume loss and periventricular white matter hypoattenuation consistent with chronic microvascular ischemia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

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ED COURSE & MEDICAL DECISION MAKING:

The patient is a 94-year-old woman who presents after a mechanical ground-level fall yesterday, with right-sided rib pain and pelvic pain. On presentation, VS were normal and remained stable throughout the ED course. Physical exam significant for tenderness over the right lateral ribs, tenderness of the right pelvis and tenderness at T2 and T3.

Initial concern is for intracranial or intra-abdominal bleed, given patient's anticoagulation. I also have a high suspicion for right rib fractures, as well as spinal and pelvic fractures.

Labs were drawn and reviewed which were significant for a subtherapeutic INR of 1.3 but otherwise unremarkable.

Given the patient's age and her anticoagulation status, a CT trauma pan scan was ordered. This was significant for multiple right-sided rib fractures, a right hemopneumothorax, and a right pubic ramus fracture.
A right-sided chest tube was placed, which the patient tolerated well without procedural sedation.
Given the patient's injuries, the most appropriate disposition for her is transferred to the Harborview surgical ICU.
The transfer center was called and the patient will be transferred to them pending an accepting doctor.

The patient was signed out to Dr. Zachary Wettstein at 16:45 pending transfer to HMC.

Received signout on the patient with transfer to HMC pending. She remained hemodynamically stable while in the emergency department. Her cervical spine was clinically cleared. She was transferred to the Harborview surgical ICU.

Zachary Wettstein, MD
PGY-2 - Emergency Medicine

DISPOSITION/PLAN:
Final disposition:
Transfer.

IMPRESSION/DIAGNOSIS:
Right hemopneumothorax
Multiple right-sided rib fractures
Right pubic ramus fracture
Sacral fracture
Fall
Anitcoagulated

ATTENDING STATEMENT:
Critical care
The critical illness(s) present in this patient include: fall in elderly patient .
I spent a total of 20 minutes personally providing critical care and formulating a plan for the day, independent of any time spent teaching or performing any separately billable procedures. Critical care tasks included. Talking with family members making care decisions for the patient.

Talking to the patient's family members or surrogates regarding patient history.
Reviewing the patient's condition or prognosis with the patient's family or surrogate(s).
Discussing treatment of the patient with this patient's family or surrogate(s).
Review of medical records.
direct personal management, the absence of which would likely result in sudden, clinically significant or life threatening deterioration, to prevent further life-threatening deterioration .
Attending Statement
A laboratory evaluation was ordered and I have personally reviewed all of these findings.
A radiology evaluation was ordered and I have personally reviewed all of these findings.
I was the supervising attending involved in this patient's Emergency Department care. I have personally obtained a history and evaluated this patient and discussed the history, physical exam, diagnostic studies, and treatment plan with the resident. I agree with their documentation and where necessary for either clarification or accuracy, I have added directly to the above note or provided additional comments below.

The patient was signed out to Dr Marie Vrablik with chest tube placment pending

Electronically Reviewed/Signed On: 07/24/19 at 17:52

_____

Nemanich MD, Antonia Justine
Resident, Department of Emergency Medicine
Box 359702
Seattle WA

Electronically Co-Signed On: 07/24/19 at 23:12

_____

Wettstein MD, Zachary
Resident, Department of Emergency Medicine
Box 359702
Seattle WA

Electronically Co-Signed On: 07/26/19 at 09:20

_____

Dorn MD, Elizabeth Magassy
Attending, Emergency Medicine
Box 359702
Seattle WA

AJN
DD:07/24/19

ED NOTE

DISCHARGE/TRANSFER:

Discharge details:

Discharge disposition: Transfer to Another Facility.

Patient meets clinical criteria for discharge.

Vital Signs Data

7/24/2019 17:46	Temperature - C	36.4 degC
	Temperature Source	Temporal Artery
	Heart Rate	80 bpm
	Respiratory Rate	18 br/min
	SBP - Noninvasive	132 mmHg
	DBP - Noninvasive	**58 mmHg Low**
	MAP - Noninvasive	79 mmHg
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper .

Oxygenation Data

7/24/2019 17:46	SpO2	96 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting .

Discharge method: ambulance, ALS transport

.

Belongings with patient: Yes.

Prescriptions: no prescriptions.

IV NOT removed.

Pt dc'd with IV.

Discharge Instructions reviewed and patient verbilizes understanding: Yes.

UWMC huddle complete and findings discussed with Primary Provider. Patient ready for discharge.

Electronically Reviewed/Signed On: 07/24/19 at 17:54

_____

Williams RN, Kathryn J
Registered Nurse, Emergency Department
Box 356123
Seattle WA

KJW
DD:07/24/19

ED RN Discharge/Transfer

University of Washington Medical Center
Emergency Department
Clinical Summary
1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: U8170135

Provider Contact Time: 07/24/2019 11:28

Sex: Female

DOB: 01/06/1925

Age: 94 Years

Acuity: 3 Urgent

Visit Reason: Back pain, GLF

Disposition: Transfer to Another Facility

Address:
321 HIGH SCHOOL ROAD NE
BAINBRIDGE ISLAND WA 98110

Phone: 360 649-5702

ED Admit Date/Time (EPIC Registration Date/Time)
07/24/2019 11:25

ED Discharge Date/Time (ED Checkout)
07/24/2019 18:05

ED Decision to Admit (ED Decision to Admit Order Date/Time)
Not entered

FirstNet Disposition Date/Time
07/24/2019 18:04

DIAGNOSIS:
Attending Provider:
Marie Vrablik; Elizabeth Dorn; Jared Strote

Primary Nurse(s):
Josephine; Kelly; Kathryn

Allergies:
nitrofurantoin

penicillin
aspirin
sulfa drugs
Adhesive Bandage

Patient Education and Follow-up Information

Instructions:

Follow up:

University of Washington Medical Center

Emergency Department

Discharge Instructions

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 94 Years

MRN: U8170135 **Printed at:** 7/24/2019 18:05:04

Arrival Date/Time: 7/24/2019 11:25 AM

Attending Provider:
M. Vrablik; E. Dorn; J. Strote

Other Providers:
Z. Wettstein; A. Nemanich

Primary Nurse(s):
Josephine; Kelly; Kathryn

Diagnosis:

Comment:

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Comment:

Follow-up Instructions:

IMPORTANT EMERGENCY DEPARTMENT COMMUNICATION AFTER YOUR VISIT:
If you have questions about your ED visit, please call:
University of Washington Medical Center ED: 206-598-2000

You may receive a phone call from us in the next few days to ensure that you are improving. Please be sure that we have an accurate phone number and address for you.

To assist us with continuing to improve the quality of the Emergency Care we provide, we would like your input. In the coming weeks, you may receive a survey in the mail about our processes. Please complete this and return it to us. Our goal is to provide you with excellent medical care. If we have not reached this goal, please let us know how we can improve our services.

University of Washington Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. For help scheduling your UW Medicine or Harborview Clinic doctor appointment, call the Patient Contact Center at 206.520.5000 or toll free at 877.520.5000.

If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

Additional Information/Special Instructions

Suicide Prevention
If you or someone you know is thinking about harming yourself or attempting suicide, there are resources available to help 24/7. Call the toll-free National Suicide Prevention Lifeline to speak with a trained counselor or find a suicide crisis center near you.
Telephone: (800) 273-8255
TTY: (800) 799 - 4889

Antibiotics & You:
Antibiotics treat or prevent infections. If your provider prescribed this medicine for you, take it exactly as instructed. If you do not take it as prescribed, your infection can get worse or start to resist treatment. Please call your provider if you have problems taking your medicines, or if you have side effects.

EM Medicine Discharge - Signature Page

University of Washington Medical Center

Emergency Department
Discharge Instruction
1959 NE Pacific
Seattle, WA 98195

Name: HOFFMAN, JEANNE LEONIE **DOB:**1/6/1925 **Date/Time:**7/24/2019 18:05:04
MR#: U8170135 **Acct#:** 1839507366 **Visit Date:**7/24/2019 11:25:00

Patient Education Material(s)

I, HOFFMAN, JEANNE LEONIE, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

_____
Patient/Guardian Signature Relation to Patient Date/Time

_____
Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

PLACE EPIC PATIENT LABEL HERE

Category: Emergency/Code/Rapid Response
Date of Service: 07/24/2019 18:05
Document Status: Authenticated
Title: ED Patient Summary
Document Version : 0

Encounter Number: 1839507366
Facility: UWMC
Encounter Type: Emergency
Admit Date Time: 07/24/2019 11:25:00
Discharge Date Time: 07/24/2019 18:05:00

Performed By: Williams RN, Kathryn J
Performed Date Time: 07/24/2019 18:05:04
Verified By: Williams RN, Kathryn J
Verified Date Time: 07/24/2019 18:05:04

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

COLLECTIVE NOTIFICATION 07/24/2019 18:24 HOFFMAN, JEANNE MRN: H0571976

Criteria Met

- PDMP

Security and Safety

No recent Security Events currently on file

ED Care Guidelines

There are currently no ED Care Guidelines for this patient. Please check your facility's medical records system.

Prescription Drug Report (12 Mo.)

Rx Details

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2019-05-22	ACETAMINOPHEN-COD #3 TABLET	60	WILLIAM NEIGHBOR	3	4.5
2019-02-03	ACETAMINOPHEN-COD #3 TABLET	60	WILLIAM NEIGHBOR	3	4.5
2018-11-30	ACETAMINOPHEN-COD #3 TABLET	60	WILLIAM NEIGHBOR	3	4.5
2018-09-19	HYDROCODONE-ACETAMIN 5-325 MG	20	JESSE ABBOTT KLAFTER	2	50
2018-08-24	HYDROCODONE-ACETAMIN 5-325 MG	60	IBRAHIMA TOURAY	2	75
2018-07-29	HYDROCODONE-ACETAMIN 5-325 MG	60	IBRAHIMA TOURAY	2	75

Rx Summary

Metric	Count
CS II-V Rx	6
CS-II Rx	3
Quantity Dispensed	320
Unique Prescribers	3
Unique Pharmacies	2
Benzos	0
Opioids	6
Long Acting Opioids	0

E.D. Visit Count (12 mo.)

Facility	Visits	Low Acuity
Harborview Medical Center	1	0
Northwest Hospital	1	0
UW Medical Center	1	0
Total	**3**	**0**

Note: Visits indicate total known visits. Medicaid Low Acuity Dx are the number of primary diagnoses on the Medicaid's Low Acuity dx list.

Recent Emergency Department Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Jul 24, 2019	Harborview M.C.	Seatt.	WA	Emergency	Chief Complaint: B FALL
Jul 24, 2019	UW M.C.	Seatt.	WA	Emergency	Chief Complaint: GLF/BACK PAIN
Sep 10, 2018	Northwest H.	Seatt.	WA	Emergency	Chief Complaint: AMS

Recent Inpatient Visit Summary

Date	Facility	City	State	Type	Diagnoses or Chief Complaint
Sep 10, 2018	Northwest H.	Seatt.	WA	Inpatient	• Syncope

Care Team

Provider	PRC Type	Phone	Fax	Service Dates
NEIGHBOR, WILLIAM	Family Medicine			Current
WILLIAM E NEIGHBOR JR	Primary Care			Current

Collective Portal

This patient has registered at the Harborview Medical Center Emergency Department

For more information visit: https://secure.ediecareplan.com/notify/08358a6e-dd54-4015-810b-2b3235e722e5

PLEASE NOTE:

1. **Any care recommendations and other clinical information are provided as guidelines or for historical purposes only, and providers should exercise their own clinical judgment when providing care.**
2. **You may only use this information for purposes of treatment, payment or health care operations activities, and subject to the limitations of applicable Collective Policies.**
3. **You should consult directly with the organization that provided a care guideline or other clinical history with any questions about additional information or accuracy or completeness of information provided.**

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Please click on link to see image.

Pre-Arrival Summary

Name: Hoffman, Jeanne
Gender: Female

Current Date: 7/24/2019 18:32:54 PDT

Age: 94

ETA: 7/24/2019 17:51:00 PDT

Reason for Visit (250 character limit): ETA 1745 via ALS/University of Washington Medical Center Seattle/Trivedi ED/fx x 2, Rt hemo pneumo, Rt pubic Rami fx L2-T11 non acute fx
Pre-Arrival Creator:

Origin of Pt: University of Washington Medical Center
Arrival Mode: ALS
Accepting MD: TRIVEDI, AMIT RAJ - MD
Service: Emergency
Location: PRE

Referring MD: _
Clinic: _
Call back #: _
ED Attending accepting call: _
Presenting problem: _
Diagnosis: _
Treatment Provided: _

Expected disposition: [_] Admit, [_] Discharge, [_] Unknown
Isolation: [_] Yes, [_] No

Other information (May include relevant vital signs, labs and prelim XR findings, etc):
_

(Information contained in the pre-arrival may be different than the clinical findings when the patient arrives for treatment.)

ED Triage Form Entered On: 7/24/2019 18:33
Performed On: 7/24/2019 18:30 by Mizumoto RN, Andrea R

Triage
Chief Complaint : Pt tx from UWMC, sth fall yesterday. OSH reports R hemo/pneumo, R pubic rami fx, T12, L2 fracture. Straight to R2B4.
Mode of Arrival to Emergency Dept : AMR
Health History : Unable to obtain

Mizumoto RN, Andrea R - 7/24/2019 18:30
(As Of: 7/24/2019 18:34:00 PDT)

Problems(Active)

Supratherapeutic INR (ICD-9-CM :790.92)	*Name of Problem:* Supratherapeutic INR ; *Recorder:* Fletcher MD, Grant Selmer; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 790.92 ; *Last Updated:* 6/5/2014 15:17 ; *Life Cycle Date:* 12/7/2012 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM

Diagnoses(Active)

Back injury	*Date:* 7/24/2019 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Back injury ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0
GLF	*Date:* 7/24/2019 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* GLF ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0
Pelvic Fx	*Date:* 7/24/2019 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Pelvic Fx ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0

Allergies/Medication
ED Current/Patient Reported Medications : See Medical Record, Other: Warfarin

Mizumoto RN, Andrea R - 7/24/2019 18:30
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Allergies (Active)

Adhesive Bandage	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* Adhesive Bandage ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 7/24/2019 18:31
aspirin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* aspirin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* Paper Chart ; *Reviewed Date:* 7/24/2019 18:31

nitrofurantoin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* nitrofurantoin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 7/24/2019 18:31
penicillin	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:PENICILLIN ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* penicillin ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 7/24/2019 18:31
sulfa drugs	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:SULFA ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* sulfa drugs ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 7/24/2019 18:31

ESI
DCP GENERIC CODE
Tracking Acuity : 2 Emergent
ED Tracking Group : HMC Tracking Group

Mizumoto RN, Andrea R - 7/24/2019 18:30

Assessment/Screening
ED Neurological - GENERAL Asmt : Alert
Affect/Behavior : Cooperative
Have you fallen within the past year? : Yes
Are you afraid of falling? : No
Issues w/ walking/balance/feel unsteady? : Yes
Abuse/Neglect Concerns - Emergency Dept : No reported Abuse/Neglect
Suicidal Ideation : None
Language Spoken : English
Preferred Name : Jeanne
Preferred Pronoun : She/her/hers

Mizumoto RN, Andrea R - 7/24/2019 18:30

Electronically Reviewed/Signed On: 07/24/19 at 18:30

_____

Mizumoto RN, Andrea R
Registered Nurse, HMC Emergency Services
Box 359875
Seattle WA

ARM
DD:07/24/19

ED Triage Form

PHYSICIANS PRESENT:
The following resident(s) participated in the care and documentation of this patient:
Alley MD, Michael Dee.

VISIT INFORMATION:
Transfer from UW MC

CHIEF CONCERN:
Ground-level fall with right-sided hip and rib pain, worked up and transferred from UWMC

HISTORY OF PRESENT ILLNESS:
The patient several ground-level fall several days ago, and then was taken to UWMC today, where she was found to have a right hemopneumothorax, right rib fractures, a right inferior pubic rami ramus fracture, and a right sacral zone 1 fracture with extension into the SI joint. Chest tube was placed and she was sent to HMC for admit to the TICU. Here she was transferred in stable condition and reports minimal pain.

PAST MEDICAL AND SURGICAL HISTORY:
Hyperlipidemia
History DVTs
Hypertension
Anemia

_
MEDICATIONS:

_1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) Dose: 1 tab PO Daily PRN Pain

ALLERGIES:
_nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

SOCIAL HISTORY:
Denies tobacco, alcohol or drug use

FAMILY HISTORY:
No further family history provided

REVIEW OF SYSTEMS:
A 10-system ROS was performed (including General, HEENT, Neurologic, Pulmonary, Cardiovascular, Gastrointestinal, Genitourinary, Dermatologic, Musculoskeletal, Hematologic) and was negative except as listed above in HPI.

VITAL SIGNS:
_Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
07/25/19 00:00	Temp C:	37.1	36.4	-	37.5
07/25/19 00:48	HR:	82	72	-	92
07/25/19 00:48	RR:	16	16	-	21
07/25/19 00:00	SBP Non-Inv:		125	116 -	162
07/25/19 00:00	DBP Non-Inv:		65	58 -	90
07/25/19 00:00	MAP Non-Inv:		103	77 -	103

PHYSICAL EXAM:

GENERAL: Elderly frail female lying on hospital bed, no acute distress
SKIN: Bilateral lower extremity wounds that are chronic in nature
HEAD: Atraumatic, normocephalic. Facial bones without obvious deformity or tenderness.
EYES: Pupils equal, round, and reactive to light. No scleral icterus. Extraocular muscles intact without nystagmus. No proptosis, exophthalmos, or raccoon eyes.
EARS: Atraumatic pinnae. No otorrhea or hemotympanum.
NOSE: No nasal septa hematoma, epistaxis, or rhinorrhea.
MOUTH: Teeth aligning well. No loose teeth. Moist mucus membranes.
NECK: Trachea mid-line. No mid-line tenderness, step-offs, or crepitus. ROM not tested
CARDIOVASCULAR: 2+ bilateral radial and DP pulses. Warm extremities without edema.
PULMONARY: Normal respiratory effort. Chest wall non-tender. No crepitus.
ABDOMEN: Non-distended, non-tender, and no palpable masses.
BACK: No abrasions, lacerations, bruising, or pressure sores. Mid thoracic midline tenderness palpatio, tenderness over the right side to palpation
PELVIC: Stable and non-tender to lateral compression.
GENITOURINARY: Normal external genitalia. No bruising, edema or blood at urethra.
RECTAL: Deferred
MUSCULOSKELETAL: No gross deformities. Moving all extremities.
NEUROLOGIC: Glasgow Coma Scale 15/15. Alert and oriented to person, place, and time. CN II-XII grossly intact. Sensation grossly intact. Strength 5/5 in all extremities. Deep tendon reflexes 2+ bilaterally.

LABORATORY STUDIES:
_LABORATORY STUDIES: *(All results for this visit.)*

07/24/19 21:27	Bacteria, URN	Not Seen
	Bilirubin Qual, URN	Negative
	Clarity, URN	Clear
	Color, URN	Yellow

	Comments for Macroscopic, URN	None	
	Comments for Microscopic, URN	None	
	Epith. Cells, Renal/Transitional, URN	<3(NEG) /HPF	
	Epith. Cells, Squamous, URN	>5(PRESENT) /LPF Abnormal	
	Glucose Qual, URN	Negative mg/dL	
	Ketones, URN	Negative mg/dL	
	Leukocyte Esterase, URN	Negative	
	Mucus, URN	Present /LPF Abnormal	
	Nitrite, URN	Negative	
	Occult Blood, URN	Negative	
	pH, URN	< or =5.0	
	Protein (Albumin Semi-Quant), URN	Trace mg/dL Abnormal	
	RBC, URN	0-2(NEG) /HPF	
	Specific Gravity, URN	1.033 g/mL High	
	Urobilinogen, URN	0.1-1.9 Ehrlich units	
	WBC, URN	0-5(NEG) /HPF	
07/24/19 21:26	**Acetaminophen Qualitative, URN**	Positive Abnormal	
	Alcohol (Ethyl), URN	Negative mg/dL	
	Amphet/Methamphetamine Qual,URN	Negative	
	Barbiturate Qual, URN	Negative	
	Benzodiazepines Qual, URN	Negative	
	Cannabinoids Qual, URN	Negative	
	Cocaine Qual, URN	Negative	
	Drug Screen Info, URN		
	Methadone Qual, URN	Negative	
	Opiates Qual, URN	Positive Abnormal	
	Phencyclidine Qual, URN	Negative	
	Tricyclic Antidepressant Qual, URN	Negative	
07/24/19 19:50	Ethyl Alcohol Level	Negative mg/dL	
	Hb	9.6 g/dL Low	
	HCT	31 % Low	
	MCH	28.9 pg	
	MCHC	30.9 g/dL Low	
	MCV	94 fL	
	PLT	>82 thousand/microL Low	
	RBC	3.32 million/microL Low	
	RDW-CV	17.3 % High	
	WBC	7.01 thousand/microL	

RADIOLOGY:
XR Chest (07/24/2019 18:34)
~RADIOGRAPH OF THE CHEST, 1 VIEW
CLINICAL INDICATION:

Chest tube placement
COMPARISONS:
July 24, 2019
FINDINGS AND IMPRESSION:
Right thoracostomy tube present. There may be persistent small right pneumothorax. There is a small persistent right pleural effusion.
Heart size is unchanged.
Unchanged bibasilar consolidations.
ATTENDING RADIOLOGIST AND PAGER NUMBER
268330 GROSS JOEL ALAN MD
(206)991-9135
RESULT DETAIL
Ordering Provider:Amit Raj Trivedi 501922
Diagnosis:Chest tube placement
History:
Comment:
Assisting Radiologist(s):MARIAM SHEHATA 503183

XR Chest (07/24/2019 16:31)
~EXAMINATION:
XR CHEST 1VIEW
CLINICAL INDICATION:
confirm chest tube placement
FINDINGS AND IMPRESSION:
Compared to chest CT done earlier today at 1326 hours, there is persistent right subpulmonic/anterior pneumothorax. There is associated small pleural effusion.
Right chest tube is in an expected position.
Heart size is unchanged.
There are bilateral basilar consolidations, which could represent either atelectasis, aspiration or pneumonia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664
RESULT DETAIL
Ordering Provider:MARIE CLOUGHERTY VRABLIK 505826
Diagnosis:confirm chest tube placement
History:
Comment:From ORCA:
Assisting Radiologist(s):

CT Lumbar Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and

iterative reconstruction techniques were used for radiation exposure.
(accession 12560201), CT Lumbar Spine without contrast: routine (N-65)
MDCT scanning was obtained through the lumbar spine without contrast.
Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.
Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL

Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Thoracic Spine (07/24/2019 14:35)
~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65) MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)
Superior Extent: T1
Inferior Extent: Sacrum
COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors
FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.
Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.
Partially visualized right femoral head/neck instrumental fixation.
Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.
HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.
SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.
LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.
IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity

at L1. If patient's back pain persists, consider repeat MRI for further evaluation.
Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.
Acute displaced fractures of the right posterior eighth and ninth ribs.
Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.
Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.
The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

CT Chest Abdomen Pelvis (07/24/2019 14:02)
~EXAMINATION:
CT CHEST ABDOMEN AND PELVIS W CONTRAST
CLINICAL INDICATION:
GLF. Additional history: 94-year-old female patient with a ground level fall yesterday presented with the back, right side and right hip pain.
TECHNIQUE:
CTB A15 CT Chest Abdomen Pelvis with IV contrast.
Contiguous axial sections were obtained through the chest, abdomen and pelvis with IV contrast only. Multiplanar reformatted images were performed.
Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.
CONTRAST:
Omnipaque 350 mg-ml 88@2.2 ml 07/24/2019 02:03 PM INTRAVENOUS
COMPARISON:
None.
FINDINGS:
CHEST:
Thyroid: Unremarkable.
Thoracic lymph nodes: No lymphadenopathy by size criteria.
Mediastinum and esophagus: Moderate sliding hiatus hernia.
Heart and vasculature: Moderate to severe coronary artery disease.
Atherosclerotic changes of the aorta. Aortic wall calcifications.
Lungs: Unremarkable.
Pleura: Right sided hydropneumothorax with no mediastinal shift. Trace left pleural effusion.
Chest wall: Slightly displaced fracture right posterior eighth and ninth rib.
No fracture is noted involving right seventh rib at the costovertebral junction.

ABDOMEN:
Liver: Unremarkable.
Gallbladder: Distended with no opaque stones
Bile ducts: Prominent CBD measuring 9 mm (601/54) with associated mild intrahepatic biliary radical dilatation. CBD seen) distally towards the pancreas with no obvious lesions in the periampullary region.
Spleen: Unremarkable.
Pancreas: Unremarkable.
Adrenals: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical hypodense lesions, the small lesions are too small to characterize while the larger lesions are likely cysts.
Abdominal Lymph Nodes and Retroperitoneum: No lymphadenopathy by size criteria.
Vasculature: Moderate aortobiiliac atherosclerotic disease with no aneurysmal dilatation of the aorta.
Bowel: Unremarkable.
Peritoneum and Abdominal Wall: Mild ascites. No abdominal collections. No pneumoperitoneum.
PELVIS:
Pelvic Viscera: Unremarkable.
Bladder: Unremarkable.
BONES:
-Two fracture lines involving the right inferior pubic ramus (3/213-216).
-Severe spondylo-degenerative changes of the spine with scoliotic deformity and mild wedging of L2 and T11 vertebral bodies, age indeterminate.
-Osteopenia. Right hip arthroplasty.
IMPRESSION:
1. Multiple right-sided rib fractures with right-sided hydropneumothorax.
2. Fracture right inferior pubic ramus. L2 and T11 vertebral body age-indeterminate wedge fracture.
3. Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated.
ATTENDING RADIOLOGIST AND PAGER NUMBER
234240 O'REGAN JEREMIAH P MD
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):HASSAN ABOUGHALIA 5218379

CT Cervical Spine (07/24/2019 13:30)
~EXAMINATION:
CT C SPINE WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
Cervical Spine wo contrast: routine (N-53)

MDCT scanning was obtained through the cervical spine without contrast.
Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.
Inferior Extent: T4
COMPARISON:
C-spine CT 12/7/2012
FINDINGS:
ALIGNMENT: Normal alignment.
VERTEBRAE: Vertebral body height and density are normal. No fractures or destructive lesions.
HARDWARE: No hardware present.
DISCS: Normal disc height
SOFT TISSUES: Prevertebral, interspinous, and posterior soft tissues are normal. Multiple tiny hypodense thyroid nodules.
AXIAL DISCS AND FORAMINA:
Similar posterior subluxation of the right atlantoaxial articulation (602/91).
Moderate degenerative changes of the cervical spine including multilevel disc height loss, mild facet arthropathy, and fusion of the C4-5 posterior elements. Diffuse osteopenia.
C2-3: No central or foraminal stenosis.
C3-4: No central or foraminal stenosis.
C4-5: No central or foraminal stenosis.
C5-6: No central or foraminal stenosis.
C6-7: No central or foraminal stenosis.
C7-T1: No central or foraminal stenosis.
Right small-to-moderate pneumothorax.
IMPRESSION:
1. No acute fractures of the cervical spine. Stable degenerative changes. Diffuse osteopenia.
2. Right small to moderate pneumothorax.
The above findings were communicated to Antonia Nemanich M.D. by Thomas Eggert M.D. PGY-3 at 7/24/2019 2:04 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

CT Head (07/24/2019 13:30)
~EXAMINATION:
CT HEAD WO CONT
CLINICAL INDICATION:
GLF, x
TECHNIQUE:
CT Head Routine wo contrast (N-1)

Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure.
COMPARISON:
CT head 3/29/2018.
FINDINGS:
Field-of-view does not contain the anterior mandible.
MASS EFFECT & VENTRICLES: No midline shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Mild to moderate cerebral volume loss. Few unchanged scattered parenchymal calcifications. Unchanged mild to moderate periventricular white matter hypoattenuation. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Severe vascular calcifications involving of the common carotids and cavernous ICAs.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Orbits are normal.
IMPRESSION:
No acute intracranial hemorrhage, infarct, or masses.
Similar cerebral volume loss and periventricular white matter hypoattenuation consistent with chronic microvascular ischemia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747
RESULT DETAIL
Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

EKG:

–

PROCEDURES/DIAGNOSTIC STUDIES:

–

ED COURSE & MEDICAL DECISION MAKING:
The patient is a 94-year-old female who is here after a ground-level fall and was worked up for rib fractures, hemopneumothorax, pubic rami fracture, as well as possible acute sacral someone fracture. Gen. surgery was present at the time of transfer, and they will be the admitting service. The orthopedic Department was consulted about the pelvis and a 3-D reconstruction of the pelvis was ordered. For pain fentanyl 25 mcg was provided after a secondary survey revealed no new findings. The patient was alert and oriented ×4 from the time of arrival to admission on the floor.

ED CONSULTS:
Neurosurgery
Orthopedics

DISPOSITION/PLAN:
Surgery TICU

IMPRESSION/DIAGNOSIS:
Right hemopneumothorax
Right 8 and 9 rib fractures
Right inferior pubic ramus fracture
Right sacral someone fracture with SI joint extension

PROBLEM LIST:

ALLERGIES:

IMPRESSION/DIAGNOSIS:

ATTENDING STATEMENT:
Code activated:
Trauma - modified/yellow activation.
Attending Statement
A laboratory evaluation was ordered and I have personally reviewed all of these findings.
A radiology evaluation was ordered and I have personally reviewed all of these findings.
I have personally reviewed the medical records accompanying this patient from an outside institution.
I was the supervising attending involved in this patient's Emergency Department Care. I have personally obtained a history and evaluated this patient and discussed the history, physical exam, diagnostic studies, and treatment plan with the resident. I agree with their documentation and where necessary for either clarification or accuracy, I have added directly to the above note or provided additional comments below. Electronically signed, A. Raj Trivedi, M.D.

Electronically Reviewed/Signed On: 07/25/19 at 01:07

_____

Alley MD, Michael Dee
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

Electronically Co-Signed On: 07/26/19 at 10:07

_____

Trivedi MD, Amit Raj
Attending, Emergency Medicine
Box 359702
Seattle WA

MDA
DD:07/24/19

ED NOTE

Code Status Documentation Entered On: 7/24/2019 20:50
Performed On: 7/24/2019 20:49 by Rosen MD, Joshua

Code Status
Code Status - Summary of Conversation : Patient does not have functioning hearing aids and is unable to understand my questions at this time. Per note code status discussion note with patient and her son from hospitalization at NWH (dated 9/16/2018) patient wishes to be DNR, intubation ok.

Rosen MD, Joshua - 7/24/2019 20:49

Electronically Reviewed/Signed On: 07/24/19 at 20:49

_____

Rosen MD, Joshua
Resident, Department of Surgery
Box 356410
Seattle WA

JR
DD:07/24/19

Code Status Documentation

DISCHARGE/TRANSFER:

Transfer details:

Patient meets clinical criteria for transfer.

Vital Signs Data

7/24/2019 22:48	Heart Rate	76 bpm
	Respiratory Rate	19 br/min
	SBP - Noninvasive	129 mmHg
	DBP - Noninvasive	60 mmHg
	MAP - Noninvasive	80 mmHg
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper .

Oxygenation Data

7/24/2019 22:48	SpO2	99 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting .

Condition at transfer guarded.

Patient transfered to 2WB.

Report given to Kate, RN.

Patient transfered via stretcher.

Transferred by RN + monitor . Precautions and appropriate monitoring maintained during transport.

Electronically Reviewed/Signed On: 07/24/19 at 22:53

_____

Calimlim RN, Faith K
Registered Nurse, Emergency Department
Box 359875
Seattle WA

FKC
DD:07/24/19

ED RN Discharge/Transfer

Harborview Medical Center
Emergency Department
Clinical Summary
325 9th Ave, Seattle, WA 98104
Phone: (206) 744-3074

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: H0571976

Provider Contact Time: 07/24/2019 18:34

Sex: Female

DOB: 01/06/1925

Age: 94 Years

Acuity: 2 Emergent

Visit Reason: Back injury, GLF, Pelvic Fx

Disposition: Admit as Inpatient

Address:
321 HIGH SCHOOL ROAD NE
BAINBRIDGE ISLAND WA
98110

Phone: 360 649-5702

ED Admit Date/Time (EPIC Registration Date/Time)
07/24/2019 18:24

ED Discharge Date/Time (ED Checkout)
07/24/2019 23:27

ED Decision to Admit (ED Decision to Admit Order Date/Time)
07/24/2019 19:22

FirstNet Disposition Date/Time
07/24/2019 23:27

DIAGNOSIS:
Attending Provider:
Amit Trivedi

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs

Adhesive Bandage

Patient Education and Follow-up Information

Instructions:

Follow up:

Harborview Medical Center
Emergency Department
Discharge Instructions

325 9th Ave, Seattle, WA 98104
Phone: (206) 744-3074

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 94 Years

MRN: H0571976 **Printed at:** 7/24/2019 23:27:43

Arrival Date/Time: 7/24/2019 6:24 PM

Attending Provider:
A. Trivedi

Other Providers:
M. Alley; J. LoMonaco; K. Palmer

Diagnosis:

Comment:

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Comment:

Follow-up Instructions:

IMPORTANT EMERGENCY DEPARTMENT COMMUNICATION AFTER YOUR VISIT:

If you have questions about your ED visit, please call:
Harborview Medical Center ED: 206-744-3074

You may receive a phone call from us in the next few days to ensure that you are improving. Please be sure that we have an accurate phone number and address for you.

To assist us with continuing to improve the quality of the Emergency Care we provide, we would like your input. In the coming weeks, you may receive a survey in the mail about our processes. Please complete this and return it to us. Our goal is to provide you with excellent medical care. If we have not reached this goal, please let us know how we can improve our services.

Harborview Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. For help scheduling your UW Medicine or Harborview Clinic doctor appointment, call the Patient Contact Center at 206.520.5000 or toll free at 877.520.5000.

If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

Additional Information/Special Instructions

Suicide Prevention
If you or someone you know is thinking about harming yourself or attempting suicide, there are resources available to help 24/7. Call the toll-free National Suicide Prevention Lifeline to speak with a trained counselor or find a suicide crisis center near you.
Telephone: (800) 273-8255
TTY: (800) 799 - 4889

Antibiotics & You:
Antibiotics treat or prevent infections. If your provider prescribed this medicine for you, take it exactly as instructed. If you do not take it as prescribed, your infection can get worse or start to resist treatment. Please call your provider if you have problems taking your medicines, or if you have side effects.

EM Medicine Discharge - Signature Page

Harborview Medical Center

Emergency Department
Discharge Instruction
325 9th Ave
Seattle, WA 98104

Name: HOFFMAN, JEANNE LEONIE **DOB:**1/6/1925 **Date/Time:**7/24/2019 23:27:43
MR#: H0571976 **Acct#:** 1839533752 **Visit Date:**7/24/2019 18:24:00

Patient Education Material(s)

I, HOFFMAN, JEANNE LEONIE, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

_____
Patient/Guardian Signature Relation to Patient Date/Time

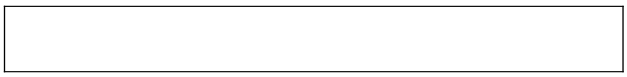
_____
Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

PLACE EPIC PATIENT LABEL HERE

Category: Emergency/Code/Rapid Response
Date of Service: 07/24/2019 23:27
Document Status: Authenticated
Title: ED Patient Summary
Document Version : 0

Encounter Number: 1839533752
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 07/24/2019 18:24:00
Discharge Date Time: 08/05/2019 15:10:00



Performed By: Klemsz RN, Jenna
Performed Date Time: 07/24/2019 23:27:43
Verified By: Peters RN, Jenna
Verified Date Time: 07/24/2019 23:27:43

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

UW Medicine Transfer Center

Call Date/Time: 07/24/2019 16:44
Transfer Center Representative: Rowena Smith

Patient Name: Hoffman, Jeanne Leonie
UWM MRN #: U8170135, N3927850, H0571976
Date of Birth: 01/06/1925
Age & Gender: 95, F
Patient Addr: 321 High School Road Ne, Ste D3 Pmb 292, Bainbridge Island WA 98110
Patient Phone: Home: 360.649.5702

Referring Hospital: University of Washington Medical Center, Seattle, WA
ED Phone: 206.598.4000
Nursing Station Phone:
Referring Provider: MARIE VRABLIK, M.D.

Reason for Transfer: Exceeds resources of referring hospital
Status: ED to ED
Mode of Transportation: Ground Transfer - Advanced Life Support
VPN Consult: No

Intended UWM Facility: Harborview Medical Center
Bed Type Requested: ICU BED
ED Attending / Trauma MD:
Consult Service 1: EMERGENCY MEDICINE & TRAUMA SERVICES
Attending Contacted: AMIT TRIVEDI, M.D.
Consult Service 2:
Attending Contacted:

UWM Receiving Facility: Harborview Medical Center
Encounter Number (CSN ID): 1839533752
Arrival Date & Time: 07/24/2019 18:24
Admit Status: Patient admitted to HMC SICU A service
Admitting Physician: NITA KHANDELWAL, M.D.
Patient Condition: Serious

Location: HMC 6EH
Area Phone: 206.

Admitting Diagnosis: GLF WITH RIB FRACTURES
Injury Severity Score (ISS): 13
Patient Condition Alerts: ICU, Trauma

Transfer Notes:
Diagnosis: GLF; Hemopneomothrorax; pelvic fx, pt is stable, pt needs an ICU bed, would like to make this a Direct Admit if possible.
** 07/24/2019 16:44:44 - Rowena Smith **
CHIEF COMPLAINT:
** 07/24/2019 16:50:25 - Ally Seaquist, RN **
Dr Vrablik UW ED attending, reqeusting transfer to HMC direct ad
Rt rib fx x 2, small hemo, pneumo , pubic Rami fx, non acute L2-T11 non displaced fx s/p fell out of bed last nite,
vss
GCS 15
pan scanned
** 07/24/2019 17:03:39 - Ally Seaquist, RN **

** 07/24/2019 17:03:42 - Ally Seaquist, RN **
TC to Cheryl HMC pt placement, no TICU beds only 2 ICU beds in house on 2 West
** 07/24/2019 17:04:23 - Ally Seaquist, RN **

** 07/24/2019 17:08:58 - Ally Seaquist, RN **
TC cb to UW ED to advise Dr Vrablik and she is unavailable to come to the phone, requests to be cb in a few minutes
** 07/24/2019 17:09:36 - Ally Seaquist, RN **

** 07/24/2019 17:11:40 - Ally Seaquist, RN **
Dr Vrablik UW to Dr T

AIRWAY (INTUBATED/BIPAP) : RA

ADVANCED DIRECTIVE DISCUSSION: (YES/NO or NA):

PAST MEDICAL HISTORY:

LABS: H/H 10.2/34

HOME MEDICATIONS: warfarin

IMAGING: pan scan

TREATMENT: images, pain medication , 28 french Chest tube

OF DRIPS:

VITAL SIGNS: 36.4-----79-----18-----2liters nc, 116/58
** 07/24/2019 17:05:18 - Ally Seaquist, RN **

PLAN:
** 07/24/2019 17:17:42 - Ally Seaquist, RN **
ALS to HMC ED ETA 1745, copy chart, push images and fax RN report sheet
DX: Rt rib fx x 2, Rt hemo pneumo, Rt pubic Rami fx L2-T11 non acute fx, s/p fell out of bed last nite
ACCEPTING MD: Dr Raj Trivedi HMC ED
Referring Provider confirms Receiving Hospital? (must be YES):yes
** 07/24/2019 17:19:23 - Ally Seaquist, RN **

ALNW: Can I activate Airlift Northwest, our preferred service to transport this patient? (Yes, No, N/A)

OTHER:

7/25/2019 11:29:49 AM ED

COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen with Triage Points for **Emergency Department***

Ask questions that are bolded and underlined.	**Past month**	
Ask Questions 1 and 2	**YES**	**NO**
1) ***Have you wished you were dead or wished you could go to sleep and not wake up?***		
2) ***Have you actually had any thoughts of killing yourself?***		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) ***Have you been thinking about how you might do this?*** E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*"		
4) ***Have you had these thoughts and had some intention of acting on them?*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"		
5) ***Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?***		
6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. **If YES, ask:** ***Was this within the past three months?***	**Lifetime**	
	Past 3 Months	

If yes—follow listed recommendation:
Item 1 Behavioral Health Referral at Discharge
Item 2 Behavioral Health Referral at Discharge
Item 3 Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 4 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 5 Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions
Item 6 Over 3 months ago: Behavioral Health Consult (Psychiatric Nurse/Social Worker) and consider Patient Safety Precautions
Item 6 3 months ago or less: Immediate Notification of Physician and/or Behavioral Health and Patient Safety Precautions

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Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

COLUMBIA SUICIDE SEVERITY SCALE

Page 1 of 1

UH3738 REV MAY 19

7/25/2019 11:31:20 AM ED

CERTIFICATION FOR PATIENT TRANSFER

THIS HOSPITAL IS REQUIRED BY FEDERAL LAW TO PROVIDE ANY PERSON PRESENTING FOR MEDICAL TREATMENT WITH A MEDICAL SCREENING EXAMINATION TO DETERMINE WHETHER AN EMERGENCY MEDICAL CONDITION EXISTS AND TO PROVIDE NECESSARY STABILIZING CARE WITHIN ITS CAPABILITIES FOR EMERGENCY MEDICAL CONDITIONS WITHOUT REGARD TO A PATIENT'S MEANS OR ABILITY TO PAY.

P H Y S I C I A N

① REASON FOR TRANSFER

- ☒ For services not available here *(e.g. OB, hyperbaric, court-ordered, lack of capacity, etc)*
- ☐ Patient or family request
- ☐ Other *(specify)*: _____

② RECEIVING FACILITY ACCEPTANCE

Facility has been contacted, has capability to care for patient, and has agreed to accept and provide care to patient.

Name of Facility: HARBORVIEW MEDICAL CENTER
Location within facility: ED
M.D. Accepting care: RAJ TRIVEDI
Receiving facility called by:

- ☐ HMC staff: _____
- ☒ UWMC staff: Marie Vrablik
- ☐ County Designated Mental Health Professional

③ RISKS OF TRANSFER

In addition to risks present in all transfers, such as traffic delay, accidents, deterioration or worsening of condition en route, pain or discomfort during transport, specific risks for this patient include:

_____
_____
_____
_____

Risks of refusal of transfer include worsening of condition if patient remains here; failure to obtain necessary services; *(other)* _____
_____

④ BENEFITS OF TRANSFER

- ☒ Receipt of services not available here
- ☐ Other medical benefits *(specify)*: _____
_____
_____

⑤ MODE/SUPPORT/TREATMENT DURING TRANSFER

- ☐ Basic Life Support (agency:_____)
- ☒ Advanced Life Support (circle one: Medic One; AMR, other: _____)
- ☐ Other *(specify)*:_____)

SUPPORT/TREATMENT DURING TRANSFER

- ☐ Restraints (new order/continue CTU order)
- ☐ IV _____
- ☐ Cardiac monitor
- ☐ O_2
- ☐ Pulse Oximeter
- ☒ Other *(specify)*: Chest tube to suction

⑥ PATIENT CONDITION

The patient has been examined and any emergency medical condition identified has been treated within the capabilities of the hospital.

(check one box)

- ☒ A. No material deterioration of this patient's condition is likely to result from, or occur during transfer.

OR

- ☐ B. The patient may be at risk for deterioration from or during transport.
  Based upon my examination of the patient and the information available to me at the time of transfer, I certify that the benefits from transfer and reasonably anticipated care at the receiving facility outweigh any increased risks of transfer for this patient.

_____ 7/24/19
Signature of Attending **Date/Time**

Print Name: Marie Vrablik

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

CERTIFICATION FOR PATIENT TRANSFER TO ACUTE CARE / ALTERNATE FACILITY (PG 1 OF 2)

U2095

WHITE – MEDICAL RECORD
CANARY – TRANSFERS WITH PATIENT

UH2095 REV DEC 14

7/25/2019 11:31:20 AM EP

CERTIFICATION FOR PATIENT TRANSFER

NURSING

TO BE COMPLETED BY NURSING

Medical records and other documents sent
☒ with patient ☐ via fax ☐ other_____

Vitals prior to transfer: time 1700
Pulse: 79 Temp: 36.5 R: 18 BP: 116/90
Pain scale 1-10 (high): 5

Report given to: HMC (name) _____(dept.)
Time of transfer: _____

Kallen 7/24/2019
Nurse's Signature Date/Time 1730

PATIENT

TO BE COMPLETED BY PATIENT

☒ I CONSENT to transfer to another facility. My physician has explained the risks and benefits of this transfer and his/her opinion that the potential benefits to me outweigh the risks.

OR

☐ I REFUSE transfer. My physician has explained the risks and benefits of this transfer and his/her opinion that the potential benefits to me outweigh the risks. I refuse transfer because:_____

_____

The patient or patient representative refused transfer/treatment after being fully informed of the medical risks/benefits of the proposed transfer/treatment including the effect of nontreatment for the medical condition.

X Jeanne Hoffman

Patient/Patient Representative Signature & Date
☐ Parent ☐ Guardian
☐ Spouse/registered domestic partner
☐ Healthcare Power of Attorney

Other Notes:

Transfer to HMC for treatment of traumatic injuries

PT.NO U8170135 BD:1/6/1925 94YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:
DOB

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

CERTIFICATION FOR PATIENT TRANSFER TO ACUTE CARE / ALTERNATE FACILITY (PG 2 OF 2)

U2096

WHITE – MEDICAL RECORD
CANARY – TRANSFERS WITH PATIENT

UH2096 REV OCT 07

CONSENT – GRAY

PLEASE ENTER ALL INFORMATION LEGIBLY! 7/25/2019 11:21:05 AM ED Page ___ of ___

ADMITTING UNIT: ED Date 7/24/19 Time 19:40		Date/Time Unit/Room	Date/Time Unit/Room	Date/Time Unit/Room	Date/Time Unit/Room	Date/Time Unit/Room
VALUABLES	*					
# of bags: (1) 2 3	(S)					
✓ **MEDICAL DEVICES**						
☐ Dentures/partials						
☑ Hearing Aid	(S)					
☑ Eyeglasses/contacts	(P)					
☐						
CLOTHING/OTHER	*					
# of bags: (1) 2 3	(C)					
✓ **OTHER**						
☐ Wheelchair	C					
☐ Walker/cane	(S)					
☐						
Transfer Notes:						
Verified by: Angel, M.A. (print name)		Verified by: (print name)	Verified by: (print name)	Verified by: (print name)	Verified by: (print name)	Verified by: (print name)
Delivered By:						
Patient/PAR Signature: (for returned property)						

BIOHAZARDOUS

Clothing Disposal Date_____

Items & Reason:

Searched by:_____

Witnessed by:_____

PATIENT REFUSES TO SECURE VALUABLES

Items Not Secured:

Patient/PAR Signature _____ Date_____

Staff Signature _____ Date_____

Staff Signature witnessing verbal refusal _____ Date_____

* Legend: C = Property Room F = Family ϕ = Not with Patient P = Patient S = ED/OR Safe N = Not Applicable

T.NO
AME
OB

H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

PATIENT PROPERTY TRACKING

H0796

WHITE - MEDICAL RECORD

HMC0796 REV JUL 17

NOTE:

ATTENDING OF RECORD:
Dr. Beingessner.

REASON FOR CONSULTATION:
Right lateral compression pelvic fracture.

NON-ORTHOPEDIC INJURIES:
1. Right pneumothorax. Subsequent placement of right chest tube.
2. Right rib fractures.

HISTORY OF PRESENT ILLNESS:
Jeanne Hoffman is a 94-year-old female with significant past medical history of recurrent DVTs on warfarin, hypertension and chronic venous stasis with bilateral lower extremity wounds, who sustained a mechanical ground level fall on 07/24/2019 after opening her refrigerator door when it subsequently loosened and she fell onto her right side. She was unable to ambulate and felt immediate pain. She denies losing consciousness. She denies pain to her extremities or numbness or tingling. The patient was initially taken to UWMCED where a CT pan scan was ordered demonstrating the aforementioned injuries. INR was obtained which demonstrated a subtherapeutic INR of 1.3. She was then subsequently transferred to Harborview Medical Center for further evaluation and treatment. On my evaluation in the Emergency Department, the patient corroborates the above-mentioned story. She has hearing aids in place; however, the batteries have died and she is subsequently unable to hear me upon attempt to gain further historical history. As a result, an attempt was made to communicate via writing and the exam was performed in this manner.

PAST MEDICAL HISTORY:
1. Recurrent DVT, is on warfarin.
2. Hypertension.
3. Chronic venous stasis wounds bilateral lower extremities.

ALLERGIES:
1. ADHESIVE BANDAGE.
2. Aspirin.
3. NITROFURANTOIN.
4. PENICILLIN.
5. SULFA DRUGS.

MEDICATIONS:
1. Atorvastatin.
2. Losartan.
3. Pentoxifylline.
4. Warfarin.
5. Tylenol with codeine.

SOCIAL HISTORY:
Currently lives with her son on Bainbridge Island. Denies tobacco, alcohol or drug use.

Previous documentation reviewed in chart history says that they may live in a tent and maybe previous history of concern for Adult Protective Services involvement.

REVIEW OF SYSTEMS:
A complete 14-point review of systems was performed and negative except as mentioned in the HPI. I was able to participate with historical information gathering.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36 degrees Celsius, heart rate 59, respiratory rate 16, blood pressure 111/42, oxygen saturation 100% on room air.
GENERAL: A 94-year-old female resting in no apparent distress.
PULMONARY: No extra work of breathing. Normal inspiratory to expiratory ratio.
CARDIOVASCULAR: Extremities warm and well perfused.
PSYCHIATRIC: Appropriate mood and affect.
NEUROLOGIC: Answering questions and responds to written communication secondary to inability to use her hearing aids.
MUSCULOSKELETAL: Bilateral upper extremities shows no gross deformities noted. Nontender to palpation. Painless range of motion of fingers, wrist, forearm, elbow and shoulder. Nontender to palpation of the clavicles. Sensation is intact to light touch in distribution of the axillary musculocutaneous, radial, median, and ulnar nerves. Able to demonstrate thumb extension, ____, finger abduction, cross fingers, extend index finger. Strength is intact to resistance in wrist flexion, extension, forearm pronation and supination, elbow flexion/extension, and shoulder abduction. Fingers are warm and well perfused with 2+ radial pulses. Bilateral lower extremities. She has bilateral venous stasis wounds with weeping and ulceration along her bilateral shins. Otherwise, no gross deformities noted. Nontender to palpation. Painless range of motion of the toes, ankle, knee, and hip. No pain with log roll of hip. Sensation intact to light touch in distribution of the superficial, peroneal, deep peroneal, tibial, sural and saphenous nerves. Strength is intact to resistance of extensor hallucis longus, flexor hallucis longus, gastrocsoleus complex, tibialis anterior, quadriceps, hamstrings and hip flexors. Toes are warm and well perfused with 2+ dorsalis pedis pulse.
Pelvis: Stable to anterior, lateral rotational stress

IMAGING:
CT scan of the pelvis demonstrates a right lateral compression-type pelvic injury with minimal displacement.

LABORATORY DATA:
Creatinine 0.65, hemoglobin 8.5, hematocrit 27. INR 1.3. Urinalysis negative for occult blood.

ASSESSMENT:
Jeanne Hoffman is a 94-year-old female with significant past medical history of chronic DVTs, currently on warfarin with an INR of 1.3 during this Emergency Department stay who sustained a mechanical ground level fall on 07/24/2019 resulting in a right lateral compression pelvic fracture. She is neurovascularly intact on exam with no significant pain to palpation or range of motion of her hips.

PLAN:
Given the relative stability of her exam and minimal pain as well as chronic comorbidities and advanced age, we will trial this pelvic injury non-operatively with recommendations to pursue physical therapy and occupational therapy to be weightbearing as tolerated and to obtain post-mobilization films after weightbearing, which include inlet and outlet view pelvic imaging.

The patient will be admitted to the trauma ICU for rib fracture protocol.

The above assessment and plan was discussed with the chief resident on call.

Electronically Reviewed/Signed On: 07/26/19 at 08:48

_____

Higgins DO, Alexander Christopher
Resident, Department of Orthopaedic Surgery
Box 359798
Seattle WA

cc: Beingessner MD, Daphne
Attending, Professor, HMC Dept. of Orthopedics
Box 359798
Seattle WA

ACH/NTS
DD:07/25/19
TD:07/25/19

C318587

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

(DIAGNOSTIC & SURGICAL PROCEDURES & OTHER INVASIVE PROCEDURES)

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

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, registered nurse, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious.

Continued on Reverse

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17

They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure,** I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed. I understand that use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign another form, Form UH2063).*

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

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Chest tube, Right-sided
Health Care Professional(s) Performing Procedure	Antonia Nemanich, MD

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
Louis Allen	Louis Allen	7/24/19	1445

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

☐ **1.** Court-appointed Guardian ☐ **2.** Durable Healthcare Power of Attorney ☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren) ☐ **5.** Parent(s) ☐ **6.** Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

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

HEALTH CARE PROFESSIONAL'S STATEMENT

I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legal authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Antonia Nemanich, MD		7/24/19	1430

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17 BACK

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

(DIAGNOSTIC & SURGICAL PROCEDURES & OTHER INVASIVE PROCEDURES)

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

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, registered nurse, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom s/he expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious.

Continued on Reverse

PT.NO

NAME

DOB

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HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17

They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed. I understand that use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign another form, Form UH2063).*

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

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	Procedural Sedation
Health Care Professional(s) Performing Procedure	Marie Vrablik, MD

SIGNATURE *(PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
Louis Allion	Louis Allion	7/24/19	14:45

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

☐ **1.** Court-appointed Guardian ☐ **2.** Durable Healthcare Power of Attorney ☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren) ☐ **5.** Parent(s) ☐ **6.** Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

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

HEALTH CARE PROFESSIONAL'S STATEMENT

I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Antonia Nemanich		7/24/19	14:30

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
UW Medical Center - University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

U0173

UH0173 REV APR 17 BACK

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, which will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization listed here: KEPRO: 1-888-305-6759

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan *(if you belong to one)* about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - ***If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.***
  - If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206 744 9355
Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative	Patient Name (printed)	Date/Time
[signature]	Louis Allora Son/Care	7/29/19 1042AM

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

CMS-R-193 (Exp. 03/31/2020)

H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOB:7/24/2019
Enc:1839533752 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE
Page 1 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PATIENT

PAGE 1/2 * RCVD AT 7/29/2019 10:46:37 AM [Pacific Daylight Time] * SVR:EPIC-RF-P2/7 * DNIS:3251 * CSID: * DURATION (mm-ss):01-29

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
  - Here is the contact information for the QIO:
    KEPRO:
    Toll-free Phone: 1-888-305-6759
    Toll-free Fax: 1-833-868-4064

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.

- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☑ HMC: Medicare Provider Number ☑ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
☐ UWMC: Medicare Provider Number ☐ 50-0008 *(acute care)* ☐ 50-S008 *(psych)* ☐ 50-T008 *(rehab)*

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan *(if you belong to one)* for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.
CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov.

Additional Information:
Print Physician Name: Majek, Ronald V NPI: ☑ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, and Baltimore, Maryland 21244-1850.

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HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
AN IMPORTANT MESSAGE FROM MEDICARE
Page 2 of 2

U2445

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PATIENT

PAGE 2/2 * RCVD AT 7/29/2019 10:46:37 AM [Pacific Daylight Time] * SVR:EPIC-RF-P2/7 * DNIS:3251 * CSID: * DURATION (mm-ss):01-29

CARE AGREEMENT

7/31/2019 12:37:42 PM

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record. Part of your care may take place through telemedicine technology, which may mean 1) live video between your care team members *(in which you also may be involved)*, or 2)"remote" review by your care team of the images described above.

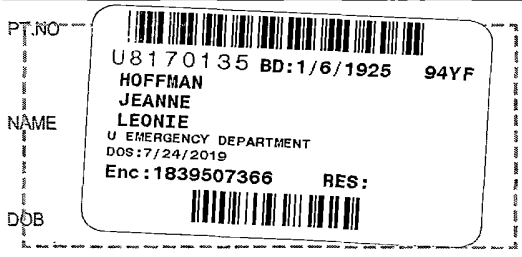
SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
[signature]	Louis Alloin Son PA-Caregiver	7/24

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☑ GUARDIAN	☑ HEALTH CARE POWER OF ATTORNEY	☐ PARENT
☐ HUSBAND/WIFE	☑ ADULT CHILD	☐ ADULT BROTHER/SISTER



UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV OCT 17

WHITE – MEDICAL RECORD
YELLOW - PATIENT

Proficiency of Language Assistance Services

ATTENTION: If you speak [language other than English], language assistance services, free of charge, are available to you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្លនកភាសា ដោយមិនគិតឈួល គឺអាចមានសំរារ់បរើអ្នក។ ចូរ ទូរស័ព្ទ

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 -

ਧਿਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

Financ Agreement & Consent for D closure

7/24/2019 12:57:42 PM

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital & Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

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

Signature (Patient or Person Authorized to Give Authorization)	Date
X [signature]	7/24/19

If Signed by Person Other than Patient, Check Relationship to Patient:

☑ 1. Guardian	☑ 2. Durable Power of Attorney for Health Care	☐ 3. Spouse/registered domestic partner
☑ 4. Adult Child(ren)	☐ 5. Parent(s)	☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian	☐ 2. Court-authorized person for child	☐ 3. Parent(s)

PT.NO U8170135 BD:1/6/1925 94YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839507366 RES:
DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV MAR 16

WHITE – MEDICAL RECORD
CANARY – PATIENT

Financial Agreement & Consent for Disclosure

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. Sometimes patients will pay more for certain outpatient services and procedures at hospital-based outpatient locations. The amount will depend on my insurance. I may review my insurance benefits or contact my insurer to learn what my policy will pay and what out-of-pocket expenses I may need to pay. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

PT.NO
NAME
DOB

Place EPIC Label Within Box

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

PATIENT FINANCIAL AGREEMENT/AUTHORIZATION

U1865

UH1865 REV MAR 16

Patient Information for Inclusion in the UW Medicine Patient Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

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

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

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

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

☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will <u>not</u> be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example, flowers and gifts)* addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out

☐ Crime Victim ☐ Employee ☐ Incarcerated Patient

☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest

Name of person requesting opt out *(if other than patient)*: _____

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

Date 7/24/19	Signature *(Patient or Person Authorized to Give Authorization)* Unable to Sign

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

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner

☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child in out-of-home placement ☐ 3. Parent(s)

☐ 4. Holder of signed authorization from parent(s) ☐ 5. Adult representing self to be a relative responsible for the minor's health

PT.NO H0571976 BD:1/6/1925 94YF

NAME HOFFMAN JEANNE LEONIE

H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

PT INFORMATION FOR UW MEDICINE PATIENT DIRECTORY

U1868

UH1868 REV JAN18

WHITE – MEDICAL RECORD
CANARY – PATIENT

7/31/2019 8:38:04 PM

UW Medicine
HARBORVIEW MEDICAL CENTER

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

Harborview Medical Center (HMC) staff respects and promotes the rights of all patients. Patients should expect that efforts are taken to promote a safe and secure environment. HMC will make reasonable efforts to safeguard the personal property of patients, however property is generally the responsibility of patients and their families and HMC cannot guarantee the security of personal property. To minimize potential harm to personal property including loss, misplaced, stolen or damaged items, the following practices will be observed:

HMC has two choices for storing personal property of patients during hospitalization:	**1**	**One choice is placing items in the HMC "Valuables and Property Storage System". This choice involves HMC placing valuables (examples: watch, jewelry, dentures, glasses) or property into a secure area. This "Valuables and Property Storage System" utilizes a witnessed (2 person) property check-in process. It is generally for nonessential items and access to this may be limited by hours of operation.**
	2	**Another choice for storing property is in the patient's room. The patient is generally responsible for these items and these items are generally accessible to the patient. HMC will provide limited locked storage spaces for patient storage of personal property in the hospital room during hospitalization.**

- Patients are strongly encouraged to leave and/or send all nonessential belongings and valuables home.
- Biohazards or severely damaged clothing are generally discarded immediately unless required for forensic evidence. (Biohazards means: clothing or other items are contaminated in the judgment of medical staff and presents a health risk.)
- HMC will dispose of unclaimed patient belongings as allowed by law after proper notice and time period for retrieval of items. When patient belongings are not claimed after 30 days, notice will be given and if such property remains unclaimed for an additional 60 days then it shall be disposed of as allowed by law.
- Further information about HMC's property policies and procedures will be provided as needed or requested to the patient or patient's authorized representative.

Patient's Personal Property Liability Agreement

I, the undersigned, have read or have been informed about the above policy. I/patient understand that I/patient am responsible for all property brought to Harborview Medical Center. I/patient understand that the hospital recommends all nonessential items be left at home or be sent home with family or friends.

I/patient understand that the hospital provides a "Valuable and Property Storage System" for important personal property and that access to this area may be limited by hours of operation.

I/patient agree to hold the hospital and its employees harmless from liability for my/patient's property if it is lost, misplaced, stolen or damaged when such property is not placed in the "Valuable and Property Storage System" or otherwise under the direct control of the hospital. I/patient further acknowledge the potential harm to property maintained by the hospital due to circumstances beyond the hospital's control (e.g. fire, earthquake) and hereby release the hospital from any liability in such circumstances

Signature of Patient: Unable to Sign Date: 7/24/19

Signature of Patient's Authorized Representative: _____ Date: _____

Signature of Witness: _____ Date: _____

PT.NO
NAME
DOB

H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

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

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

H1104

WHITE - MEDICAL RECORD
CANARY - PATIENT

HMC1104 REV APR 13

CARE AGREEMENT

7/31/2019 5:50:02 PM

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record. Part of your care may take place through telemedicine technology, which may mean 1) live video between your care team members *(in which you also may be involved)*, or 2)"remote" review by your care team of the images described above.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☐ ADULT CHILD ☐ ADULT BROTHER/SISTER

PT NO
H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:
NAME
DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV OCT 17

WHITE – MEDICAL RECORD
YELLOW - PATIENT

Proficiency of Language Assistance Services

ATTENTION: If you speak [language other than English], language assistance services, free of charge, are available to you.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

ប្រយ័ត្ន៖ បើលិនជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្លនកភាសា ដោយមិនគិតឈ្ល គឺអាចមានសំវារ៖បើអ្នក។ ចូរ ទូរស័ព្ទ

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 -

ਿਧਆਨ ਿਦਓ: ਜੇ ਤੁਸ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤ ਭਾਸ਼ਾ ਿਵੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

Patient Information for Inclusion in the UW Medicine Patient Directory

Please Read this Statement Carefully

I understand that I have a choice as to whether or not to be included in the UW Medicine patient directory. My name and location will be included in the patient directory unless I would prefer not to receive phone calls or visitors. My decision is indicated by marking a box and signing this form.

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

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

unable to sign

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

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

☐ **NO, please do not include me in the Patient Directory.** I do not want my name or location included in the UW Medicine Patient Directory. **If this is my choice, I understand UW Medicine staff will <u>not</u> be able to confirm I am a patient or share my location with any family or friends. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items *(for example, flowers and gifts)* addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out

☐ Crime Victim ☐ Employee ☐ Incarcerated Patient
☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest

Name of person requesting opt out *(if other than patient)*: _____

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

Date	Signature *(Patient or Person Authorized to Give Authorization)*

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

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

PT.NO
NAME
DOB

H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

UW Medicine
Harborview Medical Center -- Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

PT INFORMATION FOR UW MEDICINE PATIENT DIRECTORY

U1868

UH1868 REV JAN18

WHITE – MEDICAL RECORD
CANARY – PATIENT

7/31/2019 5:50:02 PM

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital & Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

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

Signature (Patient or Person Authorized to Give Authorization)	Date

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child ☐ 3. Parent(s)

PT.NO H0571976 BD:1/6/1925 94YF
NAME HOFFMAN JEANNE LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:
DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV MAR 16

WHITE – MEDICAL RECORD
CANARY – PATIENT

Financial Agreement & Consent for Disclosure

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. Sometimes patients will pay more for certain outpatient services and procedures at hospital-based outpatient locations. The amount will depend on my insurance. I may review my insurance benefits or contact my insurer to learn what my policy will pay and what out-of-pocket expenses I may need to pay. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

PT.NO
NAME
DOB

Place EPIC Label Within Box

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

PATIENT FINANCIAL AGREEMENT/AUTHORIZATION

U1865

UH1865 REV MAR 16 K

7/31/2019 5:50:02 PM

Notice of Privacy Practices Acknowledgment

The Joint Notice of Privacy Practices brochure describes how medical information about you may be used and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices and follow the information practices that are described in this notice. If you have any questions, please contact: UW Medicine Compliance **855-211-6193** *(toll free)*.

Please do not write comments on this form, refer to the "Your Individual Rights About Patient Health Information."

We may change our policies at any time. Any significant policy change will be posted.

You may request a copy of this notice from UW Medicine Compliance 855-211-6193 or at www.uwmedicine.org/nopp.

UH2066 h sign

By signing below, I agree that I have received the Joint Notice of Privacy Practices.

SIGNATURE *(PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)*	DATE

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

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

FOR OFFICE USE ONLY: REMARKS for the UW Medicine Notice of Privacy Practices:
(This section below is to be filled out by UW Medicine staff only)

We are unable to obtain acknowledgment from this individual at this time, but immediate treatment is needed for the following reason(s):

☐ *Emergency Treatment Situation*
☐ *Incarcerated Patient*
☐ *Patient refuses to sign*
☐ *Patient unable to sign*

PT.NO
NAME
DOB

H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

U2045

UH2045 REV JUN 16

WHITE – MEDICAL RECORD
YELLOW - PATIENT

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

8/5/2019 10:59:25 AM

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, which will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization listed here: KEPRO: 1-888-305-6759

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan *(if you belong to one)* about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
    - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
    - If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call 206 744 9535
Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative | Patient Name (printed): Louri Allora Soa/Cure | Date/Time: 7/29/19 1043AM

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

CMS-R-193 (Exp. 03/31/2020)

H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE

U2445

UH2445 REV JUN 19

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

8/7/2019 10:59:23 AM

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
    - Here is the contact information for the QIO:
      KEPRO:
      Toll-free Phone: 1-888-305-6759
      Toll-free Fax: 1-833-868-4064

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.

- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☑ HMC: Medicare Provider Number ☑ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
☐ UWMC: Medicare Provider Number ☐ 50-0008 *(acute care)* ☐ 50-S008 *(psych)* ☐ 50-T008 *(rehab)*

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
    - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
    - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan *(if you belong to one)* for a review of your case:
    - If you have Original Medicare: Call the QIO listed above.
    - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.
CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov.

Additional Information:
Print Physician Name: Maier, Ronald V NPI: ☑ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, and Baltimore, Maryland 21244-1850.

H0571976 BD:1/6/1925 94YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:7/24/2019
Enc:1839533752 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE

U2445

UH2445 REV JUN 19

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

PLEASE ENTER ALL INFORMATION LEGIBLY! 8/14 Page 1 of 13 08 PM

ADMITTING: ED Date 7/24/19 Time 19:40		Date/Time 7/24	Date/Time 7-30-19 9:00	Date/Time 7/31/19	Date/Time	Date/Time
		Unit/Room 2W 3 26 3	Unit/Room 8E Hz 801	Unit/Room 2 801	Unit/Room	Unit/Room
VALUABLES	*					
# of bags: (1) 2 3	(S)	S				
✓ MEDICAL DEVICES						
☐ Dentures/partials						
☑ Hearing Aid	(S)	S	S			
☑ Eyeglasses/contacts	(P)	P	P			
☐						
CLOTHING/OTHER	*					
# of bags: (1) 2 3	(C)	C	P	1 bag		
✓ OTHER						
☑ Wheelchair	(S)	O	pt's WC			
☐ Walker/cane	(S)	O				
☐						
Transfer Notes:						
Verified by:		Verified by: (print name)	Verified by: Rhys Fuentes, RN (print name)	Verified by: Nicole Murphy RN (print name)	Verified by: (print name)	Verified by: (print name)
Delivered By:						
Patient/PAR Signature: (for returned property)						

BIOHAZARDOUS

Clothing Disposal Date_____

Items & Reason:

Searched by:_____

Witnessed by:_____

PATIENT REFUSES TO SECURE VALUABLES

Items Not Secured:

Patient/PAR Signature _____ Date_____

Staff Signature _____ Date_____

Staff Signature witnessing verbal refusal _____ Date_____

* Legend: C = Property Room F = Family Ø = Not with Patient P = Patient S = ED/OR Safe N = Not Applicable

T.NO

AME

OB

H0571976 JAN 06, 1925 94Y F
HOFFMAN
JEANNE
LEONIE
H–8E
DOS:07/24/19 MAIER MD, RONALD V
Enc:1839533752 UPIN:#A05079

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
PATIENT PROPERTY TRACKING

H0796

WHITE - MEDICAL RECORD

HMC0796 REV JUL 17

From Unit: 6E 606 BED 1	Unit Phone Number: 206-744-3550	Social Worker: KELSEY BENDER	SW Phone Number: 206-744-5604
Coordination of Care Nurse: MULU		CCN Phone Number: 206-744-7670	
Transfer To: KLINE GALLAND 7500 SEWARD PARK AVE S SEATTLE, WA		Phone Number 206-725-8800	Fax Number 206-805-2393
Transportation Mode: TRIMED CABULANCE		Date: 08/05/19	Time of Departure 300
Family/Caregiver Notified of Transfer: SON/DPOA		Date: 08/05/19	By: ARMIN COTUK

FOR ALL DISCHARGES TO A FACILITY

- [x] Copy of Patient Registration Sheet
- [ ] ~~Physicians Certification of Medical Necessity for Ambulance Transport (Medicaid & Medicare patients as applicable)~~
- [ ] Advance Directives *(if present)*
- [x] Discharge Orders
- [x] Original Discharge Prescriptions
- [x] MD Discharge Summary
- [x] History & Physical / Admit Note
- [ ] CD of X-rays
- [x] ~~Interdisciplinary Discharge Instructions to Providers/Facilities~~
- [x] Patient's belongings sent with the patient
- [x] POLST *(if patient is DNR)*
- [ ] Records Transferred with Patient-Yellow Copy
- [ ] Other:

ADDITIONAL DOCUMENTS FOR:

ADULT FAMILY HOME / ASSISTED LIVING

- [ ] Filled Medications or Original Prescription

CHILDREN'S HOSPITAL MEDICAL CENTER

Pediatric Attending to contact the CHMC MD.
Receiving hospital admitting department notified.
Teaching Conferences may be arranged with CHMC staff Attending for complicated care.

- [ ] Certification for Patient Transfer *(COBRA)*
- [ ] Nursing Home Transfer Report *(Detailed 7 days)*
- [ ] Copy of Pertinent Lab and Test Results *(If requested)*
- [ ] Copy of Patient Registration Sheet

HOSPITAL OR REHAB FACILITY

MD to report to receiving hospital MD.
Receiving hospital admitting department notified.

- [ ] Certification for Patient Transfer *(COBRA)*
- [ ] Nursing Home Transfer Report
- [ ] Copy of Pertinent Lab and Test Results
- [ ] CD of X-rays *(If requested)*
- [ ] OBRA / PASR

JAIL

Do not volunteer information to the patient that they are to be discharged to the jail.
Do not send medications with the patient.
Do not make the clinic appointments – jail staff will call to make appointments.

King County Jail phone number for calling report:
(206)477-6323

PSYCHIATRIC HOSPITAL

Must be discharged by 12 noon to Western State.
Do not send medications unless requested.
WSH staff will call to make Appointments.
Western State medical unit phone:
(253) 756-2892
MD and RN to call report.

- [ ] *Original ITA Commitment Court Order*
- [ ] Certification for Patient Transfer *(COBRA)*
- [ ] Psych Facility Transfer Report
- [ ] Copy of any pertinent Lab or Test results
- [ ] Patient's belongings sent with the patient

SKILLED NURSING FACILITY

- [x] ~~Nursing Home Transfer Report~~
- [x] Nursing Facility ID Screen *(OBRA)* *(not required for returning patients)* / PASR

SUBSTANCE ABUSE FACILITY

- [ ] Filled Prescriptions *(May NOT accept narcotics)*
- [ ] Medical Administration Record from the last 3 days
- [ ] Copy of Lab Reports

Discharge packet reviewed and above records sent with patient. RN Signature: Elisa Collado Date 8/5/19 Time 1500

Nursing Report Called To: _____

Please call _____ if you have questions about these records.

PT.NO H0571976 JAN 06, 1925 94Y F
NAME HOFFMAN JEANNE LEONIE
H--6EH
DOS:07/24/19 MAIER MD, RONALD V
Enc:1839533752 UPIN:#A05079
DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

RECORDS TRANSFERRED WITH PATIENT

H1519

HMC1519 REV JUN 14

WHITE – MEDICAL RECORD
CANARY – FACILITY COPY

Instructions for Records Transfer Form HMC 1519

To obtain or locate:

- Discharge Orders
- MD Discharge summary: print from ORCA
- History & Physical: print from ORCA
- Interdisciplinary Discharge Instructions to Providers/Facilities: *Select the Pt Status Sum Tab and choose the form*
- Psych Facility Transfer Report: print from ORCA
- Nursing Home Transfer Report: *Select the Pt Status Sum Tab and choose the form*
- Patient Registration Sheet: print from ORCA
- King County Jail Infirmary 206-296-1214
- MD Initial Assessment: print admit note done by physician in ORCA

HMC1519 REV JUN 14 (BACK)

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1838179150	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	7/15/2019 9:54:15AM	Discharge D/T:	7/15/2019 11:04:56AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1837679264	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	6/10/2019 9:35:07AM	Discharge D/T:	6/10/2019 10:57:48AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1836825872	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	5/23/2019 8:54:07AM	Discharge D/T:	5/23/2019 10:00:00AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1836817433	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	4/25/2019 9:12:08AM	Discharge D/T:	4/29/2019 9:36:03PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1835972230	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	4/25/2019 9:55:13AM	Discharge D/T:	4/25/2019 11:01:54AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1835964917	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	3/28/2019 9:07:52AM	Discharge D/T:	4/1/2019 9:35:22PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1835070783	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	3/28/2019 09:47	Discharge D/T:	3/28/2019 10:43	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1835064155	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	2/28/2019 9:09:40AM	Discharge D/T:	3/4/2019 9:35:31PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1834814436	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	2/28/2019 09:24	Discharge D/T:	2/28/2019 10:28	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE, BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1834250544	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	1/31/2019 10:44	Discharge D/T:	2/4/2019 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1834023423	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	1/31/2019 9:05:10AM	Discharge D/T:	1/31/2019 10:25:12AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	321 HIGH SCHOOL ROAD NE BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	321 HIGH SCHOOL ROAD NSTE D3			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1833334267	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:	Non-pressure chronic ulcer of left ankle with necrosis of muscle		
Admit D/T:	1/10/2019 9:09:45AM	Discharge D/T:	1/10/2019 10:56:10AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA	98507-9248		Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	94 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1833623385	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Radiology
Isolation:		Complaint:	Non-pressure chronic ulcer of left ankle with necrosis of muscle		
Admit D/T:	1/10/2019 11:07	Discharge D/T:	1/14/2019 21:35	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	Nilufer Norsworthy, M.D.	2069419	Internal Medicine	(206)3681244	(206)668-1270
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	Nilufer Norsworthy, M.D.	2069419	Internal Medicine	(206)3681244	(206)668-1270

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA	98507-9248		Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	8QX6G31PG72
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 01/10/2019 11:49
Accession #: 12052156 **Pt Type:** O
Account #: 1833623385
Pt. Location: NWH WOUND CARE

XR Tibia Fibula 2 Views Left

Referring Provider:
NORSWORTHY, NILUFER BOZDEMIR, MD
FRANCISCAN MEDICAL GROUP
34503 NINTH AVE S, SUITE 100
FEDERAL WAY, WA 98003

EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:
The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.

Dictated and verified by: CHRISTINE MARIE REHWALD, MD Up'd 5/18/2015 ms. Up'd 3/2015 ms. resident 2014 jl

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1830396912	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	10/8/2018 09:38	Discharge D/T:	10/8/2018 11:09	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	L02	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA	98507-9248		Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1830658200	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	10/1/2018 10:28:38AM	Discharge D/T:	10/5/2018 9:36:47PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	L02	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA	98507-9248		Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1830396828	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:	Non-pressure chronic ulcer of left ankle with fat layer exposed		
Admit D/T:	10/1/2018 09:41	Discharge D/T:	10/1/2018 10:14	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID	Plan:	1165	Status:	
Contact:		Group No:	L02	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA	98507-9248		Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	
Insurance 2:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	282 KNECHTEL WAY NE			Sub SSN:	531264736
	BAINBRIDGE ISLANWA	98110		Sub Phone:	

Discharge Planning/Social Work Documentation

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Admission Date: 09/10/2018 18:56 (PT)
Patient Name: JEANNE LEONIE HOFFMAN
MRN: U8170135
Account Number: 1830020513
Date of Birth: 1/6/1925 Age: 90+ years
Location: NW 4S / 444-01

Admission Information

Admission Date:	09/10/2018 18:56 (PT)	**Patient Type:**	Inpatient
Service:	INTERNAL MEDICINE	**Account Number:**	1830020513
Facility:	NWH	**Primary Diagnosis:**	Hypovolemia
Location:	NW 4S-444-01	**Secondary Diagnosis:**	
Admitting Physician:	Cella, Julie	**Inital DRG:**	
Attending Physician:	ABBOTT KLAFTER, JESSE	**Working DRG:**	MS-DRG (312) SYNCOPE & COLLAPSE
Readmit:	No	**Final DRG:**	
Admit Source:	1-Non-Health Care Facility/Self	**SSN:**	

Discharge Information

Plan Status:		**Medically Cleared to Leave:**	
Discharge Date:	09/19/2018 13:30 (PT)	**CM D/C Disposition:**	01-HOME/SELF CARE
ADT D/C Disposition:	01-HOME/SELF CARE	**Projected Discharge Date:**	09/12/2018 11:00 (PT)
Transportation at D/C:		**Discharge Delay Reason:**	
Follow-Up Date:		**Discharge Slot:**	
Final Diagnosis:			

Placement Information

Patient Contact Information

Contact Name:	LOUIS (POA) HOFFMAN	**Relationship:**	Son
Address:	UNKNOWN	**Home Phone:**	
		Work Phone:	
City:	SEATTLE	**Alternate Phone**	
State/Zip Code:	WA 98101	**Email:**	

Financial Information

Financial Class:	MEDICARE	**Primary Plan Description:**	MEDICARE PART A AND B
		Secondary Plan Description:	CNP MCAID
		Tertiary Plan Description:	

Diagnosis Information

Code:	D64.9	***Description:***	Anemia, unspecified
Type:	Final	**POA:**	
Priority:	12	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)

Discharge Planning/Social Work Documentation

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Admission Date: 09/10/2018 18:56 (PT)
Patient Name: JEANNE LEONIE HOFFMAN
MRN: U8170135
Account Number: 1830020513
Date of Birth: 1/6/1925 Age: 90+ years
Location: NW 4S / 444-01

Code:	E78.5	***Description:***	Hyperlipidemia, unspecified
Type:	Final	**POA:**	
Priority:	13	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	E86.0	***Description:***	Dehydration
Type:	Final	**POA:**	
Priority:	17	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	E86.1	***Description:***	Hypovolemia
Type:	Final	**POA:**	
Priority:	1	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	G62.9	***Description:***	Polyneuropathy, unspecified
Type:	Final	**POA:**	
Priority:	9	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	I77.1	***Description:***	Stricture of artery
Type:	Final	**POA:**	
Priority:	6	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	I87.2	***Description:***	Venous insufficiency (chronic) (peripheral)
Type:	Final	**POA:**	
Priority:	5	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	L97.929	***Description:***	Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity
Type:	Final	**POA:**	
Priority:	2	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	M54.2	***Description:***	Cervicalgia
Type:	Final	**POA:**	

Discharge Planning/Social Work Documentation

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Admission Date: 09/10/2018 18:56 (PT)
Patient Name: JEANNE LEONIE HOFFMAN
MRN: U8170135
Account Number: 1830020513
Date of Birth: 1/6/1925 Age: 90+ years
Location: NW 4S / 444-01

Priority:	14	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	M62.838	***Description:***	Other muscle spasm
Type:	Final	**POA:**	
Priority:	15	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	R19.7	***Description:***	Diarrhea, unspecified
Type:	Final	**POA:**	
Priority:	4	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	R26.9	***Description:***	Unspecified abnormalities of gait and mobility
Type:	Final	**POA:**	
Priority:	8	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	R29.6	***Description:***	Repeated falls
Type:	Final	**POA:**	
Priority:	18	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	R55	***Description:***	Syncope and collapse
Type:	Final	**POA:**	
Priority:	3	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	R91.1	***Description:***	Solitary pulmonary nodule
Type:	Final	**POA:**	
Priority:	11	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	S16.1XXA	***Description:***	Strain of muscle, fascia and tendon at neck level, initial encounter
Type:	Final	**POA:**	
Priority:	16	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)

Discharge Planning/Social Work Documentation

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Admission Date: 09/10/2018 18:56 (PT)
Patient Name: JEANNE LEONIE HOFFMAN
MRN: U8170135
Account Number: 1830020513
Date of Birth: 1/6/1925 Age: 90+ years
Location: NW 4S / 444-01

Code:	Z79.01	***Description:***	Long term (current) use of anticoagulants
Type:	Final	**POA:**	
Priority:	7	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	Z86.718	***Description:***	Personal history of other venous thrombosis and embolism
Type:	Final	**POA:**	
Priority:	10	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)
Code:	Z91.81	***Description:***	History of falling
Type:	Final	**POA:**	
Priority:	19	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	09/26/2018 0:00 (PT)

Final Discharge Plan

Last Saved By: Cynthia Antoon
Last Saved On: 09/19/2018 13:39 (PT)
Created By: Cynthia Antoon
Created On: 09/19/2018 13:39 (PT)

Final Discharge Plan

Anticipated Discharge Date	Answers:	Anticipated Discharge Date	Notes:	9-19-18
Destination	Answers:	Other	Notes:	with son to homeless tent on Bainbridge Island

Notes:

282 Knechtel Way NE,
Bainbridge Island,WA 98110

Services & Appointments	Answers:	Home Health	Notes:	Kindred HH 206-491-0346
		Wound Clinic	Notes:	Monday, 9-24-18 @ 8:45 am, son aware and will arrange transportation
Transportation	Answers:	Other	Notes:	Paratransit.,1-855-553-0355
Discussed Discharge Plan With:	Answers:	Patient		
		Son / Daughter	Notes:	Louis
Forms Completed	Answers:	Face to Face Medicare Home Health Form		

Discharge Planning/Social Work Documentation

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Admission Date: 09/10/2018 18:56 (PT)
Patient Name: JEANNE LEONIE HOFFMAN
MRN: U8170135
Account Number: 1830020513
Date of Birth: 1/6/1925 Age: 90+ years
Location: NW 4S / 444-01

UW Medicine & Northwest
Hospital and Medical Center
1550 N 115th St
Seattle, WA 98133-9733

Inpatient Coding Summary

Patient Name	Sex	Birth Date	Age	MR Number	Account Number
HOFFMAN, JEANNE LEONIE	**FEMALE**	**01/06/1925**	**93**	**U8170135**	**1830020513**

Admit Date	Discharge Date	LOS	Financial Class	Disposition
09/10/18 06:56 PM	**09/19/18 01:30 PM**	**9**	**Medicare**	**06 - 06 HOME HEALTH CARE**

Attending Physician	Coder	Patient Type
Abbott Klafter,Jesse MD	**Pamela Campbell**	**Inpatient**

MDC Code / Text
010 ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES & DISORDERS

DRG Code / Text
641 MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC

CMS Weight	Average LOS	Geometric Mean LOS	Estimated Reimbursement
0.7461	**3.3**	**2.6**	**0.00**

Primary Diagnosis

Y E861 Hypovolemia

Secondary Diagnosis

Y # L97929 Non-pressure chronic ulcer of unspecified part of left lower leg with unspecified severity
Y R55 Syncope and collapse
Y R197 Diarrhea, unspecified
Y I872 Venous insufficiency (chronic) (peripheral)
Y I771 Stricture of artery
E Z7901 Long term (current) use of anticoagulants
Y R269 Unspecified abnormalities of gait and mobility
Y G629 Polyneuropathy, unspecified
E Z86718 Personal history of other venous thrombosis and embolism
Y R911 Solitary pulmonary nodule
Y D649 Anemia, unspecified
Y E785 Hyperlipidemia, unspecified
N M542 Cervicalgia
N M62838 Other muscle spasm
N S161XXA Strain of muscle, fascia and tendon at neck level, initial encounter
N X58XXXA Exposure to other specified factors, initial encounter
Y E860 Dehydration
Y R296 Repeated falls
E Z9181 History of falling

Procedures	Provider	Date
2W1RX6Z Compression of Left Lower Leg using Pressure Dressing	Harris,Mary Catherine AR	09/17/18

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1830184816	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:	Non-pressure chronic ulcer of left calf with fat layer exposed		
Admit D/T:	9/24/2018 08:57	Discharge D/T:	9/24/2018 10:49	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	HOMELESS			Sub SSN:	531264736
	SEATTLE WA 98133			Sub Phone:	

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 09/21/2018 00:44

Created on: September 21, 2018, 00:44:07 -0700 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	HOMELESS SEATTLE, WA 98133 Phone: 360-6495702 (Home) Phone: 206-0000000 (Work) Phone: 6495702 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** September 10, 2018	**End:** September 19, 2018	
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Internal Medicine	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1830020513 NWHMC: Health Resources Northwest Locally-assigned Other Identifier(SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.339231

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Julie Cella , MD	**Contact Information**	Northwest Hospital and Medical Center Seattle, WA 98133 Phone: 206-668-1500 (Work)
Attending Physician	Jesse Abbott Klafter , MD	**Contact Information**	Inpatient Hospitalist Team Seattle, WA 98133 Phone: 206-668-1500 (Work)

Table of Contents

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☑ Reason For Visit
☑ Chief Complaint
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☑ Plan of Care
☑ Procedures
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☑ Hospital Course

☑Hospital Discharge Instructions
☑Allergies, Adverse Reactions, Alerts
☑Medication

☑Reason For Visit

☑Chief Complaint

AMS

☑Social History

Smoking Status from 9/11/2018 1:16 AM:

- Tobacco Use? : Denies Ever Smoked

☑Functional Status

Functional Status from 9/11/2018 2:10 AM:

- Comm Barrier Hearing (list) : HOH - Left,HOH - Right,Uses Hearing Aid(s)
- Comm Barrier Sight (list) : Wears Glasses/ Contacts

☑Vital Signs

Measurements from 9/11/2018 1:16 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/11/2018 1:28 AM:

- BP : 173/75

Measurements from 9/11/2018 4:41 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/11/2018 4:43 AM:

- BP : 133/62

Measurements from 9/11/2018 9:07 AM:

- BP : 139/72

Measurements from 9/11/2018 12:50 PM:

- BP : 134/78

Measurements from 9/11/2018 8:47 PM:

- BP : 145/60

Measurements from 9/12/2018 12:15 AM:

- BP : 151/69

Measurements from 9/12/2018 5:01 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/12/2018 5:02 AM:

- BP : 145/70

Measurements from 9/12/2018 9:59 AM:

- BP : 139/65

Measurements from 9/12/2018 1:54 PM:

- BP : 135/68

Measurements from 9/12/2018 5:40 PM:

- BP : 116/60

Measurements from 9/12/2018 8:50 PM:

- BP : 111/53

Measurements from 9/13/2018 12:18 AM:

- BP : 129/62

Measurements from 9/13/2018 4:09 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/13/2018 4:41 AM:

- BP : 128/65

Measurements from 9/13/2018 9:16 AM:

- BP : 120/67

Measurements from 9/13/2018 1:16 PM:

- BP : 114/63

Measurements from 9/13/2018 5:29 PM:

- BP : 125/67

Measurements from 9/13/2018 9:25 PM:

- BP : 102/47

Measurements from 9/14/2018 1:51 AM:

- BP : 131/62

Measurements from 9/14/2018 5:25 AM:

- BP : 131/59

Measurements from 9/14/2018 6:50 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.7/ kg
- BMI : 20.2

Measurements from 9/14/2018 9:38 AM:

- BP : 128/65

Measurements from 9/14/2018 2:30 PM:

- BP : 124/60

Measurements from 9/14/2018 5:27 PM:

- BP : 118/59

Measurements from 9/14/2018 9:25 PM:

- BP : 122/60

Measurements from 9/15/2018 1:48 AM:

- BP : 127/59

Measurements from 9/15/2018 5:30 AM:

- BP : 125/66

Measurements from 9/15/2018 6:39 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.0/ kg
- BMI : 19.9

Measurements from 9/15/2018 1:46 PM:

- BP : 129/59

Measurements from 9/15/2018 9:14 PM:

- BP : 123/64

Measurements from 9/16/2018 1:25 AM:

- BP : 124/65

Measurements from 9/16/2018 5:00 AM:

- BP : 128/64

Measurements from 9/16/2018 6:59 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.7/ kg
- BMI : 20.2

Measurements from 9/16/2018 1:58 PM:

- BP : 136/59

Measurements from 9/16/2018 9:38 PM:

- BP : 127/61

Measurements from 9/17/2018 1:20 AM:

- BP : 114/55

Measurements from 9/17/2018 5:47 AM:

- BP : 126/65

Measurements from 9/17/2018 9:12 AM:

- BP : 121/60

Measurements from 9/17/2018 2:55 PM:

- BP : 124/88

Measurements from 9/17/2018 5:01 PM:

- BP : 111/62

Measurements from 9/17/2018 8:10 PM:

- BP : 143/69

Measurements from 9/17/2018 11:20 PM:

- BP : 130/68

Measurements from 9/18/2018 12:15 AM:

- BP : 121/70

Measurements from 9/18/2018 5:10 AM:

- BP : 146/58

Measurements from 9/18/2018 9:09 AM:

- BP : 122/62

Measurements from 9/18/2018 2:00 PM:

- BP : 120/58

Measurements from 9/18/2018 5:52 PM:

- BP : 112/60

Measurements from 9/18/2018 9:40 PM:

- BP : 119/63

Measurements from 9/19/2018 5:50 AM:

- BP : 148/70

Measurements from 9/19/2018 5:52 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 50.1/ kg
- BMI : 19.6

Measurements from 9/19/2018 8:58 AM:

- BP : 121/62

Results

Hematology from 9/10/2018 7:38 PM

WBC 6.24 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.69 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.1 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 32 % L *(36-45 %)*
MCV 87 fL *(81-98 fL)*

MCH 27.4 pg *(27.3-33.6 pg)*
MCHC 31.5 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 289 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.0 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 58 % (Reference Range: not available)

% Lymphocytes 26 % (Reference Range: not available)

% Monocytes 11 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 1 % (Reference Range: not available)

Neutrophils 3.66 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.65 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.67 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.19 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.03 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/11/2018 5:55 AM

WBC 5.56 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.25 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.1 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 91 fL *(81-98 fL)*
MCH 28.0 pg *(27.3-33.6 pg)*
MCHC 30.8 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 259 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 58 % (Reference Range: not available)

% Lymphocytes 26 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 5 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.19 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.47 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.56 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/12/2018 3:56 AM

WBC 6.66 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.45 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.3 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 88 fL *(81-98 fL)*
MCH 27.0 pg L *(27.3-33.6 pg)*
MCHC 30.8 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 276 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.23 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.48 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.64 THOU/uL *(0.00-0.80 THOU/uL)*

Eosinophils 0.25 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/13/2018 5:10 AM

WBC 6.44 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.53 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.6 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 31 % L *(36-45 %)*
MCV 88 fL *(81-98 fL)*
MCH 27.2 pg L *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 281 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.03 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.41 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.67 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.03 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/18/2018 6:05 AM

WBC 7.25 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.51 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.7 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 31 % L *(36-45 %)*
MCV 89 fL *(81-98 fL)*
MCH 27.6 pg *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 290 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.5 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 68 % (Reference Range: not available)

% Lymphocytes 18 % (Reference Range: not available)

% Monocytes 9 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.95 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.32 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.63 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.03 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 9/10/2018 7:38 PM

Sodium 135 mEq/L *(135-145 mEq/L)*
Potassium 4.1 mEq/L *(3.6-5.2 mEq/L)*
Chloride 102 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 26 mEq/L *(22-32 mEq/L)*
Anion Gap 7 *(4-12)*
Glucose 131 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 26 mg/dL H *(8-21 mg/dL)*
Creatinine 0.91 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 7.0 g/dL *(6.0-8.2 g/dL)*
Albumin 3.6 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.3 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 14 U/L *(9-38 U/L)*
ALT (GPT) 9 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 66 U/L *(49-199 U/L)*
eGFR, Calc, European American 58 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*

eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Procalcitonin <0.05 ng/mL *(0-0.49 ng/mL)*
Procalcitonin Component (Reference Range: not available)
Sepsis diagnosis in adults:
PCT <0.5 ng/mL Low risk for progression to severe systemic bacterial infection. Repeat level in 6-24 hours if infection is strongly suspected.
PCT >=0.5 and <2.0 ng/mL Moderate risk for progression to severe sepsis.
PCT >=2 and <10 ng/mL High risk for progression to severe sepsis.
PCT >=10 ng/mL High likelihood of severe sepsis or septic shock.

PCT concentrations <0.5 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (<6 hours).
Furthermore, increased PCT can occur without infection.
PCT concentrations between 0.5 and 2.0 ng/mL should be interpreted taking into account the patient's history.
It is recommended to retest PCT within 6-24 hours if any concentrations of <2 ng/mL are obtained.
Calcium 8.9 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 9/11/2018 5:55 AM

Sodium 141 mEq/L *(135-145 mEq/L)*
Potassium 3.9 mEq/L *(3.6-5.2 mEq/L)*
Chloride 111 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 24 mEq/L *(22-32 mEq/L)*
Anion Gap 6 *(4-12)*
Glucose 112 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 18 mg/dL *(8-21 mg/dL)*
Creatinine 0.75 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.4 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/12/2018 3:56 AM

Sodium 140 mEq/L *(135-145 mEq/L)*
Potassium 4.2 mEq/L *(3.6-5.2 mEq/L)*
Chloride 107 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 114 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 20 mg/dL *(8-21 mg/dL)*
Creatinine 0.81 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.6 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/13/2018 5:10 AM

Sodium 141 mEq/L *(135-145 mEq/L)*
Potassium 4.3 mEq/L *(3.6-5.2 mEq/L)*
Chloride 109 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 7 *(4-12)*
Glucose 117 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 25 mg/dL H *(8-21 mg/dL)*
Creatinine 0.83 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.5 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/18/2018 6:05 AM

Sodium 142 mEq/L *(135-145 mEq/L)*
Potassium 3.9 mEq/L *(3.6-5.2 mEq/L)*
Chloride 109 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 135 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 21 mg/dL *(8-21 mg/dL)*
Creatinine 0.76 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.8 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 9/10/2018 7:38 PM

Prothrombin Time Patient (NWH) 17.4 s H *(8.9-12.1 s)*
Prothrombin INR 1.9 H *(0.8-1.3)*

Coagulation from 9/11/2018 5:55 AM

Prothrombin Time Patient (NWH) 19.6 s H *(8.9-12.1 s)*
Prothrombin INR 2.1 H *(0.8-1.3)*

Coagulation from 9/12/2018 3:56 AM

Prothrombin Time Patient (NWH) 28.6 s H *(8.9-12.1 s)*
Prothrombin INR 3.1 H *(0.8-1.3)*

Coagulation from 9/13/2018 5:10 AM

Prothrombin Time Patient (NWH) 28.0 s H *(8.9-12.1 s)*
Prothrombin INR 3.0 H *(0.8-1.3)*

Coagulation from 9/14/2018 10:10 AM

Prothrombin Time Patient (NWH) 21.1 s H *(8.9-12.1 s)*
Prothrombin INR 2.3 H *(0.8-1.3)*

Coagulation from 9/15/2018 5:45 AM

Prothrombin Time Patient (NWH) 20.5 s H *(8.9-12.1 s)*
Prothrombin INR 2.2 H *(0.8-1.3)*

Coagulation from 9/16/2018 5:35 AM

Prothrombin Time Patient (NWH) 23.0 s H *(8.9-12.1 s)*
Prothrombin INR 2.5 H *(0.8-1.3)*

Coagulation from 9/17/2018 5:40 AM

Prothrombin Time Patient (NWH) 35.2 s H *(8.9-12.1 s)*
Prothrombin INR 3.8 H *(0.8-1.3)*

Coagulation from 9/18/2018 6:05 AM

Prothrombin Time Patient (NWH) 30.6 s H *(8.9-12.1 s)*
Prothrombin INR 3.3 H *(0.8-1.3)*

Coagulation from 9/19/2018 6:10 AM

Prothrombin Time Patient (NWH) 21.4 s H *(8.9-12.1 s)*
Prothrombin INR 2.2 H *(0.8-1.3)*

Cardiac from 9/10/2018 7:38 PM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see
http://tests.labmed.washington.edu/TROPIG
B_Type Natriuretic Peptide 84 pg/mL *(-<101 pg/mL)*

Cardiac from 9/12/2018 3:56 AM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see
http://tests.labmed.washington.edu/TROPIG

Cardiac from 9/12/2018 11:40 AM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

Drug Levels from 9/10/2018 7:38 PM

Alcohol (Ethyl) Negative mg/dL *(NRN mg/dL)*

Drug Levels from 9/10/2018 9:16 PM

Amphet/Metamphetamine Qual,URN Negative *(NRN)*
Barbiturate Qual, URN Negative *(NRN)*
Benzodiazepines Qual, URN Negative *(NRN)*
Cannabinoids Qual, URN Negative *(NRN)*
Cocaine Qual, URN Negative *(NRN)*
Opiates Qual, URN Positive A *(NRN)*
Methadone Qual, URN Negative *(NRN)*
Tricyclic Antidepressants, URN Negative *(NRN)*
Phencyclidine Qual, URN Negative *(NRN)*
Alcohol (Ethyl), URN (Reference Range: not available)
Negative
Quantitative testing for ethanol is by enzymatic method.
Ethanol cutoff limit: 10 mg/dL
Acetaminophen Qualitative, URN Positive A *(NRN)*
Drug Screen Test Info, URN (Reference Range: not available)
These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants.
Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

Infectious Immunology from 9/11/2018 11:35 AM

C. difficile PCR Spec Desc Stool (Reference Range: not available)

C. difficile, Toxigenic by PCR Negative *(NRN)*

Urinalysis from 9/10/2018 9:16 PM

Collection Method Urine (Reference Range: not available)

Color, URN Yellow (Reference Range: not available)

Clarity, URN Clear (Reference Range: not available)

Specific Gravity, URN <1.006 g/mL L *(1.006-1.029 g/mL)*
pH, URN 5.5 *(5.0-8.0)*
Protein (Alb _ Semi_Quant),URN Negative mg/dL *(NRN mg/dL)*
Glucose Qual, URN Negative mg/dL *(NRN mg/dL)*
Ketones, URN Negative mg/dL *(NRN mg/dL)*
Bilirubin Qual, URN Negative *(NRN)*
Occult Blood, URN Negative *(NRN)*
Nitrite, URN Negative *(NRN)*
Leukocyte Esterase, URN Negative *(NRN)*
Urobilinogen, URN 0.1-1.9 EHRLICH UNITS *(URONML EHRLICH UNITS)*
Comments for Macroscopic, URN None (Reference Range: not available)

WBC, URN 0-5(NEG) /HPF *(Z5NEG /HPF)*
RBC, URN 0-2(NEG) /HPF *(Z2NEG /HPF)*

Bacteria, URN Not Seen *(NOSEEN)*
Epith Cells_Squamous, URN >5(PRESENT) /LPF A *(LT6 /LPF)*
Epith Cells_Renal/Trans,URN <3(NEG) /HPF *(LESS3 /HPF)*
Comments for Microscopic, URN None *(NONE)*

Problems

Encounter Diagnosis
- Chronic Pain Status:Active.
- Fall Risk Status:Active.
- Mixed venous insufficiency/PAD left lower leg. Status:Active.

Additional Problems
- Acute Pain Status:Resolved.
- Acute Pain Status:Resolved.

Encounters

Encounter Diagnosis
- Chronic Pain Status:Active.
- Fall Risk Status:Active.
- Mixed venous insufficiency/PAD left lower leg. Status:Active.

Plan of Care

Treatment Plan from 9/17/2018 12:39 PM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/20/2018 @ 11:15 AM [Thursday]
- Lab When : INR on Thursday.

Treatment Plan from 9/19/2018 11:54 AM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/24/2018 @ 8:30 AM [Monday]
- Lab When : INR on Friday 9/21/2018
- Additional Referral : Kindred Home Health

Treatment Plan from 9/19/2018 11:58 AM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/24/2018 @ 8:30 AM [Monday]
- Lab When : INR on Friday 9/21/2018
- Additional Referral : Kindred Home Health

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 9/17/2018 12:39 PM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

- Fever of 100.5 F or higher or chills
- Increased/ Excessive Bleeding
- Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
- Frequency, burning, foul smelling or blood with urination or unable to urinate
- Persistent diarrhea or constipation
- Pain, redness and swelling in lower legs
- Pain unrelieved with medication and rest
- Unable to tolerate oral fluids or food
- Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
- Swelling unrelieved by elevation, rest or ice
- Severe leg/calf pain
- Chest pain
- Shortness of breath
- Fatigue
- Weight gain of more than 3 pounds in 3 days

Detailed Instructions from 9/19/2018 11:54 AM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days

Detailed Instructions from 9/19/2018 11:58 AM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days

Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- nitrofurantoin causes CONFUSION, NAUSEA, ABD PAIN. Status:Active.
- aspirin causes Rash. Status:Active.
- adhesive tape causes Rash. Status:Active.
- Penicillins causes Rash. Status:Active.
- Sulfa (Sulfonamide Antibiotics) causes Rash. Status:Active.

- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Preliminary list - medication reconciliation not completed.

Discharge medications

New medications

- acetaminophen 325 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 2 tablet oral every six hours PRN MILD PAIN
  Additional Instructions: ONLY take if NOT taking norco
- LIDOCAINE 4% PATCH (ASPERCREME LIDOCAINE PATCH) 1 PATCH = 1 PATCH Transdermal DAILY First Dose Now, Clinician Dir:SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF. Buy over the counter.
  Directions: 1 each transdermal daily
  Additional Instructions: SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF
- methocarbamol 500 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral every six hours PRN Neck pain
- atorvastatin (Lipitor) 10 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily

Continued medications

- cholecalciferol (vitamin D3) 1,000 unit Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily every morning
- timolol maleate 0.5 % Drops, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 drop ophthalmic, both eyes daily every morning

Changed medications

- HYDROcodone-acetaminophen 5 mg-325 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1-2 tablet oral every six hours PRN pain
- warfarin (Coumadin) 4 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily every evening
  Additional Instructions: check INR on friday

Stopped medications

- cyanocobalamin (vitamin B-12) 1,000 mcg Tablet
  Directions: 1 tablet oral daily every morning
- pentoxifylline 400 mg Tablet Extended Release
  Directions: 1 tablet oral every eight hours
- lactulose 10 gram/15 mL Solution
  Directions: 30 mL oral twice a day PRN constipation
  Additional Instructions: if no BM in 3 days
- bisacodyl (Dulcolax (bisacodyl)) 10 mg Suppository
  Directions: 1 suppository per rectum daily PRN constipation
  Additional Instructions: if no BM in 4 days

Created by: CCDA Workflow on September 21, 2018

Clinical Notes Report

Generated from 09/10/2018 00:00 to 10/10/2018 23:59

Collected Date/Time: 09/19/18 13:23 **Collected By:** Kari Carney, RN

Note: ADT Time: 1315
Transported From: 444
Transported To: Home
Transportation Method: W/C
Accompanied By: Volunteer and her son
Location of Personal Belongings: w/ pt's son
Belongings List Completed: yes by Samson
Items in Hospital Safe or Pharmacy Returned to Patient: None
Comments: A/Ox3, son at bedside. Reviewed discharge instructions regarding medications, pain managment, drsg changes and indications to contact md.

Collected Date/Time: 09/19/18 13:08 **Collected By:** Kari Carney, RN

Note: Outcome Name: Identified Safe Discharge Plan
Outcome Status: Not Met
Pt and her son decline any care facilities and verbalize understanding of risks.

Collected Date/Time: 09/19/18 11:57 **Collected By:** Kari Carney, RN

Note: Plan of Care Reviewed: :
A/Ox3, can be forgetful. Son at bedside. She reports 5/10 neck pain is managed with Oxcodone 2.5mg. Up to chair all morning. LLE drsg cdi, leg is elevated.

Collected Date/Time: 09/19/18 06:06 **Collected By:** Marivic S Flora-Doidge, RN

Note: Pt c/o severe neck pain with activity, she could scream in pain but she controls not to. She is able to get OOB without any help, walks to the BR using FWW w/ supervision, she has steady gait. Denies pain on LLE with ambulation, LLE dressing intact. Voiding without difficulty, has small BM last noc. Son at bedside.

Collected Date/Time: 09/18/18 19:03 **Collected By:** Kari Carney, RN

Note: Plan of Care Reviewed: :
A/Ox3. Son at bedside, very involved. She sat up in the chair most of the day. Ambulates to the bathroom w/ 1 person assist and FWW. Voiding. 2 formed BM's. Fair appetite. She reports neck pain ranges from 5-7/10 and is well managed with routine tylenol and prn Oxy 2.5mg. LLE drsg cdi, leg elevated on foot rest while sitting up.

Collected Date/Time: 09/18/18 05:50 **Collected By:** Agnes A Okolie, RN

Note: Pt A/Ox3, very HOH, pocket talker to communicate, Pt is very weak, need assistence with activity. Pt noted, to be very painful, on the neck, when needing to get up. Pt will support head with, both hands behind her head. Pt neck, appears to be stiff, Pt medicated with half of oxycodone, on routine tylenol. Pt voiding, had small BM, during this shift.

Collected Date/Time: 09/17/18 18:27 **Collected By:** Susan E Baker, RN

Clinical Notes Report

Generated from 09/10/2018 00:00 to 10/10/2018 23:59

Collected Date/Time: 09/17/18 18:27 **Collected By:** Susan E Baker, RN

Note: Plan of Care Reviewed: :
C/o neck pain. MRI revealed most likely muscle strain and narrowing. Pain relieved by po oxy. Dsg L LE changed by wound care nurse this afternoon. Son at bedside all shift. Warfarin held this shift. please place dentures in for eating meals. Meals on house menu plan. elevate LLE on pillow. Plan still to d/c home w/ son.

Collected Date/Time: 09/17/18 03:34 **Collected By:** Fitsum Nedi, RN

Note: Plan of Care Reviewed: :
A/O x 4. Make needs known. HOH.VSS. C/o pain on Neck, medicated with PRN Tylenol + Oxycodone with good effect. 1 SBA to the BSC. Dressing on RLE, C/D/I. Will CTM pt.

Collected Date/Time: 09/16/18 22:26 **Collected By:** Ebrima Fatajo, RN

Note: Reported right neck pain, "i did not sleep well due to pain." Pain felt mostly on the right neck, also on the right shoulder and scapula.These three site tender to touch.Denies any numbness of BUE, has good ROM. Has new order for Oxycodone and lidocain patch for pain management.Pain was quite bothersome in the morning, improved slightly this afternoon and evening, was able to walk in the hallway.

Collected Date/Time: 09/16/18 03:37 **Collected By:** Michelle Tomita, RN

Note: Outcome Name: Effective Pain Control
Outcome Status: Progressing
No c/o pain. LLE elevated on pillows, dressing intact.

Collected Date/Time: 09/14/18 18:46 **Collected By:** Ebrima Fatajo, RN

Note: LLE venous ulcer dressing changed,from knee down with rubor, multiples ulcers.Painful with dressing change but patient tolerated it well without pain meds.No fever,SOB chest pain, dizziness reported

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Collected Date/Time: 09/14/18 04:31 **Collected By:** Nisha Kumari Padha, RN

Note: Patient is alert and oriented, can use call light appropriately. Denies pain. LLE with dresssing, daily dressing change. IV is saline locked. One person SBA with FWW to restroom, voiding.

Collected Date/Time: 09/14/18 01:48 **Collected By:** Nisha Kumari Padha, RN

Note: Outcome Name: No Fall
Outcome Status: Progressing
Patient uses call light effectively.

Collected Date/Time: 09/14/18 01:48 **Collected By:** Nisha Kumari Padha, RN

Note: Outcome Name: Effective Pain Control

Clinical Notes Report

Generated from 09/10/2018 00:00 to 10/10/2018 23:59

Collected Date/Time: 09/14/18 01:48 **Collected By:** Nisha Kumari Padha, RN

Outcome Status: Progressing
Patient denies pain.

Collected Date/Time: 09/13/18 17:06 **Collected By:** Cindy Jo Allen, RN

Note: Plan of Care Reviewed: :
pt has been alert and oriented x4 today; has not tried to get up without help; participated in therapy and got OOB for meals; during discussions about discharge plan, she states adamantly that she "has to talk to Lou and see what he wants me to do; if he wants me to go to a home, then I will;" she also says "I don't want to do anything to hurt him;" she talks at length about memories of being treated poorly in the last place where they lived and says "i don't know if that might happen again;" she describes how she wants to be independent and is afraid that her independence will be restricted if she goes to a home

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Collected Date/Time: 09/13/18 03:48 **Collected By:** Susan Mathews, RN

Note: Sleeping well. Appears comfortable. Turn q2hrs and applying skin protective cream.

Collected Date/Time: 09/12/18 22:29 **Collected By:** Queenie Ching, RN

Note: Plan of Care Reviewed: :
Patient was up in the chair for most of the day. She walked in the hall once with the CNA. Wound RN came to change dressing on patient left leg. Patient was told to elevate the leg.

Collected Date/Time: 09/12/18 03:55 **Collected By:** Susan Mathews, RN

Note: Patient sleeping well. Appears comfortable.

Collected Date/Time: 09/12/18 00:37 **Collected By:** David Trush, RN

Note: sleeping. Vss. Mild pain at rest Ref. pain meds at this time. LLE D/I. Foot is warm and pink. Pt is HOH. A/O3. Up to BR with one person min. asst and FWW.

Collected Date/Time: 09/11/18 18:08 **Collected By:** Mary J Jeffries, RN

Note: Plan of Care Reviewed: :
Pt up with SBA and FWW today. Dressing changed after MD removed to view LLE venous wounds. Negative for Cdiff so isolation removed.

Collected Date/Time: 09/11/18 06:17 **Collected By:** Joan C Rama, RN

Note: Pt. A/O x3. Very HOH, on tele monitoring for syncope, presently SR. On contact isolation for possible C-diff. Needs to collect stool specimen. LLE- with dressing and has wound consult ordered. Hx. of DVT and is currently taking coumadin.

Category: Progress Notes
Date of Service: 09/20/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1830020513
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-09-10 18:56:00
Discharge Date Time: 2018-09-19 13:30:00

Clinical Notes Report

Generated from 09/10/2018 00:00 to 10/10/2018 23:59

Collected Date/Time: 09/11/18 02:44

Collected By: Alieu B Jallow, RN

Note: Admission Time: 0111
Transported From: ED
Transported To: 4 South, Rm 444
Transportation Method: Stretcher
Accompanied By: Hospital Staff
Condition on Arrival: Stable
SBAR Report Provided to:
Location of Personal Belongings: With Patient
Belongings List Completed:
Items in Hospital Safe or Pharmacy Returned to Patient: None
Comments:

Clinical Notes History

No History Records Found

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: Care Management/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 05:10 09/11/18 05:10	Care Management, Assessment Routine	Active	Julie T Cella, MD	Julie T Cella, MD

Order Type: Consultation/Order Sub Type: NWH Consults

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 04:56 09/11/18 04:56	Wound Care Consult, chronic venous stasis ulcerations	Active	Julie T Cella, MD	Julie T Cella, MD
Comments: chronic venous stasis ulcerations				
09/12/18 16:01 09/12/18 16:01	Psychiatric & Behavioral Health Consult Psychiatric Assessment, looking for janice edwards to discuss a patient, not necessarily a formal consult. can you please call 612-385-2344. thanks!	Active	Sonja M Ellingson, MD	Sonja M Ellingson, MD
Comments: looking for janice edwards to discuss a patient, not necessarily a formal consult. can you please call 612-385-2344. thanks!				

Order Type: Diagnostic Imaging/Order Sub Type: CT

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Diagnostic Imaging/Order Sub Type: EKG

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Diagnostic Imaging/Order Sub Type: MRI

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/17/18 10:19 09/17/18 10:19	MRI Cervical Spine without Contrast DC_Pending_Results	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/17/18 10:31 09/17/18 10:31	MRI Thoracic Spine without Contrast DC_Pending_Results	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD

Order Type: Diagnostic Imaging/Order Sub Type: Rad

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Food and Nutrition/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Diet Order: General	Active	Julie T Cella, MD	Julie T Cella, MD

Order Type: Laboratory/Order Sub Type: Chemistry

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 05:00 09/13/18 05:00	Basic Metabolic Panel : Routine Rounds 0500 rounds for 3 Times	Complete	Julie T Cella, MD	Julie T Cella, MD
09/18/18 05:00 09/18/18 05:00	Basic Metabolic Panel : Routine Rounds 0500 rounds for 1 Times	Complete	Jesse Abbott Klafter, MD	Jesse Abbott Klafter, MD

Order Type: Laboratory/Order Sub Type: Coagulation

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 05:00 09/13/18 05:00	Prothrombin Time (NWH) : Routine Rounds 0500 rounds for 3 Times	Complete	Julie T Cella, MD	Cayce E Stromgren, Pharm D

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: Laboratory/Order Sub Type: Coagulation

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/14/18 07:56 09/14/18 07:56	Prothrombin Time (NWH) : Next Rounds	Complete	Sonja M Ellingson, MD	Phu G Tran, Pharm D
09/15/18 05:00 09/17/18 05:00	Prothrombin Time (NWH) : Routine Rounds 0500 rounds for 3 Times	Complete	Sonja M Ellingson, MD	Phu G Tran, Pharm D
09/18/18 05:00 09/20/18 05:00	Prothrombin Time (NWH) : Routine Rounds 0500 rounds for 3 Times	In progress	Sonja M Ellingson, MD	Phu G Tran, Pharm D

Order Type: Laboratory/Order Sub Type: Hematology

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 05:00 09/13/18 05:00	CBC, Diff/Smear Evaluation : Routine Rounds 0500 rounds for 3 Times	Complete	Julie T Cella, MD	Julie T Cella, MD
09/18/18 05:00 09/18/18 05:00	CBC, Diff/Smear Evaluation : Routine Rounds 0500 rounds for 1 Times	Complete	Jesse Abbott Klafter, MD	Jesse Abbott Klafter, MD

Order Type: Laboratory/Order Sub Type: Microbiology

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 04:30 09/11/18 04:30	C. difficile, Toxigenic by PCR : Timed Collection for 1 Times	Complete	Julie T Cella, MD	Julie T Cella, MD

Order Type: Laboratory/Order Sub Type: Misc

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Laboratory/Order Sub Type: Urinalysis

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 08:00 09/11/18 08:00	PHARMACY CONSULT 1 NOTE = 1 NOTE Miscellaneous OT for 1 Doses, Clinician Dir:CONSULT: WARFARIN TARGET INR 2-3 FIRST DOSE NOW	Discontinue	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53 09/11/18 00:54	ENOXAPARIN SODIUM (LOVENOX) 40 MG = 0.4 ML Subcutaneous DAILY for 1 Days	Discontinue	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	SODIUM CHLORIDE 0.9% FLSH SYR 1 SYRINGE = 10 ML Intravenous BID, Clinician Dir:FLUSH EACH LUMEN MAY GIVE 5-10 ML	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	SODIUM CHLORIDE 0.9% FLSH SYR 1 SYRINGE = 10 ML Intravenous PRN LINE FLUSH AFTER USE, Clinician Dir:FLUSH EACH LUMEN MAY GIVE 5-10 ML	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	ADULT STANDARD CARE ORDERS (NOTE ADULT STANDARD CARE) 1 NOTE = 1 NOTE Miscellaneous complex, Clinician Dir:RN TO ENTER ORDER M1065 AS NEEDED IN SOARIAN	Validated	Julie T Cella, MD	Julie T Cella, MD

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53	ACETAMINOPHEN (TYLENOL) 650 MG = 2 TAB Oral Q6HP PRN FEVER	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	ACETAMINOPHEN (TYLENOL) 650 MG = 2 TAB Oral Q6HP PRN MILD PAIN	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	ONDANSETRON HCL (ZOFRAN) 4 MG = 2 ML Intravenous Q8HP PRN NAUSEA/VOMITING	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	MELATONIN 3 MG = 1 TAB Oral QHSP PRN INSOMNIA	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	POLYETHYLENE GLYCOL POWDER (MIRALAX) 17 G = 1 PACKET Oral DPRN CONSTIPATION	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53	SENNA CONCENTRATE (SENOKOT) 17.2 MG = 2 TAB Oral QHSP PRN CONSTIPATION	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:54	ACIDOPHILUS 25 MILLION UNITS 25000000 UNITS = 1 TAB Oral BID	Validated	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:54	atorvastatin calcium 10 mg PO daily	Discontinue	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:54	warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday	Discontinue	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:54	warfarin (Coumadin) 2.5 mg Tablet 1 tablet oral QThursday and Sunday	Discontinue	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:54	timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day	Discontinue	Julie T Cella, MD	Julie T Cella, MD
09/11/18 01:16	TIMOLOL 0.5% MALEATE (TIMOPTIC OPHTH) 1 DROP = 1 DROP Eye-Both BID	Validated	CELLA, JULIE	CAYCE STROMGREN, PHARM D.
09/11/18 01:30	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral C First Dose Now, DOSING PER PHARMACY	Discontinue	CELLA, JULIE	CAYCE STROMGREN, PHARM D.
09/11/18 01:17 09/11/18 01:17	COMMUNICATION NOTE 1 NOTE = 1 NOTE Miscellaneous PRN	Discontinue	CELLA, JULIE	CAYCE STROMGREN, PHARM D.
09/11/18 01:18 09/11/18 01:18	COMMUNICATION NOTE 1 NOTE = 1 NOTE Miscellaneous PRN	Discontinue	CELLA, JULIE	CAYCE STROMGREN, PHARM D.
09/11/18 01:19	ATORVASTATIN CALCIUM (LIPITOR) 10 MG = 1 TAB Oral DAILY	Validated	CELLA, JULIE	CAYCE STROMGREN, PHARM D.
09/11/18 04:45 09/11/18 17:15	LACTATED RINGERS (1000 ML bag) Intravenous @80mL/Hour Over 12.5H for 1 Bags	Discontinue	Julie T Cella, MD	Julie T Cella, MD

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 13:07	WARFARIN SODIUM (COUMADIN) 6 MG = 2 TAB Oral C, WARFARIN DOSING BY PHARMACY	Discontinue	Phu G Tran, Pharm D	Phu G Tran, Pharm D
09/12/18 11:14	WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE Miscellaneous C, Clinician Dir:NO WARFARIN DOSE TODAY. DOSING BY PHARMACY	Discontinue	Phu G Tran, Pharm D	Phu G Tran, Pharm D
09/13/18 11:39	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral C, WARFARIN DOSING BY PHARMACY	Discontinue	Phu G Tran, Pharm D	Phu G Tran, Pharm D
09/16/18 14:00	LIDOCAINE 4% PATCH (ASPERCREME LIDOCAINE PATCH) 1 PATCH = 1 PATCH Transdermal DAILY First Dose Now, Clinician Dir:SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF	Active	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/16/18 12:53	oxyCODONE 2.5 MG = 0.5 TAB Oral Q4HP PRN MILD PAIN, Clinician Dir:DOSE = 1/2 TAB	Active	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/16/18 13:21	ACETAMINOPHEN (TYLENOL) 1000 MG = 2 TAB Oral Q8HWA	Active	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/16/18 13:18	PATCH REMOVAL 1 NOTE = 1 NOTE Transdermal QHS, Clinician Dir:REMOVE LIDOCAIN PATCH	Validated	ELLINGSON, SONJA	KAYLA TRANG, RX RESIDENT
09/17/18 10:19	METHOCARBAMOL (ROBAXIN) 500 MG = 1 TAB Oral Q6HP PRN MUSCLE SPASM	Validated	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/17/18 12:03	WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE Miscellaneous C, Clinician Dir:NO WARFARIN DOSE TODAY. DOSING BY PHARMACY	Discontinue	Phu G Tran, Pharm D	Phu G Tran, Pharm D
09/19/18 11:48	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral C, WARFARIN DOSING BY PHARMACY	Active	Phu G Tran, Pharm D	Phu G Tran, Pharm D

Order Type: Nursing/Order Sub Type: Assessment-POC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: OT/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	OT, Evaluation and Treat	In progress	Julie T Cella, MD	Julie T Cella, MD

Order Type: Patient Care/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: Patient Care/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 07:30	Weight Before breakfast	In progress	Julie T Cella, MD	Julie T Cella, MD

Order Type: Patient Care/Order Sub Type: Activity

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Activity as tolerated	Active	Julie T Cella, MD	Julie T Cella, MD

Order Type: Patient Care/Order Sub Type: ADT

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Patient location: Medical	Active	Julie T Cella, MD	Julie T Cella, MD
Instructions: Medical				
09/11/18 00:53 09/11/18 00:53	Reason for admission (specify): Syncope	Active	Julie T Cella, MD	Julie T Cella, MD
Instructions: Syncope				
09/19/18 11:48 09/19/18 11:48	Discharge home	Active	Jesse Abbott Klafter, MD	Jesse Abbott Klafter, MD

Order Type: Patient Care/Order Sub Type: Communication-PC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Notify provider if HR greater than 115 or less than 50, SBP greater than 180 or less than 90	Active	Julie T Cella, MD	Julie T Cella, MD
Instructions: HR greater than 115 or less than 50, SBP greater than 180 or less than 90				
09/11/18 00:53 09/11/18 00:53	Notify provider if RR greater than 28 or less than 8, increasing O2 requirements greater than 4L	Active	Julie T Cella, MD	Julie T Cella, MD
Instructions: RR greater than 28 or less than 8, increasing O2 requirements greater than 4L				
09/11/18 00:53 09/11/18 00:53	Notify provider if new T greater than 38.3C or persistent T greater than 39C despite treatment, or other concerning changes	Active	Julie T Cella, MD	Julie T Cella, MD
Instructions: new T greater than 38.3C or persistent T greater than 39C despite treatment, or other concerning changes				
09/11/18 00:53 09/11/18 00:53	Provide patient with Inpatient Care at Northwest Hospital booklet	Active	Julie T Cella, MD	Julie T Cella, MD
Instructions: patient with Inpatient Care at Northwest Hospital booklet				
09/11/18 00:53 09/11/18 00:53	Obtain troponin every 8 hours x 2 (start 8 hours from time of collection in ED)	Complete	Julie T Cella, MD	Julie T Cella, MD
Instructions: troponin every 8 hours x 2 (start 8 hours from time of collection in ED)				
09/11/18 00:53 09/11/18 00:53	Obtain Blood cultures x 2 if T greater than 38.3 C (if more than 24 hours after blood cultures have been drawn)	Active	Julie T Cella, MD	Julie T Cella, MD
Instructions: Blood cultures x 2 if T greater than 38.3 C (if more than 24 hours after blood cultures have been drawn)				

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: Patient Care/Order Sub Type: Communication-PC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/12/18 14:08 09/12/18 14:08	Communication to nursing: RE: venous ulcers of left leg. Keep leg elevated as much of the time as possible. sit up for meals and to ambulate. OK to shower w dressings off. Will apply compression prior to transfer back to SNF (if on weekday).	Discontinue	Mary C Harris, ARNP	Mary C Harris, ARNP
Instructions: RE: venous ulcers of left leg. Keep leg elevated as much of the time as possible. sit up for meals and to ambulate. OK to shower w dressings off. Will apply compression prior to transfer back to SNF (if on weekday).				
09/12/18 14:08 09/12/18 14:08	Follow up appointment RE: venous leg ulcers, she should follow up at Wound Center to be seen within 7 days of hospital discharge, and may need HHRN for one of twice weekly compression wrap changes.	Active	Mary C Harris, ARNP	Mary C Harris, ARNP
Instructions: RE: venous leg ulcers, she should follow up at Wound Center to be seen within 7 days of hospital discharge, and may need HHRN for one of twice weekly compression wrap changes.				
09/14/18 13:08 09/14/18 13:08	Communication to nursing: please order from stores 1) profore compression wrap kit, have at bedside for PM visit with wound care, thanks.	Discontinue	Teresa L Gegax-Martinez, ARNP	Teresa L Gegax-Martinez, ARNP
Instructions: please order from stores 1) profore compression wrap kit, have at bedside for PM visit with wound care, thanks.				
09/17/18 08:22 09/17/18 08:22	Change Attending MD to: sonja ellingson	In progress	Sonja M Ellingson, MD	Sonja M Ellingson, MD
Instructions: sonja ellingson				
09/17/18 10:19 09/17/18 10:19	DI Prep* Fax completed MRI Screening form to ext 1925	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/17/18 10:19 09/17/18 10:19	DI Prep* Call MRI ext 4700 if pt unable to hold still for 40 min	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/17/18 10:31 09/17/18 10:31	DI Prep* Fax completed MRI Screening form to ext 1925	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/17/18 10:31 09/17/18 10:31	DI Prep* Call MRI ext 4700 if pt unable to hold still for 40 min	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/17/18 11:21 09/17/18 11:21	Change Attending MD to: Jesse Abbott Klafter on 9/17	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD
Instructions: Jesse Abbott Klafter on 9/17				
09/17/18 21:19 09/17/18 21:19	Communication to nursing: RE: venous ulcers of left leg. Keep leg elevated as much of the time as possible. sit up for meals and to ambulate. Light compression applied Mon, To be changed twice weekly, Mon/Thurs. Appt scheduled Wound center for Thurs 9/19, 2:30P.	Active	Mary C Harris, ARNP	Mary C Harris, ARNP
Instructions: RE: venous ulcers of left leg. Keep leg elevated as much of the time as possible. sit up for meals and to ambulate. Light compression applied Mon, To be changed twice weekly, Mon/Thurs. Appt scheduled Wound center for Thurs 9/19, 2:30P.				

Order Type: Patient Care/Order Sub Type: IV Therapy

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: Patient Care/Order Sub Type: IV Therapy

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Saline lock	Active	Julie T Cella, MD	Julie T Cella, MD

Order Type: Patient Care/Order Sub Type: Monitoring

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Telemetry monitoring Indication: Syncope	Complete	Julie T Cella, MD	Julie T Cella, MD

Order Type: Patient Care/Order Sub Type: Safety

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Precautions: fall	Active	Julie T Cella, MD	Julie T Cella, MD

Order Type: Patient Care/Order Sub Type: Treatments

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Initiate PCD unless contraindicated	Active	Julie T Cella, MD	Julie T Cella, MD
09/12/18 14:08 09/12/18 14:08	Dressing change Left leg venous dermatitis/ulcers: QD/PRN bathe entire leg and foot w warm water mild cleanser, use terry washcloth to remove loose debris. rinse/pat dry thenVaseline over all (not toes), alginate to larger medial ulcers, xeroform, Kerlix. Elevate	Discontinue	Mary C Harris, ARNP	Mary C Harris, ARNP

Instructions: Left leg venous dermatitis/ulcers: QD/PRN bathe entire leg and foot w warm water mild cleanser, use terry washcloth to remove loose debris. rinse/pat dry thenVaseline over all (not toes), alginate to larger medial ulcers, xeroform, Kerlix. Elevate

09/13/18 19:32 09/13/18 19:32	Discontinue telemetry monitoring	Complete	Sonja M Ellingson, MD	Sonja M Ellingson, MD
09/17/18 21:23 09/17/18 21:23	Dressing change Left leg light compresion: bathe leg/foot, vaseline emollient, alginate cut to fit ulcers, then cotton batting w extra padding around anke, soft layer, coban layer at 50% overlap, 50% stretch, base of toes to below knee. Mon/thurs.	Active	Mary C Harris, ARNP	Mary C Harris, ARNP

Instructions: Left leg light compresion: bathe leg/foot, vaseline emollient, alginate cut to fit ulcers, then cotton batting w extra padding around anke, soft layer, coban layer at 50% overlap, 50% stretch, base of toes to below knee. Mon/thurs.

Order Type: Patient Care/Order Sub Type: Vital Signs - I&O

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Vital Signs per unit Physiological Monitoring protocol	Active	Julie T Cella, MD	Julie T Cella, MD
09/11/18 00:53 09/11/18 00:53	I & O	Active	Julie T Cella, MD	Julie T Cella, MD

Order Type: POC/Order Sub Type: POC Assessment

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: POC/Order Sub Type: POC Comm

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 9/10/2018 18:55 to END

Order Type: POC/Order Sub Type: POC Education

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: POC/Order Sub Type: POC Treatment

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: PT/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	PT, Evaluation and Treat	Active	Julie T Cella, MD	Julie T Cella, MD

Order Type: Pt Status/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Observation: has a medical condition that is expected to need less than 2 midnights of hospitalization	Discontinue	Julie T Cella, MD	Julie T Cella, MD Sonja M Ellingson, MD
Instructions: has a medical condition that is expected to need less than 2 midnights of hospitalization				
09/12/18 12:41 09/12/18 12:41	Inpatient: has a medical condition which necessitates an inpatient level of care, AND, is expected to need 2 or more nights of hospitalization (including ED/OR/OBS time); OR requires an inpatient only procedure	Active	Sonja M Ellingson, MD	Yumi Roberts, RN Sonja M Ellingson, MD
Instructions: has a medical condition which necessitates an inpatient level of care, AND, is expected to need 2 or more nights of hospitalization (including ED/OR/OBS time); OR requires an inpatient only procedure				

Order Type: Resus Status/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 00:53 09/11/18 00:53	Code Status: Full Resuscitation	Discontinue	Julie T Cella, MD	Julie T Cella, MD
Instructions: Full Resuscitation				
09/16/18 17:48 09/16/18 17:48	Code Status: Modified Resuscitation Intubation Only	Active	Sonja M Ellingson, MD	Sonja M Ellingson, MD
Instructions: Modified Resuscitation Intubation Only				

Order Type: VSL/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 13:33 09/11/18 13:33	LE Arterial- Complete (ABI + DBI prn + Duplex prn) VSL Stat	Active	Sonja M Ellingson, MD	Sonja M Ellingson, MD

Plan Of Care Report

Generated from 09/10/2018 00:00 to 10/10/2018 23:59

Plan of Care

Last Reviewed By: Kari Carney, RN
Last Reviewed Date: 09/19/2018 11:57

Standard Name	Date Assigned	Assigned By	Stop Date	Reason
Impaired Skin Integrity	09/11/2018 06:08	Rama, Joan RN		
VTE Risk	09/11/2018 06:07	Rama, Joan RN		
Fall Risk	09/11/2018 06:06	Rama, Joan RN		
Discharge Planning	09/11/2018 06:05	Rama, Joan RN		
Chronic Pain	09/11/2018 06:04	Rama, Joan RN		

Problems associated to Selected Visit

Problem Name	Rank	Date Assigned	Date Closed	Assigned By	Closed By	Status
Problem Details	**Value**	**Problem Details**	**Value**	**Problem Details**	**Value**	
Mixed venous insufficiency/PAD left lower leg.		09/17/2018 20:42		Mary C Harris, ARNP		Active
Comment:		Acute/Chronic:		Severity:		
Episode:		Certainty:		Onset:		
Status:						
Chronic Pain		09/11/2018 06:04		Joan C Rama, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
Discharge Planning		09/11/2018 06:05		Joan C Rama, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
Fall Risk		09/11/2018 06:06		Joan C Rama, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
VTE Risk		09/11/2018 06:07		Joan C Rama, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
Impaired Skin Integrity		09/11/2018 06:08		Joan C Rama, RN		Active
Comment:		Status:				

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Plan Of Care Report

Generated from 09/10/2018 00:00 to 10/10/2018 23:59

Expected Outcomes

Expected Outcome Display Name / Comment / Outcome Details	Value	Status / Target Completion Date / Outcome Details	Value	Target Completion Text / Outcome Details	Value	Act. Outcome Status (Last)	Charted By / Charted Date
Effective Knowledge of Medication Regimen		Active				Met	Kari Carney, RN 09/19/2018 13:08
Effective Pain Control		Active				Met	Kari Carney, RN 09/19/2018 13:08
Pt able to sleep at noc after taking pain meds.							
Identified Safe Discharge Plan		Active				Not Met	Kari Carney, RN 09/19/2018 13:08
Improved Skin Integrity		Active				Met	Kari Carney, RN 09/19/2018 13:08
Knowledge of D/C Instructions		Active				Met	Kari Carney, RN 09/19/2018 13:08
Knowledge of D/C Plan		Active				Met	Kari Carney, RN 09/19/2018 13:08
Knowledge of Fall Prevention		Active				Met	Kari Carney, RN 09/19/2018 13:08
Pt calls for assistance when she needs to get OOB.							
Knowledge of Pain Management		Active				Met	Kari Carney, RN 09/19/2018 13:08
No Fall		Active				Met	Kari Carney, RN 09/19/2018 13:08
Bed alarm, view room, advise to call before attempting to get OOB, call light within reach							
No Infection S/S		Active				Met	Kari Carney, RN 09/19/2018 13:08
No Injury		Active				Met	Kari Carney, RN 09/19/2018 13:08
No S/S of VTE		Active				Met	Kari Carney, RN 09/19/2018 13:08
Wound Healing		Active				Met	Kari Carney, RN 09/19/2018 13:08

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Plan Of Care Report

Generated from 09/10/2018 00:00 to 10/10/2018 23:59

Problems History

Problem Name	Changed DTime	Changed By	Field Name	Old Value	New Value
Chronic Pain					
	09/11/2018 06:04	Joan C Rama, RN	Associated Visits		7037500
Discharge Planning					
	09/11/2018 06:04	Joan C Rama, RN	Associated Visits		7037500
Fall Risk					
	09/11/2018 06:05	Joan C Rama, RN	Associated Visits		7037500
Impaired Skin Integrity					
	09/11/2018 06:07	Joan C Rama, RN	Associated Visits		7037500
VTE Risk					
	09/11/2018 06:06	Joan C Rama, RN	Associated Visits		7037500

Outcome History

Outcome Name	Changed DTime	Changed By	Field Name	Old Value	New Value
Effective Pain Control					
	09/19/2018 00:35	Marivic S Flora-Doidge, RN	Comment		Pt able to sleep at noc after taking pain meds.
Knowledge of Fall Prevention					
	09/19/2018 00:35	Marivic S Flora-Doidge, RN	Comment		Pt calls for assistance when she needs to get OOB.
No Fall					
	09/11/2018 07:03	Alieu B Jallow, RN	Comment		Bed alarm, view room, advise to call before attempting to get OOB, call light within reach

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Plan of Care Orders Report

Order Type: POC / Sub Type: POC Assessment

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 06:08	Assess skin	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:06	Balance/gait assessment	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:04	Assess pain	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:05	Assess support systems in place (CM)	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:07	Assess VTE risk	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/19/18 00:26	Assess skin every 8hrs and prn	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: every 8hrs and prn				
09/19/18 00:26	Assess support systems in place (CM) coordinate w/ SW re DC planning	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: coordinate w/ SW re DC planning				
09/19/18 00:27	Assess VTE risk poor mobility, pt refuing to get OOB to chair during meal time	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: poor mobility, pt refuing to get OOB to chair during meal time				
09/19/18 00:26	Assess pain before and after pain med is given, during activity and at rest.	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: before and after pain med is given, during activity and at rest.				
09/19/18 00:28	Balance/gait assessment prior to ambulation	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: prior to ambulation				

Order Type: POC / Sub Type: POC Comm

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 06:08	Communicate: dietitian	Complete	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:05	Communicate: care management	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				

Plan of Care Orders Report

Order Type: POC / Sub Type: POC Comm

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/19/18 00:28	Communicate: care management re DC planning	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: re DC planning				

Order Type: POC / Sub Type: POC Education

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 06:06	Educate: fall prevention	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:04	Educate: medication side effects	Complete	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:04	Educate: pain scale	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:05	Educate: post disharge follow up	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:07	Educate: activity/mobility	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:08	Educate: wound care	Complete	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/19/18 00:29	Educate: activity/mobility encourage pt to get OOB to prevent development of pressure sores, DVT or pneumonia	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: encourage pt to get OOB to prevent development of pressure sores, DVT or pneumonia				
09/19/18 00:30	Educate: fall prevention encourage pt call for assistance when she needs to get OOB by using call light.	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: encourage pt call for assistance when she needs to get OOB by using call light.				
09/19/18 00:30	Educate: pain scale using numeric scale 0-10	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: using numeric scale 0-10				
09/19/18 00:30	Educate: post disharge follow up pt need to go to wound care clinic 1week after bing DC fm the hospital.	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: pt need to go to wound care clinic 1week after bing DC fm the hospital.				

Plan of Care Orders Report

Order Type: POC / Sub Type: POC Treatment

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
09/11/18 06:06	Assist with toileting	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:06	Assist with transfer	Complete	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:04	Protocol: Pain Assessment and Management - POC	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:06	Environmental safety management	Complete	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:06	Precautions: fall - POC	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/11/18 06:08	Provide wound care	Discontinue	Joan C Rama, RN	Joan C Rama, RN
Comments:				
Instructions:				
09/19/18 00:27	Assist with toileting provide walker for stability to prevent pt fm falling.	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: provide walker for stability to prevent pt fm falling.				
09/19/18 00:31	Precautions: fall - POC call light within pt's reach, provide walker, bed alarm on, pt in a view room.	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: call light within pt's reach, provide walker, bed alarm on, pt in a view room.				
09/19/18 00:32	Protocol: Pain Assessment and Management - POC assess pain before and after pain med is given, every 4hrs and prn. Medicate pt w/ prn pain meds.	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: assess pain before and after pain med is given, every 4hrs and prn. Medicate pt w/ prn pain meds.				
09/19/18 00:33	Provide wound care dressing changes every Mon and Thurs and prn.	Active	Marivic S Flora-Doidge, RN	Marivic S Flora-Doidge, RN
Comments:				
Instructions: dressing changes every Mon and Thurs and prn.				

Care Management Progress Note

Assessment Sts Complete
Collected By Amy Cooper, MSW
Collected DTime 09/11/2018 13:16

Care Management Progress Note

Progress Note

SW met with pt at bedside. She was just being discharged from Park Ridge Care Center when she was admitted to the hospital. Per Rosemary in admissions there, the pt and her son did not want them to hold a room for her because they do not want to pay the co-pays involved to stay there and no longer want to stay at the SNF. They are planning to reside at a place called the Long Tent, which Rosemary states has warm temperatures and a solid roof. She reports that APS has been invovled in the situation but that the recommendation of the facility was to go to the tent situation as it is stable. The pt insists on staying with her son, per Rosemary. SW spoke with MD and will submit a referral for DSHS to evaluate the pt for an adult family home. This was submitted today. Awaiting response. Follow-up tomorrow.

Next Steps

F/U on referral faxed to DSHS for evaluation of pt for an AFH placement.

Expected Date of Step Completion 09/12/2018

Clinical Note:

Care Management Progress Note

Assessment Sts Complete
Collected By Amy Cooper, MSW
Collected DTime 09/12/2018 11:00

Care Management Progress Note

Progress Note

SW called King County APS investigator C.J. Balstad, (360)473-2166, per request of MD to determine if we can gather any information that would be helpful for discharge disposition. Per the main administration number, although there is an investigator that was assigned to the case, the case is now officially closed. SW left voice mail message for C.J. to see if there is any helpful information that she can provide in terms of discharge. Awaiting return call.

Next Steps

Awaiting return call from APS investigator to determine if any further information can be gathered to help assist MD and SW with discharge disposition.

Expected Date of Step Completion 09/12/2018

Clinical Note:

Care Management Progress Note

Assessment Sts	Complete	**Collected DTime**	09/14/2018 17:11
Collected By	Jessica Christine Daggett, M		

Care Management Progress Note

Progress Note	MSW continues to follow. MSW reveiwed pts chart, read and apprciated past SW notes. MSW spoke with Dr Ellingston re: plan of care. MSW appriciated SW collegue sending DSHS COPES assessment referral for AFH on 9/11 as now per discussion with MD, pt/ son are moderatly agreeable to AFH & initiating this process. MSW left void of PHI vm for Intake & Referral at DSHS 206-341-7750 re: to see if SW had been assigned to pt case yet. MSW confirmed with SW Molly @ Park Ridge that Intake was never sent in while pt was at PRCC as pt/son were not agreeable to this at this time. As per discussion with MD - pt son, Louis, is also planning on coming in to NWH on 9/17 in the AM for wound care teaching. Plan of care at this time is likely awaiting COPES assessment for AFH vs return to Long tent with Kindred HH resumption and son educated on wound care. MSW will continue to follow and collaborate with interdisciplinary team.	**Next Steps**	DCP pending. MSW will continue to follow and collaborate with interdisciplinary team.

Clinical Note:

Care Management Progress Note

Assessment Sts	Complete	**Collected DTime**	09/17/2018 17:25
Collected By	Darcy Knore, MSW		

Care Management Progress Note

Progress Note	Chart reviewed. Initial plans for discharge today. However, pt now with neck pain and, per MD, d/c on hold until medical work-up for neck pain complete. Met with pt (with use of pocket-talker) to discuss d/c plan. Discussed possible option of more supported environment (i.e. AL vs AFH). However, pt reiterates that she wants to discharge to the Long		Tent with son (Louis) and does not want to be evaluated for additional services/more supported environment. Reviewed plans for Kindred HH RN to follow and pt agreeable. DSHS/HCS Referral initiated (9/11). T/C to HCS (Jane Jackson,SW @ 206-341-7838) who has been assigned to pt to provide update. Msg left with request for call back.

Care Management Progress Note

Assessment Sts Complete
Collected By Darcy Knore, MSW
Collected DTime 09/17/2018 17:25

Care Management Progress Note

Plan:
1) Per pt decision, pt will discharge to the Long Tent shelter with son, and Kindred HH RN to follow ~ per MD, when neck pain work-up complete.
2) Pt's son (Louis) scheduled to come to NWH (9/17) for wound care teaching.

Darcy Knore, MSW

Next Steps - SW to continue to follow and coordinate dispo. to the Long Tent shelter when medically stable.

Expected Date of Step Completion 09/19/2018

Clinical Note:

Care Management Progress Note

Assessment Sts Complete
Collected By Cynthia A Antoon, RN
Collected DTime 09/19/2018 13:07

Care Management Progress Note

Progress Note Signed patient up for Paratransit, they had not used it before but qualified as they live out of King county now. Paratransit, called and transport arranged to :
282 Knechtel Way NE
Bainbridge Island, WA 98110
Wound care appointment made for monday at 8:45, son,Louis aware and he knows to arrange transport 2 days in advance.
Paula from Kindred was here and collected new orders..

Next Steps DC back to tent living situation with son.

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 02:46
Collected By	Alieu B Jallow, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	3-Occasionally Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	2-Potential Problem
Braden Score Total	18	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 08:53
Collected By	Mary J Jeffries, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	20		

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 08:29
Collected By	Queenie Ching, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	20	**Plan of Care Initiated**	Already Implemented

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 15:46
Collected By	Queenie Ching, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	2-Chairfast	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	19	**Plan of Care Initiated**	Already Implemented

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 19:17
Collected By	Queenie Ching, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	20	**Plan of Care Initiated**	Already Implemented

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 09:02
Collected By	Cindy Jo Allen, RN		

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 09:02
Collected By	Cindy Jo Allen, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	2-Probably Inadequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	2-Potential Problem
Braden Score Total	18	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 21:00
Collected By	Nisha Kumari Padha, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	4-Walks Frequently	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	21	**Plan of Care Initiated**	No

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/14/2018 21:24
Collected By	Alieu B Jallow, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	3-Occasionally Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	19	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/15/2018 08:36
Collected By	Ebrima Fatajo, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	4-No Limitations
Activity	3-Walks Occasionally	**Friction/Shear**	2-Potential Problem
Braden Score Total	20	**Plan of Care Initiated**	No

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/16/2018 08:43
Collected By	Ebrima Fatajo, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	2-Potential Problem
Braden Score Total	19	**Plan of Care Initiated**	Already Implemented

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 10:30
Collected By	Susan E Baker, RN		

Braden Skin Assessment

Assessment Sts Complete
Collected By Susan E Baker, RN
Collected DTime 09/17/2018 10:30

Braden Skin Assessment

Sensory/Perception	3-Slightly Limited	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	19	**Plan of Care Initiated**	No

Clinical Note:

Braden Skin Assessment

Assessment Sts Complete
Collected By Agnes A Okolie, RN
Collected DTime 09/18/2018 01:28

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	20	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts Complete
Collected By Kari Carney, RN
Collected DTime 09/18/2018 09:43

Braden Skin Assessment

Sensory/Perception	3-Slightly Limited	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	19	**Plan of Care Initiated**	Already Implemented

Clinical Note:

Braden Skin Assessment

Assessment Sts Complete
Collected By Kari Carney, RN
Collected DTime 09/19/2018 09:13

Braden Skin Assessment

Sensory/Perception	3-Slightly Limited	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	19	**Plan of Care Initiated**	Already Implemented

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Joan C Rama, RN
Collected DTime 09/11/2018 01:32

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Interventions**	Saline Locked

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/11/2018 02:28

Invasive Lines

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/11/2018 02:28
Collected By	Alieu B Jallow, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/11/2018 08:53
Collected By	Mary J Jeffries, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Infusing Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/12/2018 00:26
Collected By	David Trush, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/12/2018 03:55
Collected By	Susan Mathews, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact		

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/12/2018 08:30
Collected By	Queenie Ching, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/12/2018 12:00
Collected By	Queenie Ching, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/12/2018 15:31
Collected By	Queenie Ching, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact		

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/12/2018 19:18
Collected By	Queenie Ching, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/13/2018 00:00
Collected By	Susan Mathews, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact		

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/13/2018 03:48
Collected By	Susan Mathews, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact		

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/13/2018 09:03
Collected By	Cindy Jo Allen, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty
(Periph 1) Interventions	Saline Locked		

Clinical Note:

Invasive Lines

Assessment Sts	Complete	**Collected DTime**	09/13/2018 17:41
Collected By	Cindy Jo Allen, RN		

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty

Invasive Lines

Assessment Sts Complete
Collected By Cindy Jo Allen, RN
Collected DTime 09/13/2018 17:41

Invasive Lines

(Periph 1) Interventions Saline Locked

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Nisha Kumari Padha, RN
Collected DTime 09/13/2018 21:00

Invasive Lines

(Periph 1) Location R Forearm
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Ebrima Fatajo, RN
Collected DTime 09/14/2018 08:56

Invasive Lines

(Periph 1) Location R Forearm
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/14/2018 21:25

Invasive Lines

(Periph 1) Location R Forearm
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Flushes Without Difficulty
(Periph 1) Interventions Saline Locked

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/15/2018 01:25

Invasive Lines

(Periph 1) Location R Forearm
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Flushes Without Difficulty
(Periph 1) Interventions Saline Locked

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Ebrima Fatajo, RN
Collected DTime 09/15/2018 08:37

Invasive Lines

(Periph 1) Location R Forearm
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Ebrima Fatajo, RN
Collected DTime 09/15/2018 15:48

Invasive Lines

(Periph 1) Location	R Forearm	**(Periph 1) Discontinued**	DC'd by Nurse

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Susan E Baker, RN
Collected DTime 09/17/2018 10:30

Invasive Lines

Comments	no IV access		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Susan E Baker, RN
Collected DTime 09/17/2018 17:47

Invasive Lines

Comments	no IV access		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Kari Carney, RN
Collected DTime 09/18/2018 09:43

Invasive Lines

Comments	no IV		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Marivic S Flora-Doidge, RN
Collected DTime 09/18/2018 21:40

Invasive Lines

Comments	no iv access		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Kari Carney, RN
Collected DTime 09/19/2018 09:13

Invasive Lines

Comments	No IV Access		

Clinical Note:

OT Evaluation

Assessment Sts Complete
Collected By Anna Doucett, OT
Collected DTime 09/11/2018 11:30

OT Evaluation

Treatment Diagnosis	Impaired ADL/func mob	**Evaluation Status**	Initial Evaluation
PMH Reviewed	No Changes Made	**Precautions**	Fall Risk
Information Obtained From	Patient, Chart Notes	**Lives with**	Family
Residence	Skilled Nursing Facility, Homeless	**Comments**	Pt admitted from SNF. About to d/c back to her and her son's "hobbit" home. She reports it is a solid, heated, waterproof tent

OT Evaluation

Assessment Sts	Complete	**Collected DTime**	09/11/2018 11:30
Collected By	Anna Doucett, OT		

OT Evaluation

	.	**Prior Independence in All ADL's**	Yes
Self Reported ADL Score	24	**Comments**	Pt has a BSC she keeps in her tent. Her son empties it every morning. She walks to the church shower ~ 1 mile away for bathing 1x/week. Son goes with her. Pt has not been back to this tent in 2 months. She does not know if there are chairs to sit in. Reports using the BSC to go outside and sit in the sun previously. Son changed her dressings every 2 days. Son has a BBQ he cooks on outside tent. Canned food.
Comments	4WW		

Subjective (OT)

Patient Complaint	I feel tired but I can do it	**Level of Consciousness**	Alert
Patient Affect	Appropriate, Cooperative	**Oriented to**	Person, Place, Time, Situation
Medical Equipment	IV	**Hearing Impairment(s)**	HOH - Left, HOH - Right, Uses Hearing Aid(s)
Insight into Limitations	Fully aware	**Safety Awareness**	Good
Problem Solving	Good		

Current Function (OT)

Bed Mobility Comments	NT	**Transfer Sit-Stand Assistance**	Supervision
Transfer Sit-Stand Equipment	Walker	**Transfer Comments**	SBA for amb short distances in room.
LE Dressing	Supervision	**Toilet Transfer**	Supervision
Comments	off low height toilet relying heavily on GB. feels home BSC will be better.		

AM-PAC (ADL)

Lower body clothing help	A Little	**Bathing help**	A Little
Toileting help	A Little	**Upper body clothing help**	None
Personal grooming help	None	**Eating meals help**	None
Baseline ADL Score	21		

Tests/Measures UE (OT)

RUE AROM WFL	Yes	**RUE Gross Strength WFL**	Yes
LUE AROM WFL	Yes	**LUE Gross Strength WFL**	Yes

Cognition (OT)

Attention/ Concentration WFL	Yes	**Problem Solving/Reasoning WFL**	Yes

Assessment (OT)

Treatment Deficits	Functional Mobility Deficits, Impaired ADL Function	**OT Eval Complete**	Pt is a 93 year-old F admitted from SNG after an episode of syncope. PMH: chronic LLE ulcerations, venous and

OT Evaluation

Assessment Sts Complete
Collected By Anna Doucett, OT
Collected DTime 09/11/2018 11:30

Assessment (OT)

arterial insufficiency, hx bilateral LE DVTs on warfarin, peripheral neuropathy, poor balance, gait instability. PLOF: Pt had been living at SNF for 2 months. Pt admitted from SNF. About to d/c back to her and her son's "hobbit" home. She reports it is a solid, heated, waterproof tent. Pt has a BSC she keeps in her tent. Her son empties it every morning. She walks to the church shower ~ 1 mile away for bathing 1x/week. Son goes with her. Pt has not been back to this tent in 2 months. She does not know if there are chairs to sit in. Reports using the BSC to go outside and sit in the sun previously. Son changed her dressings every 2 days. Son has a BBQ he cooks on outside tent. Canned food. CLOF: Pt very HOH. She was SBA level with FWW in room, toilet transfer and LE dressing. Slow moving and reports fatigue from walking in hallway recently with PT. A&O x 4. Recomendation: Pt does not appear to have the activity tolerance to walk 1 mile to bathe herself. Unclear if she will have a chair to sit in nor ability to have access to fresh food. This living situation appears unsafe and an unsustainable long term living environment, especially coming in to the winter months. Per notes SW as been in contact with d/c coordinators at SNF and APS, recommend APS assessment of living situation prior to d/c there or assessment for AFH. IP OT to follow

Predicted ADL Score 18

Treatment Provided 30 minute eval, 30 minute self care/func mob

Treatment Plan (OT)

Weekly Therapy Frequency 3-5 Times/Wk

Treatment Plan Adaptive Equipment Needs /Training, ADL Training, Caregiver Training, Functional Mobility Training, HLS Eval/Recommendation, Self

OT Evaluation

Assessment Sts Complete
Collected By Anna Doucett, OT
Collected DTime 09/11/2018 11:30

Treatment Plan (OT)

Care Skills Eval/Training

Goals (OT)

UE Dressing Goal	Modified Independence	**LE Dressing Goal**	Modified Independence
Toileting Goal	Modified Independence	**Toilet Tx Goal**	Modified Independence
Tub/Shower Tx Goal	Modified Independence	**OT Eval Time (min)**	30
OT Treatment Time (min)	30		

Clinical Note:

Pain

Assessment Sts Complete
Collected By Joan C Rama, RN
Collected DTime 09/11/2018 01:31

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/11/2018 02:28

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 08:31

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 12:00

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 15:31

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 16:55

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left	**(Pain #1) Rating**	4-Moderate

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 16:55

Pain

(Pain #1) Duration Constant
Pain Interventions Medicated
(Pain #1) Characteristics Tender, Throbbing
Pain Comments gave tylenol for pain

Clinical Note:

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 17:44

Pain

Post Med Reassessment Yes
Side Effects No Side Effects Noted
(Pain #1) Effectiveness Good Effect
Pt Meeting Goals for Pain Relief Yes

Clinical Note:

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 18:46

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 19:18

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/14/2018 21:25

Pain

Patient c/o Pain Yes

Clinical Note:

Pain

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/15/2018 01:28

Pain

Patient c/o Pain No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/15/2018 06:08

Pain

Patient c/o Pain No

Clinical Note:

Pain

Pain

Assessment Sts	Complete	**Collected DTime**	09/16/2018 10:00
Collected By	Ebrima Fatajo, RN		

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/16/2018 16:00
Collected By	Ebrima Fatajo, RN		

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Some Effect
Side Effects	No Side Effects Noted		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/17/2018 00:28
Collected By	Fitsum Nedi, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Right	**(Pain #1) Rating**	8-Severe
(Pain #1) Duration	At Rest	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Emotional Support		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/17/2018 01:39
Collected By	Fitsum Nedi, RN		

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted	**Pt Meeting Goals for Pain Relief**	Yes

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/17/2018 21:29
Collected By	Agnes A Okolie, RN		

Pain

Patient c/o Pain	Yes	**Pain Scale Used**	Faces
(Pain #1) Location	Neck	**(Pain #1) Duration**	At Rest, Increases with Movement
(Pain #1) Characteristics	Aching	**Pain Interventions**	Medicated, Emotional Support, Relaxation, Repositioned

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/17/2018 22:30
Collected By	Agnes A Okolie, RN		

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted	**Pt Meeting Goals for Pain Relief**	Yes

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/18/2018 09:43
Collected By	Kari Carney, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Generalized	**(Pain #1) Rating**	6-Moderate
(Pain #1) Duration	Constant	**(Pain #1) Characteristics**	Aching
Pain Interventions	Diversion, Emotional Support, Heat, Relaxation		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/18/2018 14:23
Collected By	Kari Carney, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Generalized	**(Pain #1) Rating**	7-Severe
(Pain #1) Duration	Constant	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Diversion, Emotional Support, Heat		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/18/2018 18:36
Collected By	Kari Carney, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Generalized	**(Pain #1) Rating**	6-Moderate
(Pain #1) Duration	Constant, Increases with Movement	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Diversion, Emotional Support		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/18/2018 22:10
Collected By	Marivic S Flora-Doidge, RN		

Pain

Patient c/o Pain	No	**Post Med Reassessment**	Yes
(Pain #1) Effectiveness	Good Effect	**Side Effects**	No Side Effects Noted
Pt Meeting Goals for Pain Relief	Yes	**Sedation Assessment**	1=awake and alert

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/19/2018 09:13
Collected By	Kari Carney, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Generalized	**(Pain #1) Rating**	5-Moderate
(Pain #1) Duration	Constant	**(Pain #1) Characteristics**	Tender
Pain Interventions	Medicated, Diversion,		Emotional Support

Pain

Assessment Sts	Complete	**Collected DTime**	09/19/2018 09:13
Collected By	Kari Carney, RN		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/19/2018 10:15
Collected By	Kari Carney, RN		

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted	**Pt Meeting Goals for Pain Relief**	No

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	09/19/2018 12:45
Collected By	Kari Carney, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Generalized	**(Pain #1) Rating**	4-Moderate
(Pain #1) Duration	Constant	**(Pain #1) Characteristics**	Tender
Pain Interventions	Emotional Support, Heat		

Clinical Note:

PT Evaluation

Assessment Sts	Complete	**Collected DTime**	09/11/2018 10:53
Collected By	Megan A van Seeters, PT		

PT Evaluation

Working Diagnosis	dysmobility	**Evaluation Status**	Initial Evaluation
PMH Reviewed	No Changes	**Precautions**	Fall Risk
Information Obtained From	Patient, Family Member	**Lives with**	Family
Stairs Required	No	**Comment**	Lives in "hobbit house" - well-built tent inside a tent, son says it's waterproof and ~72 degrees. Son with her most of the time.
Previous Mobility	Family Drives, Household Ambulator	**Assistive Device**	Front Wheeled Walker
Comment	Son, Louis, assists as needed. Pt said she likes to walk.		

Subjective (PT)

Patient Complaint	"I have shivers from my head to toes" - very cold	**Patient Affect**	Cooperative
Level of Consciousness	Alert	**Oriented to**	Person, Place, Time, Medical Events
Medical Equipment	IV	**Comments**	no obvious concerns

LE Tests/Measures

RLE Gross Strength WFL	Yes	**LLE Gross Strength WFL**	Yes

Current Mobility (PT)

Comments	not tested - see OT note	**Transfer Sit-Stand Assistance**	Supervision
Transfer Stand-Sit Assistance	Supervision	**Transfer Bed-Chair Assistance**	Supervision

PT Evaluation

Assessment Sts	Complete	**Collected DTime**	09/11/2018 10:53
Collected By	Megan A van Seeters, PT		

Current Mobility (PT)

Transfer Chair-Bed Assistance	Supervision	**Comments**	SBA for mobility, initial CGA. Used FWW.
Gait Assistance	Supervision	**Gait Equipment**	FWW
Gait Deviation	Antalgic, Flexed Posture, Other	**Gait Distance (ft)**	300
Comments	"Back and hip problems" prevent her from standing up straight. Kept L heel off ground due to wounds.	**Static Sitting Balance**	Good
Static Standing Balance	Good	**Comments**	with FWW

AM-PAC (Mobility)

Turning over in bed help	A Little	**Chair sitting/standing help**	A Little
Supine to sit help	A Little	**Mobility Difficulty Comment**	supervision sit<>stand, estimated bed mob
Moving to/from bed to chair help	A Little	**Walking in room help**	A Little
Climb 3-5 steps w/railing help	A Little	**Mobility Assistance Comment**	supervision/SBA for transfer and gait. estimated stairs.
Baseline Mobility Score	18	**Mobility Barriers**	Other: see comment section, Pain

Vital Signs (PT)

Comments	asymptomatic

Assessment (PT)

Dysmobility Rating	Mild	**Therapy Diagnosis**	Deconditioning d/t Illness, Gait Deviation, Fall Risk
PT Eval Complete	Jeanne is a 93 year-old F admitted s/p episode of syncope (lost consciousness). PMH: chronic LLE ulcerations, venous and arterial insufficiency, hx bilateral LE DVTs on warfarin, peripheral neuropathy, poor balance, gait instability. Pt had been living at SNF since June 2018 NWH hospitalization (previously residing in tent/"hobbit house" with her son, Louis), has commode and "built-up bed". PLOF: at SNF, had been self-sufficient, amb with FWW. On eval, pt was alert and oriented. Pts son briefly visited and then left to get pts items from SNF. Pt demonstrated slow mobility at CGA level of assist using FWW. Bed mob not tested (see OT note), but estimated at SBA/supervision. Pt lacks activity tolerance to complete all ADLs (walks 1 mile to church shower), needs		CGA for safe mobility, and is a fall risk due to co-morbidities and age. Her living situation appears unsustainable for long-term, especially in winter months. Appreciate SW working with pt/family to find a safe and appropriate living situation (?AFH). Recommend additional PT while in NWH to improve all mobility and safety.

PT Evaluation

Assessment Sts	Complete	**Collected DTime**	09/11/2018 10:53
Collected By	Megan A van Seeters, PT		

Assessment (PT)

Treatment Provided	PT Evaluation 25 min Theract 20 min --Transfer training (sit<>stand, toilet transfer), gait training, education on safety. Pt moves slowly at CGA level of assist. Instructed to use the call light, verbalized understanding.

G Codes (PT)

Mobility Current	CJ/20-<40% Impaired	**Mobility Goal**	CI/1-<20% Impaired
Validation Statement (PT)	G Code based on functional tests/clinical judgment of therapist		

Treatment Plan (PT)

Daily Therapy Frequency	Once	**Functional Training**	Yes
Therapeutic Exercise	Yes	**Balance Training**	Yes
Gait Training	Yes	**Transfer Training**	Yes
Assistive Device Training	Yes	**Progression**	Yes
Family Training	Yes		

Goals (PT)

Bed Mobility Goals	Modified Independence	**Transfer Goals**	Modified Independence
Comments	walker	**Gait Assist Goals**	Modified Independence
Gait Equipment Goals	FWW, 4 Wheel Walker	**Gait Distance Goals (ft)**	400
Goal Time Frame	By Discharge	**PT Eval Time (min)**	25
PT Treatment Time (min)	20		

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 02:38
Collected By	Alieu B Jallow, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	5/5 Full Power
BLE Movement	4/5 Weak,Moves Agst Resist		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Encourage Expression, Observation q 1 Hour, Offered Support		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular, No Distress
Interventions	Deep Breathe, Cough, Incentive Spirometer	**Oral Mucus Membrane**	Pink

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 02:38
Collected By	Alieu B Jallow, RN		

Cardiac

Rate and Rhythm	Bradycardic	**Diaphoresis**	Absent
Patient Reports	Pain Free	**Bipedal Edema**	0 Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	Inaccessible
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Bladder Distended	No		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry, Flaky	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Dusky, Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	Sero-sanguinous, Small Drainage
(Impairment 1) Dressing	Other	**(Impairment 1) Comment**	Excoriations. ABD drsg

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	35	**Plan of Care Initiated**	Yes

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 08:53
Collected By	Mary J Jeffries, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Swallow**	Normal
Moves All Extremities	Yes		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular

Cardiac

Rate and Rhythm	Regular	**Remote Telemetry**	Normal Sinus, RBBB
Bipedal Edema	0 Absent	**BLE Edema**	0 Absent
Telemetry On	Yes		

Neurovascular

BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent

Gastrointestinal

Patient Reports	Flatus	**Bowel Sounds: All Quads**	Present
Abdomen	Nondistended, Soft		

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Non-adherent

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	85	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 08:53
Collected By	Mary J Jeffries, RN		

Delirium Observation Screening

Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 16:18
Collected By	Mary J Jeffries, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Appearance**	Periwound Red, Pink/Red Granulation, Shallow Red/Pink Wound Bed, Yellow/Gray Slough
(Impairment 1) Drainage	Serous	**(Impairment 1) Dressing**	Non-adherent
(Impairment 1) Wound Care	Dressing Changed		

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/11/2018 16:18
Collected By	Mary J Jeffries, RN		

Delirium Observation Screening

Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 00:14
Collected By	David Trush, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Moves All Extremities**	Yes

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Bed Alarm, Distraction, Encourage ADLs, Encourage Expression, Encourage Mobility, Goal Setting, Limits Setting, Observation q 1 Hour, Offered Support, Reassure, Redirection, View Room	**Comments**	HOH

Respiratory

All Lobes	Decreased	**Posterior Left Lower**	Crackles
Respiratory Pattern	Regular	**Interventions**	Deep Breathe, Cough, Incentive Spirometer

Cardiac

Rate and Rhythm	Regular	**Remote Telemetry**	Normal Sinus, RBBB
Diaphoresis	Absent	**Telemetry On**	Yes

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BLE Temperature**	Warm
BLE Color	Normal	**BLE Cap Refill**	< 3 Sec
R Dorsalis Pedis Pulse Quality	1+ Diminished	**Comments**	Lft foot pulse under drsg

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist

Shift Assessment

Assessment Sts Complete
Collected DTime 09/12/2018 00:14
Collected By David Trush, RN

Skin/Skin Impairment

(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Dressing	Roll Gauze, Dry Gauze		

Pain

Patient c/o Pain	No	**Nonverbal Patient**	Appears Comfortable, Sleeping

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts Complete
Collected DTime 09/12/2018 03:55
Collected By Susan Mathews, RN

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Pain

Nonverbal Patient	Appears Comfortable	**Sedation Assessment**	S=sleep, easy to arouse

Clinical Note:

Shift Assessment

Assessment Sts Complete
Collected DTime 09/12/2018 08:31
Collected By Queenie Ching, RN

Neurological

LOC	Alert	**Oriented to**	x3

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 08:31
Collected By	Queenie Ching, RN		

Neurological

Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Moves All Extremities**	Yes

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Oral Mucus Membrane	Pink		

Cardiac

Rate and Rhythm	Regular	**Remote Telemetry**	Normal Sinus
Diaphoresis	Absent	**Bipedal Edema**	0 Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent
Telemetry On	Yes		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Drainage	Sanguinous	**(Impairment 1) Dressing**	Petroleum Gauze

Pain

Patient c/o Pain	No		

Morse Fall Risk

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 08:31
Collected By	Queenie Ching, RN		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 15:48
Collected By	Queenie Ching, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	Sanguinous
(Impairment 1) Dressing	Petroleum Gauze		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 19:19
Collected By	Queenie Ching, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	5/5 Full Power
BLE Movement	4/5 Weak,Moves Agst Resist		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Oral Mucus Membrane	Pink		

Cardiac

Rate and Rhythm	Regular	**Remote Telemetry**	Normal Sinus
Diaphoresis	Absent	**Bipedal Edema**	0 Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent
Telemetry On	Yes		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Drainage	Sanguinous	**(Impairment 1) Dressing**	Petroleum Gauze

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 19:19
Collected By	Queenie Ching, RN		

Morse Fall Risk

Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 22:13
Collected By	Queenie Ching, RN		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	75	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/12/2018 22:30
Collected By	Queenie Ching, RN		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	75	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 00:00
Collected By	Susan Mathews, RN		

Shift Assessment

Respiratory WDL	Yes	**Gastrointestinal WDL**	Yes

Neurological

LOC	Alert	**Oriented to**	Person, Place
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
BUE Movement	4/5 Weak,Moves Agst Resist	**Right Leg Movement**	4/5 Weak,Moves Agst Resist
Comments	LLE decreased ROM due to cellulitis.		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Thought Process	Forgetful	**Interventions**	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour, Offered Support, Reassure

Cardiac

Remote Telemetry	Normal Sinus	**Diaphoresis**	Absent
Bipedal Edema	0 Absent	**BLE Edema**	0 Absent

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 00:00
Collected By	Susan Mathews, RN		

Cardiac

BUE Edema	0 Absent	**Telemetry On**	Yes

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Renal/Urinary

Incontinent	Incontinent		

Skin/Skin Impairment

Non-blanchable Erythema	No	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Appearance	Dressing Intact		

Pain

Patient c/o Pain	No	**Nonverbal Patient**	Appears Comfortable
Sedation Assessment	2=slightly drowsy, easily aroused		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	75	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 03:47
Collected By	Susan Mathews, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Pain

Nonverbal Patient	Appears Comfortable	**Sedation Assessment**	S=sleep, easy to arouse

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 09:06
Collected By	Cindy Jo Allen, RN		

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 09:06
Collected By	Cindy Jo Allen, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	5/5 Full Power
Right Leg Movement	5/5 Full Power	**Left Leg Movement**	4/5 Weak,Moves Agst Resist

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Bed Alarm, Encourage ADLs		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular, No Distress

Cardiac

BLE Edema	0 Absent	**BUE Edema**	0 Absent
Comments	telemetry removed per MD note		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	1+ Diminished	**L Dorsalis Pedis Pulse Quality**	Inaccessible
R Post Tib Pulse Quality	1+ Diminished	**L Post Tib Pulse Quality**	Inaccessible
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Patient Reports	Voiding w/o difficulty		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Oral Mucosa	Dry	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Appearance**	Dressing Intact

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	85	**Plan of Care Initiated**	Already Initiated

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 09:06
Collected By	Cindy Jo Allen, RN		

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 12:27
Collected By	Cindy Jo Allen, RN		

Skin/Skin Impairment

(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Dressing**	Alginate (Maxorb), Roll Gauze, Petroleum Gauze
(Impairment 1) Wound Care	Cleansed, Dressing Changed	**(Impairment 1) Comment**	wound care by wound RN

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 15:29
Collected By	Cindy Jo Allen, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left, Lower
(Impairment 1) Appearance	Yellow/Gray Slough	**(Impairment 1) Drainage**	Serous, Moderate Drainage
(Impairment 1) Dressing	Alginate (Maxorb), Roll Gauze, Petroleum Gauze		

Pain

Patient c/o Pain	No

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 15:29
Collected By	Cindy Jo Allen, RN		

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	100	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 21:00
Collected By	Nisha Kumari Padha, RN		

Neurological

LOC	Alert	**Oriented to**	Person, Place, Time
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Right Arm Movement**	5/5 Full Power
Left Arm Movement	5/5 Full Power	**Right Leg Movement**	5/5 Full Power
Left Leg Movement	4/5 Weak,Moves Agst Resist	**Gait**	Steady

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Encourage Expression, Observation q 1 Hour		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Interventions	Incentive Spirometer	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Heart Sounds	S1 S2	**R Pedal Edema**	0 absent
L Pedal Edema	0 absent	**RLE Edema**	0 Absent
LLE Edema	0 Absent	**RUE Edema**	0 Absent
LUE Edema	0 Absent		

Neurovascular

RUE Temperature	Warm	**RUE Color**	Normal
RUE Cap Refill	< 3 Sec	**RUE Edema**	0 Absent

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/13/2018 21:00
Collected By	Nisha Kumari Padha, RN		

Neurovascular

LUE Temperature	Warm	**LUE Color**	Normal
LUE Cap Refill	< 3 Sec	**LUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Normal
LLE Cap Refill	< 3 Sec	**LLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
LLE Movement	Movement with Pain	**LLE Sensation**	Full Sensation
RUE Movement	Movement No Pain	**RUE Sensation**	Full Sensation
LUE Movement	Movement No Pain	**LUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry, Flaky, Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Roll Gauze

Pain

Patient c/o Pain	No	**Pain Scale Used**	Numeric

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Impaired	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	70	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/14/2018 03:35
Collected By	Nisha Kumari Padha, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/14/2018 03:35
Collected By	Nisha Kumari Padha, RN		

Shift Assessment

Renal/Urinary Assessment Unchanged	Yes

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry, Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Roll Gauze

Pain

Patient c/o Pain	No	**Pain Scale Used**	Numeric

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/14/2018 08:56
Collected By	Ebrima Fatajo, RN		

Shift Assessment

Neurological WDL	Yes	**Psychosocial WDL**	Yes
Respiratory WDL	Yes	**Cardiovascular WDL**	Yes

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Movement	Movement No Pain	**RLE Sensation**	Numbness/Tingling
LLE Movement	Movement with Pain	**LLE Sensation**	Numbness/Tingling
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/14/2018 08:56
Collected By	Ebrima Fatajo, RN		

Skin/Skin Impairment

(Impairment 1) Dressing	Roll Gauze

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left	**(Pain #1) Rating**	3-Mild
(Pain #1) Duration	Intermittent	**(Pain #1) Characteristics**	Aching
Pain Interventions	Relaxation, Repositioned		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	45	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/14/2018 21:26
Collected By	Alieu B Jallow, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	To Verbal Command
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	14	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	5/5 Full Power
Right Leg Movement	5/5 Full Power	**Left Leg Movement**	4/5 Weak,Moves Agst Resist

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Bed Alarm, Encourage Expression, Observation q 1 Hour, Offered Support, View Room		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular, No Distress
Interventions	Deep Breathe, Cough, Incentive Spirometer	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Patient Reports	Pain Free	**Bipedal Edema**	0 Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	Inaccessible

Shift Assessment

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/14/2018 21:26

Neurovascular

R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
LLE Movement	Movement with Pain	**LLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Void Color	Yellow	**Bladder Distended**	No
Patient Reports	Voiding w/o difficulty		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Alginate (Maxorb), Roll Gauze

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Yes

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/15/2018 01:32

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/15/2018 01:32
Collected By	Alieu B Jallow, RN		

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Patient Reports	Pain Free	**R Pedal Edema**	0 absent
L Pedal Edema	1+ 2mm indent	**RLE Edema**	0 Absent
LLE Edema	1+ 2mm indent	**BUE Edema**	0 Absent
Interventions	Elevated Extremity	**Did pt tolerate intervention?**	Yes

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Normal
LLE Cap Refill	< 3 Sec	**LLE Edema**	1+ 2mm indent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	Inaccessible
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
LLE Movement	Movement with Pain	**LLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Alginate (Maxorb), Roll Gauze

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	45	**Plan of Care Initiated**	Yes

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/15/2018 08:37
Collected By	Ebrima Fatajo, RN		

Shift Assessment

Neurological WDL	Yes	**Psychosocial WDL**	Yes
Respiratory WDL	Yes	**Cardiovascular WDL**	Yes

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Hyperpigmentation
LLE Cap Refill	< 3 Sec	**LLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	Heard with Doppler	**L Dorsalis Pedis Pulse Quality**	Heard with Doppler
R Post Tib Pulse Quality	Heard with Doppler	**L Post Tib Pulse Quality**	Heard with Doppler
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
LLE Movement	Movement with Pain	**LLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer		

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	45	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/15/2018 15:49
Collected By	Ebrima Fatajo, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/15/2018 15:49
Collected By	Ebrima Fatajo, RN		

Shift Assessment

Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	No
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	15	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/15/2018 21:45
Collected By	Michelle Tomita, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Comments**	Very HOH - has own bilat hearing aids but still hard of hearing. Using the pocket talker.
Moves All Extremities	Yes	**Left Leg Movement**	4/5 Weak,Moves Agst Resist

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Goal Setting, Offered Support, Reassure, View Room		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Interventions	Deep Breathe, Cough		

Cardiac

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/15/2018 21:45
Collected By	Michelle Tomita, RN		

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent

Neurovascular

R Dorsalis Pedis Pulse Quality	1+ Diminished	**L Dorsalis Pedis Pulse Quality**	Inaccessible
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
LLE Movement	Movement with Pain	**LLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Urine Output Not Assessed	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Dressing**	Roll Gauze

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	40	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/16/2018 01:00
Collected By	Michelle Tomita, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/16/2018 01:00
Collected By	Michelle Tomita, RN		

Skin/Skin Impairment

Non-blanchable Erythema	No	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Dressing**	Roll Gauze
(Impairment 1) Comment	left leg elevated		

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	40	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/16/2018 08:44
Collected By	Ebrima Fatajo, RN		

Shift Assessment

Neurological WDL	Yes	**Psychosocial WDL**	Yes
Respiratory WDL	Yes	**Cardiovascular WDL**	Yes

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Reddened, Mottled
LLE Cap Refill	< 3 Sec	**LLE Edema**	Non-Pitting
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
LLE Movement	Movement with Pain	**LLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	Yes	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Color	Reddish-Blue	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Roll Gauze		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/16/2018 08:44
Collected By	Ebrima Fatajo, RN		

Pain

(Pain #1) Descriptor	Right	**(Pain #1) Rating**	4-Moderate
(Pain #1) Duration	Intermittent	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Ice, Relaxation, Repositioned		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	25	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/16/2018 16:56
Collected By	Ebrima Fatajo, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	Yes	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Right	**(Pain #1) Rating**	5-Moderate
(Pain #1) Duration	Increases with Movement	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Relaxation, Repositioned	**Post Med Reassessment**	Yes
(Pain #1) Effectiveness	Some Effect	**Side Effects**	No Side Effects Noted

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	25	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 00:27

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 00:27
Collected By	Fitsum Nedi, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Moves All Extremities**	Yes
Comments	Pt. very HOH.		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Observation q 1 Hour, Offered Support		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Interventions	Deep Breathe, Cough		

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Bipedal Edema	0 Absent	**BLE Edema**	0 Absent
BUE Edema	0 Absent		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Urine Output Not Assessed	Yes	**Bladder Distended**	No
Patient Reports	Voiding w/o difficulty		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Right	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage		

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	No

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 00:27
Collected By	Fitsum Nedi, RN		

Morse Fall Risk

Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	70	**Plan of Care Initiated**	Yes

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 10:30
Collected By	Susan E Baker, RN		

Shift Assessment

Psychosocial WDL	Yes	**Respiratory WDL**	Yes
Cardiovascular WDL	Yes	**Gastrointestinal WDL**	Yes
Renal/Urinary WDL	Yes		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	5/5 Full Power
BLE Movement	5/5 Full Power		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Appearance	Dressing Intact		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Descriptor	Right	**(Pain #1) Rating**	4-Moderate
(Pain #1) Duration	Chronic	**(Pain #1) Characteristics**	Aching, Tender
Pain Interventions	Medicated, Emotional Support, Relaxation, Repositioned		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	No
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	10	**Plan of Care Initiated**	Yes

Delirium Observation Screening

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 10:30
Collected By	Susan E Baker, RN		

Delirium Observation Screening

Dozes Off	1- Sometimes/Always	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	1- Sometimes/Always
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	2

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 17:47
Collected By	Susan E Baker, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Comment	Dressing changed by wound care nurse		

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	No
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	No
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	0	**Plan of Care Initiated**	No

Delirium Observation Screening

Dozes Off	1- Sometimes/Always	**Easily Distracted**	1- Sometimes/Always
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	1- Sometimes/Always
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	1- Sometimes/Always
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 17:47
Collected By	Susan E Baker, RN		

Delirium Observation Screening

Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	4

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/17/2018 20:00
Collected By	Agnes A Okolie, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Both Pupils Size**	2 mm
Both Pupils Shape	Round	**Both Pupils Reaction**	Brisk
BUE Movement	4/5 Weak,Moves Agst Resist	**Right Leg Movement**	4/5 Weak,Moves Agst Resist
Left Leg Movement	3/5 Lifts,Not Agst Resist	**Gait**	Unsteady
Comments	FWW		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Bed Alarm, Encourage Expression, Offered Support, Reassure		

Respiratory

All Lobes	Decreased	**Respiratory Pattern**	Regular
Interventions	Deep Breathe, Cough	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
R Pedal Edema	0 absent	**L Pedal Edema**	1+ 2mm indent
RLE Edema	0 Absent	**LLE Edema**	1+ 2mm indent
BUE Edema	0 Absent	**Interventions**	Elevated Extremity

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Normal
LLE Cap Refill	< 3 Sec	**LLE Edema**	1+ 2mm indent
R Dorsalis Pedis Pulse Quality	1+ Diminished	**L Dorsalis Pedis Pulse Quality**	Inaccessible
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
R Peroneal Movement	Movement No Pain	**R Peroneal Sensation**	Full Sensation
L Peroneal Movement	Movement No Pain	**L Peroneal Sensation**	Full Sensation

Shift Assessment

Assessment Sts Complete
Collected DTime 09/17/2018 20:00
Collected By Agnes A Okolie, RN

Neurovascular

BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation
R Radial Movement	Movement No Pain	**R Radial Sensation**	Full Sensation
L Radial Movement	Movement No Pain	**L Radial Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Amber	**Void Characteristic**	Clear

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Oral Mucosa	Moist	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Erythema, Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Roll Gauze		

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	40	**Plan of Care Initiated**	Yes

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts Complete
Collected DTime 09/18/2018 00:30
Collected By Agnes A Okolie, RN

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 00:30
Collected By	Agnes A Okolie, RN		

Shift Assessment

Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Compression Wrap

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	55	**Plan of Care Initiated**	Yes

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 05:01
Collected By	Agnes A Okolie, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	No Abnormalities

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Compression Wrap

Pain

Patient c/o Pain	No

Morse Fall Risk

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 05:01
Collected By	Agnes A Okolie, RN		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	40	**Plan of Care Initiated**	Yes

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 09:43
Collected By	Kari Carney, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Expressive Deficit
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	4/5 Weak,Moves Agst Resist
BLE Movement	4/5 Weak,Moves Agst Resist		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Goal Setting, Observation q 1 Hour, Offered Support, Reassure	**Family Contact**	Family at Bedside

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Interventions	Deep Breathe, Cough	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Edema	0 Absent	**RLE Temperature**	Warm
RLE Color	Normal	**RLE Cap Refill**	< 3 Sec
LLE Temperature	Warm	**LLE Color**	Reddened
LLE Cap Refill	< 3 Sec	**R Dorsalis Pedis Pulse Quality**	2+ Normal
L Dorsalis Pedis Pulse Quality	2+ Normal	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**Sensation Not Assessed**	Yes
BLE Movement	Movement No Pain	**BUE Movement**	Movement No Pain

Gastrointestinal

Patient Reports	Poor Appetite	**Bowel Sounds: All Quads**	Present
Abdomen	Soft	**Stool Color**	Brown
Stool Consistency	Hard	**Stool Amount**	Small

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 09:43
Collected By	Kari Carney, RN		

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	80	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 18:36
Collected By	Kari Carney, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 18:36
Collected By	Kari Carney, RN		

Skin/Skin Impairment

(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage		

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	80	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 21:40
Collected By	Marivic S Flora-Doidge, RN		

Shift Assessment

Psychosocial WDL	Yes	**Respiratory WDL**	Yes
Cardiovascular WDL	Yes		

Neurological

LOC	Alert	**Oriented to**	x3
Eye Opening	Spontaneous	**Verbal Response**	Appropriate
Motor Response	Obeys Commands	**Glasgow Coma Scale**	15
Language/Speech	Clear Speech	**Facial Strength**	Intact
Gaze	Conjugate	**Swallow**	Normal
Both Pupils Size	2 mm	**Both Pupils Shape**	Round
Both Pupils Reaction	Brisk	**Comments**	HOH uses pocket talker to communicate
Moves All Extremities	Yes	**BUE Movement**	5/5 Full Power
BLE Movement	5/5 Full Power	**Gait**	Steady

Neurovascular

RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Normal
LLE Cap Refill	< 3 Sec	**LLE Edema**	1+ 2mm indent
L Dorsalis Pedis Pulse Quality	Inaccessible	**L Post Tib Pulse Quality**	Inaccessible
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
LLE Movement	Movement No Pain		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft
Stool Color	Brown	**Stool Consistency**	Soft
Stool Amount	Small		

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Patient Reports	Voiding w/o difficulty		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/18/2018 21:40
Collected By	Marivic S Flora-Doidge, RN		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry, Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Compression Wrap		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Neck
(Pain #1) Duration	Increases with Movement, With Movement	**(Pain #1) Characteristics**	Shooting
Pain Interventions	Medicated, Repositioned	**Pain Comments**	Oxycodone 2.5mg po given
Sedation Assessment	1=awake and alert		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	40	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/19/2018 00:35
Collected By	Marivic S Flora-Doidge, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry, Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Compression Wrap

Pain

Patient c/o Pain	No	**Sedation Assessment**	S=sleep, easy to arouse

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/19/2018 00:35
Collected By	Marivic S Flora-Doidge, RN		

Morse Fall Risk

Morse Fall Risk Total	30	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/19/2018 09:13
Collected By	Kari Carney, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	4/5 Weak,Moves Agst Resist
BLE Movement	4/5 Weak,Moves Agst Resist		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Thought Process	Forgetful	**Interventions**	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Goal Setting, Observation q 1 Hour, Reassure
Family Contact	Family at Bedside		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Interventions	Deep Breathe, Cough, Incentive Spirometer	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Popliteal Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No		

Reproductive.

Assessment	Deferred		

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	09/19/2018 09:13
Collected By	Kari Carney, RN		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact

Morse Fall Risk

Recent Fall History	Yes	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	65	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Assessment History

Assessment Name: PT Evaluation **Collected DateTime:** 09/11/2018 10:53

Version	Entered Date	Status	Reason Revised
Revision: 3.00	09/12/2018 13:49	Complete	correct level of assistance for accuracy

Assessment (PT)

Finding Name: PT Eval Complete

Previous Value	Jeanne is a 93 year-old F admitted s/p episode of syncope (lost consciousness). PMH: chronic LLE ulcerations, venous and arterial insufficiency, hx bilateral LE DVTs on warfarin, peripheral neuropathy, poor balance, gait instability. Pt had been living at SNF since June 2018 NWH hospitalization (previously residing in tent/"hobbit house" with her son, Louis), has commode and "built-up bed". PLOF: at SNF, had been self-sufficient, amb with FWW. On eval, pt was alert and oriented. Pts son briefly visited and then left to get pts items from SNF. Pt demonstrated slow mobility at SBA/supervision level of assist using FWW. Bed mob not tested (see OT note), but estimated at SBA/supervision. Pt lacks activity tolerance to complete all ADLs (walks 1 mile to church shower), needs SBA for mobility, and is a fall risk due to co-morbidities and age. Her living situation appears unsustainable for long-term, especially in winter months. Appreciate SW working with pt/family to find a safe and appropriate living situation (?AFH). Recommend additional PT while in NWH to improve all mobility and safety.	User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 14:55
Revised Value	Jeanne is a 93 year-old F admitted s/p episode of syncope (lost consciousness). PMH: chronic LLE ulcerations, venous and arterial insufficiency, hx bilateral LE DVTs on warfarin, peripheral neuropathy, poor balance, gait instability. Pt had been living at SNF since June 2018 NWH hospitalization (previously residing in tent/"hobbit house" with her son, Louis), has commode and "built-up bed". PLOF: at SNF, had been self-sufficient, amb with FWW. On eval, pt was alert and oriented. Pts son briefly visited and then left to get pts items from SNF. Pt demonstrated slow mobility at CGA level of assist using FWW. Bed mob not tested (see OT note), but estimated at SBA/supervision. Pt lacks activity tolerance to complete all ADLs (walks 1 mile to church shower), needs CGA for safe mobility, and is a fall risk due to co-morbidities and age. Her living situation appears unsustainable for long-term, especially in winter months. Appreciate SW working with pt/family to find a safe and appropriate living situation (?AFH). Recommend additional PT while in NWH to improve all mobility and safety.	User Name	Megan A van Seeters, PT	Entered Date	09/12/2018 13:49

Assessment History

Assessment Name: PT Evaluation **Collected DateTime:** 09/11/2018 10:53

Version	Entered Date	Status	Reason Revised
Revision: 3.00	09/12/2018 13:49	Complete	correct level of assistance for accuracy

Assessment (PT)

Finding Name: Treatment Provided

Previous Value	PT Evaluation 25 min Theract 20 min --Transfer training (sit<>stand, toilet transfer), gait training, education on safety. Pt moves slowly at SBA level of assist. Instructed to use the call light, verbalized understanding.	User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 14:55
Revised Value	PT Evaluation 25 min Theract 20 min --Transfer training (sit<>stand, toilet transfer), gait training, education on safety. Pt moves slowly at CGA level of assist. Instructed to use the call light, verbalized understanding.	User Name	Megan A van Seeters, PT	Entered Date	09/12/2018 13:49

Version	Entered Date	Status	Reason Revised
Revision: 2.00	09/11/2018 14:55	Complete	expanded information

Assessment (PT)

Finding Name: Recommended DC Destination

Previous Value	Previous Living Situation	User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 11:50
Revised Value		User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 14:55

Assessment History

Assessment Name: PT Evaluation **Collected DateTime:** 09/11/2018 10:53

Version	Entered Date	Status	Reason Revised
Revision: 2.00	09/11/2018 14:55	Complete	expanded information

Assessment (PT)

Finding Name: PT Eval Complete

Previous Value	Jeanne is a 93 year-old F admitted s/p episode of syncope (lost consciousness). PMH: chronic LLE ulcerations, venous and arterial insufficiency, hx bilateral LE DVTs on warfarin, peripheral neuropathy, poor balance, gait instability. Pt had been living at SNF since June 2018 NWH hospitalization (previously residing in tent/"hobbit house" with her son, Louis), has commode and "built-up bed". PLOF: at SNF, had been self-sufficient, amb with FWW. On eval, pt was alert and oriented. Pts son briefly visited and then left to get pts items from SNF. Pt demonstrated slow mobility at SBA/supervision level of assist using FWW. Bed mob not tested (see OT note), but estimated at SBA/supervision. Pts son will be with pt most of the time and it sounds like they have a decent set-up at home / tent. Recommend additional PT while in NWH to improve all mobility to supervision/mod I level of assist prior to d/c.	User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 11:50
Revised Value	Jeanne is a 93 year-old F admitted s/p episode of syncope (lost consciousness). PMH: chronic LLE ulcerations, venous and arterial insufficiency, hx bilateral LE DVTs on warfarin, peripheral neuropathy, poor balance, gait instability. Pt had been living at SNF since June 2018 NWH hospitalization (previously residing in tent/"hobbit house" with her son, Louis), has commode and "built-up bed". PLOF: at SNF, had been self-sufficient, amb with FWW. On eval, pt was alert and oriented. Pts son briefly visited and then left to get pts items from SNF. Pt demonstrated slow mobility at SBA/supervision level of assist using FWW. Bed mob not tested (see OT note), but estimated at SBA/supervision. Pt lacks activity tolerance to complete all ADLs (walks 1 mile to church shower), needs SBA for mobility, and is a fall risk due to co-morbidities and age. Her living situation appears unsustainable for long-term, especially in winter months. Appreciate SW working with pt/family to find a safe and appropriate living situation (?AFH). Recommend additional PT while in NWH to improve all mobility and safety.	User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 14:55

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/11/2018 11:50	Complete	additional info

Assessment (PT)

Assessment History

Assessment Name: PT Evaluation **Collected DateTime:** 09/11/2018 10:53

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/11/2018 11:50	Complete	additional info

Assessment (PT)

Finding Name: Treatment Provided

Previous Value	PT Evaluation 25 min Theract 20 min --Transfer training, gait training, education on safety. Pt moves slowly at SBA level of assist.	User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 11:37
Revised Value	PT Evaluation 25 min Theract 20 min --Transfer training (sit<>stand, toilet transfer), gait training, education on safety. Pt moves slowly at SBA level of assist. Instructed to use the call light, verbalized understanding.	User Name	Megan A van Seeters, PT	Entered Date	09/11/2018 11:50

Assessment Name: Shift Assessment **Collected DateTime:** 09/11/2018 02:38

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/11/2018 06:56	Complete	edit

Skin/Skin Impairment

Finding Name: (Impairment 1) Location					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Leg	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56
Finding Name: (Impairment 1) Type					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Erythema,Other (See Comments)	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56
Finding Name: (Impairment 1) Descriptor					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Left	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56
Finding Name: (Impairment 1) Color					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Dusky,Red	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56
Finding Name: (Impairment 1) Appearance					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Dressing Intact	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56
Finding Name: (Impairment 1) Drainage					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Sero-sanguinous,Small Drainage	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56
Finding Name: (Impairment 1) Dressing					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Other	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56
Finding Name: (Impairment 1) Comment					
Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	Excoriations. ABD drsg	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 06:56

Assessment Name: Shift Assessment **Collected DateTime:** 09/18/2018 09:43

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/18/2018 12:51	Complete	edit

Respiratory

Finding Name: All Lobes Clear					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Yes	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 09/18/2018 09:43

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/18/2018 12:51	Complete	edit

Respiratory

Finding Name: Respiratory Pattern					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Regular	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Interventions					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Deep Breathe, Cough	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Oral Mucus Membrane					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Pink	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Cont O2 Sat Applied					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Cont O2 Sat Removed					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: RAM Device Applied					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: RAM Device Removed					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Sputum Sent to Lab					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Cardiac

Finding Name: Rate and Rhythm					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Regular	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Diaphoresis					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Absent	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: BLE Edema					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0 Absent	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: BUE Edema					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0 Absent	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Telemetry On					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Neurovascular

Finding Name: BUE Temperature					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Warm	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 09/18/2018 09:43

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/18/2018 12:51	Complete	edit

Neurovascular

Finding Name: BUE Color					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Normal	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: BUE Cap Refill					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	< 3 Sec	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: BUE Edema					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0 Absent	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: BLE Edema					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0 Absent	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: RLE Temperature					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Warm	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: RLE Color					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Normal	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: RLE Cap Refill					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	< 3 Sec	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: LLE Temperature					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Warm	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: LLE Color					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Reddened	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: LLE Cap Refill					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	< 3 Sec	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: R Dorsalis Pedis Pulse Quality					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	2+ Normal	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: L Dorsalis Pedis Pulse Quality					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	2+ Normal	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: R Radial Pulse Quality					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	2+ Normal	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: L Radial Pulse Quality					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	2+ Normal	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Movement Not Assessed					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 09/18/2018 09:43

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/18/2018 12:51	Complete	edit

Neurovascular

Finding Name: Sensation Not Assessed

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Yes	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Pt Unable to Follow Commands

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: BLE Movement

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Movement No Pain	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: BUE Movement

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Movement No Pain	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Gastrointestinal

Finding Name: Patient Reports

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Poor Appetite	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Bowel Sounds: All Quads

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Present	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Abdomen

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Soft	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Stool Color

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Brown	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Stool Consistency

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Hard	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Stool Amount

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Small	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Incontinent of Stool

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Stool Sample Sent

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: GI Tube Placement Verified

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Renal/Urinary

Finding Name: Urine Output Not Assessed

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 09/18/2018 09:43

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/18/2018 12:51	Complete	edit

Renal/Urinary

Finding Name: Void Color					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Yellow	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Void Characteristic					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Clear	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Bladder Distended					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	No	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Urine Specimen Sent					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Reproductive.

Finding Name: Assessment					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Deferred	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Uterine Prolapse					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Skin/Skin Impairment

Finding Name: Non-blanchable Erythema					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	No	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Skin Color					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Normal	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Overall Condition					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Fragile	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Oral Mucosa					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Moist	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: (Impairment 1) Location					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Leg	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: (Impairment 1) Type					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Erythema,Venous Stasis Ulcer	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: (Impairment 1) Descriptor					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Left	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: (Impairment 1) Appearance					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Dressing Intact	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 09/18/2018 09:43

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/18/2018 12:51	Complete	edit

Skin/Skin Impairment

Finding Name: Pressure Sores

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Morse Fall Risk

Finding Name: Recent Fall History

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Yes	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Has Secondary Diagnosis

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Yes	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Ambulatory Aid

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Crutches/Cane/Walker	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: IV or Hep Lock

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	No	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Gait/Transferring

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Weak	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Mental Status

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Forgets limitations	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Morse Fall Risk Total

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	80	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Plan of Care Initiated

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	Already Initiated	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Delirium Observation Screening

Finding Name: Dozes Off

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Easily Distracted

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Maintains Attention

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Sometimes/Always	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Does Not Finish Question/Answer

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Finding Name: Answers Do Not Fit Questions

Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 09/18/2018 09:43

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/18/2018 12:51	Complete	edit

Delirium Observation Screening

Finding Name: Reacts Slowly					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Thinks is Somewhere Else					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Knows Which Part of Day					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Sometimes/Always	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Remembers Recent Events					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Sometimes/Always	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Picking, Disorderly, Restless					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Pulls at Tubes					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Easily/Suddenly Emotional					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: Sees/Hears Things not There					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0- Never	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51
Finding Name: DOS Score					
Previous Value		User Name	Kari Carney, RN	Entered Date	09/18/2018 12:48
Revised Value	0	User Name	Kari Carney, RN	Entered Date	09/18/2018 12:51

Patient Education

Assessment Sts Complete
Collected By Joan C Rama, RN
Collected DTime 09/11/2018 04:15

Patient Education

VTE Ed Initiated Yes

VTE Prophylaxis Education

Person(s) Taught Patient
Topics Addressed Medications, Reportable Concerns
VTE Ed Initiated Yes
Learner Response Teach back - restates information independently

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By David Trush, RN
Collected DTime 09/12/2018 00:25

Patient Education

Medications Reviewed Yes
Plan Med Teaching with Admin, New Medication Side Effects Reviewed
VTE Ed Initiated Yes
Person(s) Taught Patient
Learner Response Teach back - restates information with assist

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 09:00

Patient Education

Medications Reviewed Yes
Plan Med Teaching with Admin
VTE Ed Initiated Yes
Person(s) Taught Patient
Learner Response Teach back - restates information independently

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 18:00

Patient Education

Medications Reviewed Yes
Plan Med Teaching with Admin
VTE Ed Initiated Yes
Person(s) Taught Patient
Learner Response Teach back - restates information independently

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Queenie Ching, RN
Collected DTime 09/12/2018 19:18

Patient Education

Medications Reviewed Yes
Plan Med Teaching with Admin
VTE Ed Initiated Yes
Person(s) Taught Patient
Learner Response Teach back - restates information independently

Clinical Note:

Patient Education

Pt. Name: HOFFMAN, JEANNE L
MRN: U8170135
Acct No: 1830020513
Patient Type: IP

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, WA

Patient Education Report

Patient Education

Assessment Sts Complete
Collected By Susan Mathews, RN
Collected DTime 09/13/2018 00:56

Patient Education

Hand Hygiene	Yes	**Person(s) Taught**	Patient
Plan	Reviewed Hand Hygiene in/out of room (for staff), Reviewed Hand Hygiene in/out of room (for visitors)	**Learner Response**	Teach back - restates information with assist
VTE Ed Initiated	Yes		

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Alieu B Jallow, RN
Collected DTime 09/14/2018 21:26

Patient Education

VTE Ed Initiated	Yes		

VTE Prophylaxis Education

Person(s) Taught	Patient	**VTE Ed Initiated**	Yes
Topics Addressed	Prevention	**Learner Response**	Teach back - restates information with assist

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Susan E Baker, RN
Collected DTime 09/17/2018 10:30

Patient Education

Medications Reviewed	Yes	**Person(s) Taught**	Patient, Family
Plan	Med Teaching with Admin	**Learner Response**	Teach back - restates information independently
VTE Ed Initiated	Yes		

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Kari Carney, RN
Collected DTime 09/18/2018 09:43

Patient Education

Medications Reviewed	Yes	**Person(s) Taught**	Patient, Family
Plan	Med Teaching with Admin	**Learner Response**	Teach back - restates information with assist
VTE Ed Initiated	Yes		

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Marivic S Flora-Doidge, RN
Collected DTime 09/18/2018 23:35

Patient Education

Medications Reviewed	Yes	**Person(s) Taught**	Patient
Plan	Med Teaching with Admin	**Learner Response**	Teach back - restates information with assist
VTE Ed Initiated	Yes		

VTE Prophylaxis Education

Person(s) Taught	Patient	**VTE Ed Initiated**	Yes

Patient Education

Assessment Sts Complete
Collected By Marivic S Flora-Doidge, RN
Collected DTime 09/18/2018 23:35

VTE Prophylaxis Education

Topics Addressed	Prevention	**Learner Response**	Teach back - restates information with assist

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Kari Carney, RN
Collected DTime 09/19/2018 09:13

Patient Education

Medications Reviewed	Yes	**Person(s) Taught**	Patient, Family
Plan	Med Teaching with Admin	**Learner Response**	Teach back - restates information with assist
VTE Ed Initiated	Yes		

Clinical Note:

Patient Education

Assessment Sts Complete
Collected By Phu G Tran, Pharm D
Collected DTime 09/19/2018 11:50

Patient Education

VTE Ed Initiated	Yes

VTE Prophylaxis Education

Person(s) Taught	Patient, Family	**VTE Ed Initiated**	Yes
VTE Written Materials Provided	Yes	**Topics Addressed**	Medications
Learner Response	Teach back - restates information independently		

Clinical Note:

Treatment Note (OT)

Assessment Sts Complete
Collected By Emily A Sheridan, OT
Collected DTime 09/17/2018 10:15

Treatment Note (OT)

OT Tx Therapy Time (min) 15

OT Therapy Note

S: Pt received in bed, guarding neck. MD arrived as well. Pt in so much pain not wanting MD to exam her. Not able to turn head due to pain.

O: Theract (15')
Discussed pt status c MD. Pt ok for k-pad. OT procured k-pad and set up for pt. Two person assist to move pt's head/shoulders a few inches to place k-pad. Pt screaming and crying in pain c even slight movement. Improves at rest but very avoidant of movement. Further activity deferred. MD reports plan to order MRI. Left in bed c all needs met.

OT Assessment Pt does not appear safe for d/c home today. Pain is so severe she cannot move, get OOB, or participate in any self-care or mobility. Will cont to follow for IP OT during acute stay and progress indep as able when pain better controlled.

OT Plan CONT OT POC

Current ADL Score 12

Clinical Note:

Treatment Note (PT)

Assessment Sts Complete
Collected By Megan A van Seeters, PT
Collected DTime 09/13/2018 09:20

Treatment Note (PT)

PT Tx Therapy Time (min) 45

PT Therapy Note

S: Pt presented in bed, ready to move, "I can't stay in bed all day!" Uses 4WW mostly, sometimes uses her "potty chair" (narrow commode) to "walk" outside and sit in it. PT expressed concerns with that, pt does not seem concerned.

O: Discussed PT POC. Weeping observed on posterior LLE bandage. Supine<>sit, supervision / mod I with extra time. Sit<>stand SBA slowly, time to find balance. Amb 400' with FWW, CGA-->SBA due to quickness, occasional poor LLE clearance, poor posture and FWW too far out front; unable to

Treatment Note (PT)

Assessment Sts Complete
Collected By Megan A van Seeters, PT
Collected DTime 09/13/2018 09:20

Treatment Note (PT)

remain closer to FWW despite cues. Amb 400' with 4WW, SBA after initial training (brakes) and cueing for same deficits as above. Pt alternates between looking down and forward when walking. After initial cues, pt was consistently using brakes prior to transfers and mobility. Amb 50' with hand-hold assist and CGA, hesitant steps, mild-mod unsteady.
PT held lengthy discussion about safety, wounds, access to fresh food/water, shelter, current set-up and other options. Despite concerns brought up by PT, pt seems confident she will be ok there but wants her son to have input too. PT attempted to call pts son, Louis, but was sent to voicemail.
(Theract 45 min)

PT Assessment Pt ambulates quickly and remains a fall risk but did not demonstrate LOB this session. Pt needs extra time and SBA/CGA for sit>stand. After significant discussion about safety, wounds, housing, etc, pt wants her son's opinion about returning "home" vs finding other solid housing options. Pt does not understand the significance her limitations or how her previous living situation could negatively affect that.

PT Plan SW/CM team to follow up with son, Louis, about placement, with info from PT/OT. Louis 360-649-5702.

Clinical Note:

Treatment Note (PT)

Assessment Sts Complete
Collected By Laura J Saito, PT
Collected DTime 09/15/2018 16:24

Treatment Note (PT)

PT Tx Therapy Time (min) 25

PT Therapy Note Patient received in bed and eager to get up. Is ready to go home. Says son has everything figured out for her to go home. Says she will have to work on building up her walking again.

Patient is reluctant to sit down on walker seat saying she won't be able to get going again. Does have difficulty standing from walker seat but figures out how to walk walker with feet over to place for handhold to assist herself in coming to stand. Is able to come sit and come back to standing in this way without assistance.

Treatment Note (PT)

Assessment Sts Complete
Collected By Laura J Saito, PT
Collected DTime 09/15/2018 16:24

Treatment Note (PT)

TherAct:(25 min)
-supine to sit at edge of be from flat bed with supervision
-sit to stand to 4-wheeled walker with SBA
-ambulation with 4-wheeled walker and SBA x 400'
-transfer to/from 4-wheeled walker seat with verbal cues for brakes application.
-back to bed and positioning with SBA

PT Plan Continue strength and endurance work to improve safety and mobility. DC pending social work issues.

PT Assessment No loss of balance noted but patient initially very challenged with coming to stand from walker seat. Able to problem solve well with figuring out way to get handhold to assist herself.

Clinical Note:

Treatment Note (PT)

Assessment Sts Complete
Collected By Megan A van Seeters, PT
Collected DTime 09/17/2018 13:30

Treatment Note (PT)

PT Therapy Note Pt not in room - per RN, went down for MRI due to onset of severe neck pain.

Clinical Note:

Treatment Note (PT)

Assessment Sts Complete
Collected By Megan A van Seeters, PT
Collected DTime 09/17/2018 16:28

Treatment Note (PT)

PT Tx Therapy Time (min) 25

PT Therapy Note

S: Pt presented in bed, LEs propped on pillows. "I feel tired", and c/o neck pain. MD/RN aware (pain started this morning). "Let's try" - when offered PT.

O: Discussed PT POC. HOB raised, pt slowly pivoted to EOB, holding neck with both hands for initial movement. "I can do it, just slowly". Brief minA for LLE. Slow scooting forward, supervision. Sit>stand SBA, good technique, just slowly and painful (neck). Slow initial gait with FWW, increased forward posture. Pt grunting from neck pain during session. Amb 120' with FWW and CGA/SBA, very slowly, pts posture and pain

Treatment Note (PT)

Assessment Sts Complete
Collected By Megan A van Seeters, PT
Collected DTime 09/17/2018 16:28

Treatment Note (PT)

necessitating increased LOA/guarding. SBA for restroom/toileting. While sitting, holding head/neck in hands. Transferred to chair, seat alarm on, LEs propped on pillows, call light in reach. (Theract 25 min)

PT Assessment Pt required increased guarding/assist during mobility due to neck pain. Per notes, plan is for d/c back to "tent"/"hobbit house" set-up tomorrow. Pt should be at supervision level of assist to be safe. However, continue to recommend more supportive living situation for long-term well-being.

PT Plan Discharge pending social / living issues ("tent"/"hobbit house" vs ? AFH). Per pt, wants to go "home" (aka with her son).

Clinical Note:

Treatment Note (PT)

Assessment Sts Complete
Collected By Megan A van Seeters, PT
Collected DTime 09/18/2018 16:00

Treatment Note (PT)

PT Tx Therapy Time (min) 32

PT Therapy Note

S: Pt resting in chair. Son, Louis, in room. Pt said she hasn't walked today (besides to restroom). Neck is still painful.

O: Sit>stand, SBA, slow transfer, effortful; correctly locked 4WW. Amb quickly with 4WW, 450', SBA/supervision, cued to get closer to the walker and to slow down slightly to reduce fall risk. Sit<>stand in chair with armrests, appropriately locking/unlocking brakes. Transferred into bed slowly, c/o neck pain. Pt winced to any neck movement and palpation. PT performed gentle PROM of neck, gentle muscle/fascia release. Cued to relax frequently, pt just very sensitive. Encouraged to perform gentle ROM and self-massage. Son, Louis, has done the same. He re-informed this PT of their set-up.
(Theract 15 min, Manual tech 17 min)

PT Assessment Pt appears to be functioning close to her baseline. Son, Louis, reports having everything set up at home for

Treatment Note (PT)

Assessment Sts Complete
Collected By Megan A van Seeters, PT
Collected DTime 09/18/2018 16:00

Treatment Note (PT)

her return. Encouraged Louis to provide assistance and have her use the 4WW at this time. Since pt does not want to go anywhere else but "home", anticipate pt can d/c with son when medically stable.

Clinical Note:

Treatment Note (RD)

Assessment Sts Complete
Collected By Tiffany Gota, RD
Collected DTime 09/17/2018 17:01

Treatment Note (RD)

Dietitian Treatment Note

Initial assessment
Nutrition screen for length of stay > 7 days

Wt (9/16): 51.7kg
Admit wt (9/11): 52.6kg
Diet: general
GI: +BT, abd non-distended, BM x 1 9/15
Labs (9/13): BUN-25
Medications: acidophilus, warfarin
Skin: chronic LE ulcerations w/ severe dermatitis

93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

Assessment

Visited with pt and son today. Pt very sleepy/groggy, unable to keep eyes open during interview. Spoke primarily with pt's son. He is very concerned about her nutritional status, stating she has lost wt and is not eating much. Wt records do not corroborate son's statement. Per wt records, pt has gained some wt and maintained since prevous admission and SNF stay. Per ADL's, pt consuming 100% of some meals. Difficult to assess overall PO intake as records do not seem to be complete and pt is not awake to report. Will add Ensure supplement and snack in the afternoon. Pt will be transitioned to house meals to ensure she gets x 3 meals daily when son is not here to order for her. Will continue to monitor PO intake and nourishment tolerance.

Plan

Transition to house meals.
Add Ensure & 2pm snack.
Monitor PO intake, wts, labs.

Clinical Note:

Assessment History

Assessment Name: Treatment Note (PT) **Collected DateTime:** 09/13/2018 09:20

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/13/2018 10:52	Complete	additional info

Treatment Note (PT)

Finding Name: PT Therapy Note

Previous Value — User Name: Megan A van Seeters, PT — Entered Date: 09/13/2018 10:28

S: Pt presented in bed, ready to move, "I can't stay in bed all day!"

O: Discussed PT POC. Weeping observed on posterior LLE bandage. Supine<>sit, supervision / mod I with extra time. Sit<>stand SBA slowly, time to find balance. Amb 400' with FWW, CGA-->SBA due to quickness, occasional poor LLE clearance, poor posture and FWW too far out front; unable to remain closer to FWW despite cues. Amb 400' with 4WW, SBA after initial training (brakes) and cueing for same deficits as above. Pt alternates between looking down and forward when walking. After initial cues, pt was consistently using brakes prior to transfers and mobility.
PT held lengthy discussion about safety, wounds, access to fresh food/water, shelter, current set-up and other options. Despite concerns brought up by PT, pt seems confident she will be ok there but wants her son to have input too. PT attempted to call pts son, Louis, but was sent to voicemail.
(Theract 45 min)

Revised Value — User Name: Megan A van Seeters, PT — Entered Date: 09/13/2018 10:52

S: Pt presented in bed, ready to move, "I can't stay in bed all day!" Uses 4WW mostly, sometimes uses her "potty chair" (narrow commode) to "walk" outside and sit in it. PT expressed concerns with that, pt does not seem concerned.

O: Discussed PT POC. Weeping observed on posterior LLE bandage. Supine<>sit, supervision / mod I with extra time. Sit<>stand SBA slowly, time to find balance. Amb 400' with FWW, CGA-->SBA due to quickness, occasional poor LLE clearance, poor posture and FWW too far out front; unable to remain closer to FWW despite cues. Amb 400' with 4WW, SBA after initial training (brakes) and cueing for same deficits as above. Pt alternates between looking down and forward when walking. After initial cues, pt was consistently using brakes prior to transfers and mobility. Amb 50' with hand-hold assist and CGA, hesitant steps, mild-mod unsteady.
PT held lengthy discussion about safety, wounds, access to fresh food/water, shelter, current set-up and other options. Despite concerns brought up by PT, pt seems confident she will be ok there but wants her son to have input too. PT attempted to call pts son, Louis, but was sent to voicemail.
(Theract 45 min)

Height/Weight

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/11/2018 01:16

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	52.6 kg
How Obtained	Bed Scale	**BSA**	1.534
BMI	20.5		

Clinical Note:

Height/Weight

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/11/2018 04:41

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	52.6 kg
How Obtained	Bed Scale	**BSA**	1.534
BMI	20.5		

Clinical Note:

Height/Weight

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/12/2018 05:01

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	52.6 kg
How Obtained	Bed Scale	**BSA**	1.534
BMI	20.5		

Clinical Note:

Height/Weight

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/13/2018 04:09

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	52.6 kg
How Obtained	Bed Scale	**BSA**	1.534
BMI	20.5		

Clinical Note:

Height/Weight

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/14/2018 06:50

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	51.7 kg
How Obtained	Bed Scale	**BSA**	1.523
BMI	20.2		

Clinical Note:

Height/Weight

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/15/2018 06:39

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	51.0 kg
How Obtained	Bed Scale	**BSA**	1.514
BMI	19.9		

Clinical Note:

Height/Weight

Assessment Sts	Complete	**Collected DTime**	09/16/2018 06:59
Collected By	Tsega Zeru, CNA		

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	51.7 kg
How Obtained	Bed Scale	**BSA**	1.523
BMI	20.2		

Clinical Note:

Height/Weight

Assessment Sts	Complete	**Collected DTime**	09/19/2018 05:52
Collected By	Tsega Zeru, CNA		

Height/Weight

Height (inches)	5/3 ft,in	**Weight (kg)**	50.1 kg
How Obtained	Bed Scale	**BSA**	1.503
BMI	19.6		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/11/2018 01:28
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	66	**(Pulse) Site**	Radial
Respirations	18	**BP**	173/75
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes	**VS Comments**	BP reported to the nurse

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/11/2018 04:43
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	68	**(Pulse) Site**	Radial
Respirations	18	**BP**	133/62
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/11/2018 09:07
Collected By	Premila Prasad, CNA		

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	63	**(Pulse) Site**	ECG Monitor
Respirations	18	**BP**	139/72
(BP) Site	Left Arm	**(BP) Position**	Sitting
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	96

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/11/2018 09:07
Collected By	Premila Prasad, CNA		

Vitals (MS)

Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/11/2018 12:50
Collected By	Premila Prasad, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	76	**(Pulse) Site**	ECG Monitor
Respirations	18	**BP**	134/78
(BP) Site	Left Arm	**(BP) Position**	Sitting
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	95
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/11/2018 20:47
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	82	**(Pulse) Site**	Radial
Respirations	16	**BP**	145/60
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/12/2018 00:15
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	74	**(Pulse) Site**	Radial
Respirations	20	**BP**	151/69
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/12/2018 05:02
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	74	**(Pulse) Site**	Radial
Respirations	18	**BP**	145/70
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98

Vitals (MS)

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/12/2018 05:02

Vitals (MS)

Room Air	Yes

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Premila Prasad, CNA
Collected DTime 09/12/2018 09:59

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	82	**(Pulse) Site**	Radial
Respirations	18	**BP**	139/65
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Premila Prasad, CNA
Collected DTime 09/12/2018 13:54

Vitals (MS)

Temperature (C)	36.4 Cel	**(Temp) Site**	Oral
Pulse	75	**(Pulse) Site**	Radial
Respirations	18	**BP**	135/68
(BP) Site	Right Arm	**(BP) Position**	Sitting
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Premila Prasad, CNA
Collected DTime 09/12/2018 17:40

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	75	**(Pulse) Site**	ECG Monitor
Respirations	18	**BP**	116/60
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/12/2018 20:50

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	77	**(Pulse) Site**	Radial
Respirations	18	**BP**	111/53
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/12/2018 20:50
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/13/2018 00:18
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	77	**(Pulse) Site**	Radial
Respirations	16	**BP**	129/62
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	95
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/13/2018 04:41
Collected By	Edelminda Cornejo, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	69	**(Pulse) Site**	Radial
Respirations	18	**BP**	128/65
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/13/2018 09:16
Collected By	Erdeng Ga, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	74	**Respirations**	18
BP	120/67	**(BP) Site**	Right Arm
(BP) Position	Lying	**(BP) Method**	Cuff (manual)
O2 Saturation (%)	96	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/13/2018 13:16
Collected By	Erdeng Ga, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	70	**Respirations**	19
BP	114/63	**(BP) Site**	Left Arm
(BP) Position	Lying	**(BP) Method**	Cuff (automatic)
O2 Saturation (%)	96	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/13/2018 17:29
Collected By	Erdeng Ga, CNA		

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	65	**Respirations**	18
BP	125/67	**(BP) Site**	Left Arm
(BP) Position	Lying	**(BP) Method**	Cuff (manual)
O2 Saturation (%)	96	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/13/2018 21:25
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	75	**(Pulse) Site**	Radial
Respirations	18	**BP**	102/47
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	95
Room Air	Yes	**VS Comments**	notified RN about B/P

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/14/2018 01:51
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	71	**(Pulse) Site**	Radial
Respirations	18	**BP**	131/62
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/14/2018 05:25
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	70	**(Pulse) Site**	Radial
Respirations	18	**BP**	131/59
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/14/2018 09:38
Collected By	Erdeng Ga, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/14/2018 09:38
Collected By	Erdeng Ga, CNA		

Vitals (MS)

Pulse	70	**Respirations**	18
BP	128/65	**(BP) Site**	Right Arm
(BP) Position	Lying	**(BP) Method**	Cuff (automatic)
O2 Saturation (%)	95	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/14/2018 14:30
Collected By	Erdeng Ga, CNA		

Vitals (MS)

Temperature (C)	36.4 Cel	**(Temp) Site**	Oral
Pulse	70	**Respirations**	18
BP	124/60	**(BP) Site**	Right Arm
(BP) Position	Sitting	**(BP) Method**	Cuff (manual)
O2 Saturation (%)	95	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/14/2018 17:27
Collected By	Erdeng Ga, CNA		

Vitals (MS)

Temperature (C)	36.3 Cel	**(Temp) Site**	Oral
Pulse	62	**Respirations**	19
BP	118/59	**(BP) Site**	Right Arm
(BP) Position	Sitting	**(BP) Method**	Cuff (manual)
O2 Saturation (%)	95	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/14/2018 21:25
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	37.1 Cel	**(Temp) Site**	Oral
Pulse	75	**(Pulse) Site**	Radial
Respirations	20	**BP**	122/60
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/15/2018 01:48
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	71	**(Pulse) Site**	Radial
Respirations	16	**BP**	127/59
(BP) Site	Right Arm	**(BP) Position**	Lying

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/15/2018 01:48
Collected By	Tsega Zeru, CNA		

Vitals (MS)

(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	95
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/15/2018 05:30
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	73	**(Pulse) Site**	Radial
Respirations	18	**BP**	125/66
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/15/2018 13:46
Collected By	Hanna G Belay, CNA		

Vitals (MS)

Temperature (C)	37.1 Cel	**(Temp) Site**	Oral
Pulse	71	**(Pulse) Site**	Radial
Respirations	17	**BP**	129/59
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/15/2018 21:14
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	37.2 Cel	**(Temp) Site**	Oral
Pulse	62	**(Pulse) Site**	Radial
Respirations	20	**BP**	123/64
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/16/2018 01:25
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	37.2 Cel	**(Temp) Site**	Oral
Pulse	82	**(Pulse) Site**	Radial
Respirations	18	**BP**	124/65
(BP) Site	Right Arm	**(BP) Position**	Lying

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/16/2018 01:25
Collected By	Tsega Zeru, CNA		

Vitals (MS)

(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/16/2018 05:00
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	37.2 Cel	**(Temp) Site**	Oral
Pulse	76	**(Pulse) Site**	Radial
Respirations	16	**BP**	128/64
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/16/2018 13:58
Collected By	Hanna G Belay, CNA		

Vitals (MS)

Temperature (C)	37.3 Cel	**(Temp) Site**	Oral
Pulse	69	**(Pulse) Site**	Radial
Respirations	16	**BP**	136/59
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/16/2018 21:38
Collected By	Salimata Sankara, CNA		

Vitals (MS)

Temperature (C)	37.1 Cel	**(Temp) Site**	Oral
Pulse	79	**(Pulse) Site**	Radial
Respirations	16	**BP**	127/61
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/17/2018 01:20
Collected By	Salimata Sankara, CNA		

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	79	**(Pulse) Site**	Radial
Respirations	17	**BP**	114/55
(BP) Site	Left Arm	**(BP) Position**	Sitting

Vitals (MS)

Assessment Sts Complete
Collected By Salimata Sankara, CNA
Collected DTime 09/17/2018 01:20

Vitals (MS)

(BP) Method	Cuff (automatic)	**Ice Packs**	Yes
O2 Saturation (%)	97	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Salimata Sankara, CNA
Collected DTime 09/17/2018 05:47

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	73	**(Pulse) Site**	Radial
Respirations	16	**BP**	126/65
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**Warming Blanket**	Yes
O2 Saturation (%)	98	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Senait A Habteselassie, CN
Collected DTime 09/17/2018 09:12

Vitals (MS)

Temperature (C)	37.1 Cel	**(Temp) Site**	Oral
Pulse	86	**(Pulse) Site**	Radial
Respirations	18	**BP**	121/60
(BP) Site	Right Arm	**(BP) Position**	Sitting
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Senait A Habteselassie, CN
Collected DTime 09/17/2018 14:55

Vitals (MS)

Temperature (C)	37.0 Cel	**(Temp) Site**	Oral
Pulse	68	**(Pulse) Site**	Radial
Respirations	18	**BP**	124/88
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Senait A Habteselassie, CN
Collected DTime 09/17/2018 17:01

Vitals (MS)

Temperature (C)	37.1 Cel	**(Temp) Site**	Oral
Pulse	64	**(Pulse) Site**	Radial
Respirations	18	**BP**	111/62
(BP) Site	Right Arm	**(BP) Position**	Sitting

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/17/2018 17:01
Collected By	Senait A Habteselassie, CN		

Vitals (MS)

(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/17/2018 20:10
Collected By	Sabela Beshahwured, CNA		

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	71	**(Pulse) Site**	Radial
Respirations	20	**BP**	143/69
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	100
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/17/2018 23:20
Collected By	Sabela Beshahwured, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	68	**(Pulse) Site**	Radial
Respirations	20	**BP**	130/68
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 00:15
Collected By	Sabela Beshahwured, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	79	**(Pulse) Site**	Radial
Respirations	20	**BP**	121/70
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	96
O2 Delivery Method	Nasal Cannula	**O2 LPM**	2

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 05:10
Collected By	Sabela Beshahwured, CNA		

Vitals (MS)

Temperature (C)	36.5 Cel	**(Temp) Site**	Oral
Pulse	70	**(Pulse) Site**	Radial
Respirations	20	**BP**	146/58
(BP) Site	Right Arm	**(BP) Position**	Lying

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 05:10
Collected By	Sabela Beshahwured, CNA		

Vitals (MS)

(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	100
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 09:09
Collected By	Matthew Rodel, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	76	**(Pulse) Site**	Radial
Respirations	18	**BP**	122/62
(BP) Site	Right Arm	**(BP) Position**	Sitting
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	100
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 14:00
Collected By	Matthew Rodel, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	70	**(Pulse) Site**	Radial
Respirations	18	**BP**	120/58
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	100
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 17:52
Collected By	Matthew Rodel, CNA		

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	76	**(Pulse) Site**	Radial
Respirations	18	**BP**	112/60
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 21:40
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	73	**(Pulse) Site**	Radial
Respirations	18	**BP**	119/63
(BP) Site	Right Arm	**(BP) Position**	Lying

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/18/2018 21:40
Collected By	Tsega Zeru, CNA		

Vitals (MS)

(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/19/2018 05:50
Collected By	Tsega Zeru, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	66	**(Pulse) Site**	Radial
Respirations	20	**BP**	148/70
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	97

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	09/19/2018 08:58
Collected By	Samson K Zeleke		

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	72	**(Pulse) Site**	Radial
Respirations	18	**BP**	121/62
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Cuff (automatic)	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Category: Progress Notes
Date of Service: 09/20/2018 00:00
Document Status:
Title: Intake and Output Report
Document Version : 1

Encounter Number: 1830020513
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-09-10 18:56:00
Discharge Date Time: 2018-09-19 13:30:00

Intake and Output

	09/11/18 03:05	09/11/18 04:43	09/11/18 06:52	09/11/18 08:53	09/11/18 11:30	09/11/18 18:24
Collected By	Marylan V Estrada, CNA	Edelminda Cornejo, CNA	Edelminda Cornejo, CNA	Mary J Jeffries, RN	Premila Prasad, CNA	Mary J Jeffries, RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral		100 ml	Sips			
Urine, Voided				BRP	450 ml	BRP
Urine (0)	1 ml	0 ml	1 ml			1 ml
Stool (0)		0 ml	0 ml		1 ml	

Intake and Output

	09/11/18 20:47	09/12/18 00:15	09/12/18 03:25	09/12/18 05:02	09/12/18 10:02	09/12/18 12:08
Collected By	Edelminda Cornejo, CNA	Edelminda Cornejo, CNA	Marylan V Estrada, CNA	Edelminda Cornejo, CNA	Premila Prasad, CNA	Premila Prasad, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	150 ml	0 ml		0 ml	240 ml	
Urine (0)	1 ml	1 ml	1 ml	1 ml	1 ml	1 ml
Stool (0)	0 ml	0 ml		0 ml	0 ml	0 ml

Intake and Output

	09/12/18 14:30	09/12/18 18:01	09/12/18 20:50	09/12/18 22:13	09/13/18 00:17	09/13/18 04:09
Collected By	Premila Prasad, CNA	Queenie Ching, RN	Edelminda Cornejo, CNA	Queenie Ching, RN	Edelminda Cornejo, CNA	Edelminda Cornejo, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	240 ml		150 ml		Sips	0 ml
Urine (0)		1 ml	1 ml	1 ml	1 ml	1 ml
Stool (0)		1 ml	0 ml	1 ml	0 ml	0 ml

Intake and Output

	09/13/18 12:50	09/13/18 13:16	09/13/18 15:38	09/13/18 17:24	09/13/18 22:25	09/14/18 02:05
Collected By	Lorraine F Moen, CNA	Erdeng Ga, CNA	Erdeng Ga, CNA	Erdeng Ga, CNA	Tsega Zeru, CNA	Tsega Zeru, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral		500 ml	400 ml	200 ml		
Urine, Voided				300 ml		

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Intake and Output

	09/13/18 12:50	09/13/18 13:16	09/13/18 15:38	09/13/18 17:24	09/13/18 22:25	09/14/18 02:05
Collected By	Lorraine F Moen, CNA	Erdeng Ga, CNA	Erdeng Ga, CNA	Erdeng Ga, CNA	Tsega Zeru, CNA	Tsega Zeru, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Urine (0)	1 ml	1 ml	1 ml		1 ml	1 ml
Stool (0)	1 ml		0 ml	0 ml	0 ml	0 ml

Intake and Output

	09/14/18 06:15	09/14/18 12:19	09/14/18 13:06	09/14/18 17:27	09/14/18 19:06	09/14/18 21:26
Collected By	Tsega Zeru, CNA	Erdeng Ga, CNA	Erdeng Ga, CNA	Erdeng Ga, CNA	Erdeng Ga, CNA	Alieu B Jallow, RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	Sips	400 ml	300 ml	400 ml	380 ml	
IV						0 ml
IVPB						0 ml
Urine, Voided			250 ml		300 ml	
Urine (0)	1 ml	2 ml		3 ml		
Stool (0)	0 ml	0 ml	0 ml	1 ml	1 ml	

Intake and Output

	09/14/18 23:03	09/15/18 03:55	09/15/18 06:09	09/15/18 06:19	09/15/18 10:05	09/15/18 12:38
Collected By	Tsega Zeru, CNA	Joan C Rama, RN	Alieu B Jallow, RN	Tsega Zeru, CNA	Hanna G Belay, CNA	Hanna G Belay, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	0 ml			Sips		
IV			0 ml			
IVPB			0 ml			
Urine (0)	1 ml	1 ml		1 ml	1 ml	1 ml
Stool (0)	0 ml			0 ml	0 ml	1 ml

Intake and Output

	09/15/18 15:04	09/15/18 17:14	09/15/18 18:47	09/16/18 00:05	09/16/18 05:00	09/16/18 07:28
Collected By	Hanna G Belay, CNA	Hanna G Belay, CNA	Hanna G Belay, CNA	Tsega Zeru, CNA	Tsega Zeru, CNA	Tsega Zeru, CNA
Clinical Note						

Intake and Output

	09/15/18 15:04	09/15/18 17:14	09/15/18 18:47	09/16/18 00:05	09/16/18 05:00	09/16/18 07:28
Collected By	Hanna G Belay, CNA	Hanna G Belay, CNA	Hanna G Belay, CNA	Tsega Zeru, CNA	Tsega Zeru, CNA	Tsega Zeru, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	300 ml		260 ml	Sips	Sips	
Urine (0)		1 ml	1 ml	1 ml	1 ml	1 ml
Stool (0)		0 ml	0 ml	0 ml	0 ml	0 ml

Intake and Output

	09/16/18 12:18	09/16/18 14:18	09/16/18 18:22	09/16/18 19:12	09/16/18 21:39	09/17/18 01:21
Collected By	Hanna G Belay, CNA	Hanna G Belay, CNA	Hanna G Belay, CNA	Hanna G Belay, CNA	Salimata Sankara, CNA	Salimata Sankara, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	480 ml	240 ml		480 ml	200 ml	Sips
Urine (0)		1 ml	1 ml		1 ml	1 ml
Stool (0)		0 ml	0 ml		0 ml	0 ml

Intake and Output

	09/17/18 01:22	09/17/18 08:48	09/17/18 09:15	09/17/18 14:55	09/17/18 17:01	09/17/18 21:00
Collected By	Salimata Sankara, CNA	Senait A Habteselassie, CNA	Senait A Habteselassie, CNA	Senait A Habteselassie, CNA	Senait A Habteselassie, CNA	Agnes A Okolie, RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	Sips		240 ml	240 ml	480 ml	
Urine, Voided		300 ml		350 ml		250 ml
Urine (0)	1 ml				1 ml	
Stool (0)	0 ml	0 ml		0 ml	0 ml	1 ml

Intake and Output

	09/17/18 21:25	09/17/18 23:47	09/18/18 00:15	09/18/18 00:34	09/18/18 06:49	09/18/18 11:00
Collected By	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Kari Carney, RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	120 ml	0 ml		0 ml	0 ml	

Intake and Output

	09/17/18 21:25	09/17/18 23:47	09/18/18 00:15	09/18/18 00:34	09/18/18 06:49	09/18/18 11:00
Collected By	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Sabela Beshahwured, CNA	Kari Carney, RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Urine, Voided					100 ml	
Urine, Foley Catheter				200 ml		
Urine (0)	0 ml	0 ml	0 ml			1 ml
Hemovac #1			40 ml			
Stool (0)	0 ml	0 ml	0 ml	0 ml	0 ml	1 ml

Intake and Output

	09/18/18 13:15	09/18/18 17:52	09/18/18 21:40	09/19/18 07:16	09/19/18 09:56
Collected By	Kari Carney, RN	Matthew Rodel, CNA	Marivic S Flora-Doidge, RN	Tsega Zeru, CNA	Samson K Zeleke
Clinical Note					
Status	Complete	Complete	Complete	Complete	Complete
Oral		750 ml	250 ml		400 ml
Urine (0)	1 ml	1 ml	1 ml	1 ml	1 ml
Stool (0)	1 ml		1 ml	0 ml	

Assessment History

Assessment Name: Intake and Output **Collected DateTime:** 09/13/2018 03:06

Version	Entered Date	Revised Status	Reason Revised
Revision: 1.00	09/13/2018 04:17	Erroneous	double charting
		Previous Status: Complete	

Intake and Output

Finding Name: Oral

Previous Value	0	User Name	Edelminda Cornejo, CNA	Entered Date	09/13/2018 03:06
Revised Value		User Name	Edelminda Cornejo, CNA	Entered Date	09/13/2018 04:17

Assessment Name: Intake and Output **Collected DateTime:** 09/17/2018 14:55

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/17/2018 17:03	Complete	missed

Intake and Output

Finding Name: Urine, Voided

Previous Value		User Name	Senait A Habteselassie, CNA	Entered Date	09/17/2018 15:41
Revised Value	350	User Name	Senait A Habteselassie, CNA	Entered Date	09/17/2018 17:03

Finding Name: Stool (0)

Previous Value		User Name	Senait A Habteselassie, CNA	Entered Date	09/17/2018 15:41
Revised Value	0	User Name	Senait A Habteselassie, CNA	Entered Date	09/17/2018 17:03

Admission History

Assessment Sts	Complete	**Collected DTime**	09/11/2018 01:16
Collected By	Joan C Rama, RN		

Admission History

Arrival Date/Time	09/11/2018 01:11

Personal Habits

Tobacco Use?	Denies Ever Smoked

Clinical Note:

Admission History

Assessment Sts	Complete	**Collected DTime**	09/11/2018 02:10
Collected By	Alieu B Jallow, RN		

Admission History

Arrival Date/Time	09/11/2018 01:11	**Admitted From**	ED
Accompanied By	Hospital/Office Staff	**Mode of Arrival**	Stretcher/Bed
Source of Information	Patient	**Organ Donor**	No

Social History

Living Situation	SNF	**Living with Whom**	Caregiver(s)
Work/Travel/Exposure	Retired	**Travel in Last 30 Days**	No
Hazardous Material Exposure?	No	**Would you like to see clergy/spiritual counselor?**	Yes

Personal Habits

Caffeine Use	Yes	**Cups/Day**	1
Difficulty with Sleep?	No	**Number of Hours per Night**	9
Do you drink alcohol?	No	**No Recreational Drugs**	Yes

PMH

DVT	Yes	**Other**	35 years ago
Appendectomy	Yes	**Appendectomy Date**	1950
UTI	Yes	**Hysterectomy**	Yes
Hysterectomy Date	1960s		

PMH2

Muscle Weakness	Yes	**Osteoporosis**	Yes
Rheumatoid Arthritis	Yes	**Stasis Ulcers**	Yes
Other	LLE	**Cataract**	Yes
Cataract Surgery	Yes	**Cataract Surgery Date**	1988

Current Function

Functional Impairment	Yes	**Needs Assist With**	Ambulation
Assistive device used (prior to admit)?	Yes	**Assistive Devices Used (describe)**	FWW
Comm Barrier Hearing (list)	HOH - Left, HOH - Right, Uses Hearing Aid(s)	**Comm Barrier Sight (list)**	Wears Glasses/ Contacts
Fall in Last Month	No	**Fall in Last 2-6 Months**	No

Nutrition

Home Diet	Regular/Unrestricted	**Unintended Weight Loss >= 10 pounds**	No
Eating < 50% for More than 5 days Prior to Admit	No	**Eye Opening**	Spontaneous
Motor Response	Obeys Commands	**Verbal Response**	Appropriate
Glasgow Coma Scale	15	**Is the GCS <13?**	Yes

Admission History

Assessment Sts	Complete	**Collected DTime**	09/11/2018 02:10
Collected By	Alieu B Jallow, RN		

Nutrition

Tongue Asymmetry/Weakness	Yes	**Facial Asymmetry/Weakness**	Yes
Palatal Asymmetry/Weakness	Yes	**Swallow Screen Results**	Passed

Educational Assessment

Ed Learning Barriers	Hearing, Vision	**Readiness to Learn**	Receptive
Learning Style	Reading, Listening		

Vaccine Assessment

Influenza Season?	No		

VTE Assessment

PCDs Applied	No, see contraindications below	**PCDs Contraindicated**	Any local conditions with compromised wound healing

Discharge Planning

Anticipated DC Needs	Yes		

Clinical Note:

Assessment History

Assessment Name: Admission History **Collected DateTime:** 09/11/2018 02:10

Version	Entered Date	Status	Reason Revised
Revision: 2.00	09/11/2018 03:03	Complete	error

Nutrition

Finding Name: Unintended Weight Loss >= 10 pounds

Previous Value	Yes	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38
Revised Value	No	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 03:03

Version	Entered Date	Status	Reason Revised
Revision: 1.00	09/11/2018 02:38	Complete	edit

PMH

Finding Name: DVT

Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:10
Revised Value	Yes	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38

Finding Name: Other

Previous Value		User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:10
Revised Value	35 years ago	User Name	Alieu B Jallow, RN	Entered Date	09/11/2018 02:38

ADL

Assessment Sts	Complete	**Collected DTime**	09/11/2018 01:27
Collected By	Edelminda Cornejo, CNA		

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed
Turned	Partial Assist	**Turn Frequency**	Yes
Range of Motion	LLE Passive, BUE Active, RLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x3
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/11/2018 04:42
Collected By	Edelminda Cornejo, CNA		

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Partial Assist
Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sponge Bath	**Oral Care**	Complete Assist
Oral Care Assist Type	Mouth Care	**Hygiene**	Complete Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Complete Assist
Dressing Assist Type	Upper Body, Lower Body	**Toilet Method**	Bedpan
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x3
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/11/2018 06:53
Collected By	Edelminda Cornejo, CNA		

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Partial Assist
Turn Frequency	Yes	**Hygiene**	Complete Assist
Hygiene Assist Type	Peri-Care	**Toilet Method**	Bedpan
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x3
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/11/2018 09:08
Collected By	Premila Prasad, CNA		

ADL

Feeding	Independent	**Support Devices**	Transfer Belt, Trapeze, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation
Bathing	Partial Assist	**Bathing Assist Type**	Sponge Bath, Sink
Oral Care	Partial Assist	**Oral Care Assist Type**	Denture/Partial
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care, Hand Washing,

ADL

Assessment Sts	Complete	**Collected DTime**	09/11/2018 09:08
Collected By	Premila Prasad, CNA		

ADL

	Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Toilet
Toilet Offered	Yes	**Range of Motion**	BUE Active, BLE Active
Safety Check	Call Light within Reach	**Patient Position**	Up in Chair
Siderails	x3	**Void Color**	Yellow

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/11/2018 20:46
Collected By	Edelminda Cornejo, CNA		

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Partial Assist
Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sponge Bath	**Oral Care**	Independent
Oral Care Assist Type	Own Teeth	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Complete Assist
Dressing Assist Type	Upper Body, Lower Body	**Toilet Method**	Liner/Pad/Briefs, Toilet
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Semi-Fowlers
Siderails	x3	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/12/2018 00:14
Collected By	Edelminda Cornejo, CNA		

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Partial Assist
Turn Frequency	Yes	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Semi-Fowlers
Siderails	x3	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/12/2018 05:01
Collected By	Edelminda Cornejo, CNA		

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Partial Assist

ADL

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/12/2018 05:01

ADL

Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sponge Bath	**Oral Care**	Independent
Oral Care Assist Type	Own Teeth	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body, Lower Body	**Toilet Method**	Toilet
Range of Motion	LLE Passive, BUE Active, RLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers, Right Side Lying	**Siderails**	x3
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Premila Prasad, CNA
Collected DTime 09/12/2018 10:00

ADL

Feeding	Independent	**Breakfast**	100
Support Devices	Transfer Belt, Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Independent
Bathing	Partial Assist	**Bathing Assist Type**	Sponge Bath, Sink
Oral Care	Independent	**Oral Care Assist Type**	Own Teeth
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body, Lower Body
Toilet Method	Liner/Pad/Briefs, Toilet	**Toilet Offered**	Yes
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Up in Chair	**Siderails**	x3
Void Color	Yellow		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Premila Prasad, CNA
Collected DTime 09/12/2018 12:08

ADL

Feeding	Independent	**Support Devices**	Transfer Belt, Trapeze, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation
Distance	300	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing	**Toilet Method**	Liner/Pad/Briefs, Toilet
Range of Motion	BUE Active, BLE Active	**Patient Position**	Up in Chair
Void Color	Yellow		

Clinical Note:

ADL

Assessment Sts Complete
Collected DTime 09/12/2018 13:54

ADL

Assessment Sts Complete
Collected By Premila Prasad, CNA
Collected DTime 09/12/2018 13:54

ADL

Feeding	Independent	**Lunch**	100
Support Devices	Transfer Belt, Trapeze, Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Independent
Bathing	Partial Assist	**Bathing Assist Type**	Sink
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying
Toilet Method	Liner/Pad/Briefs, Toilet	**Range of Motion**	BUE Active, BLE Active
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Up in Chair
Siderails	x3	**Void Color**	Yellow

Clinical Note:

ADL

Assessment Sts Complete
Collected By Premila Prasad, CNA
Collected DTime 09/12/2018 17:42

ADL

Feeding	Independent	**Support Devices**	Transfer Belt, Trapeze, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation
Turned	Independent	**Bathing**	Partial Assist
Bathing Assist Type	Sink	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing	**Toilet Method**	Liner/Pad/Briefs, Toilet
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees	**Void Color**	Yellow

Clinical Note:

ADL

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/12/2018 20:49

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Partial Assist
Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sponge Bath	**Oral Care**	Independent
Oral Care Assist Type	Own Teeth	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Semi-Fowlers
Siderails	x3	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts Complete
Collected DTime 09/13/2018 00:17

ADL

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/13/2018 00:17

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Partial Assist
Turn Frequency	Yes	**Bathing**	Independent
Bathing Assist Type	Sink	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x3
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Edelminda Cornejo, CNA
Collected DTime 09/13/2018 04:08

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Partial Assist
Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sponge Bath	**Oral Care**	Independent
Oral Care Assist Type	Own Teeth	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body, Lower Body	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x3
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Erdeng Ga, CNA
Collected DTime 09/13/2018 08:03

ADL

Feeding	Partial Assist	**Support Devices**	Transfer Belt, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed
Turned	Partial Assist	**Turn Frequency**	Yes
Bathing	Partial Assist	**Bathing Assist Type**	Sink
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing
Dressing	Partial Assist	**Dressing Assist Type**	Lower Body
Toilet Method	Liner/Pad/Briefs	**Safety Check**	Call Light within Reach, Bed Alarm on, Low Bed
Siderails	x2	**Anti Embolism BLE**	Calf Sequentials, On
Special Beds	Low Bed		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 10:00
Collected By	Erdeng Ga, CNA		

ADL

Turned	Complete Assist	**Turn Frequency**	Yes
Bathing	Complete Assist		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 13:11
Collected By	Lorraine F Moen, CNA		

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet, Ambulation
Safety Check	Call Light within Reach, Bed Alarm on	**Stool Color**	Brown
Stool Consistency	Soft	**Amount**	Medium

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 13:15
Collected By	Erdeng Ga, CNA		

ADL

Feeding	Partial Assist	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled	**Turned**	Partial Assist
Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sponge Bath	**Oral Care**	Partial Assist
Oral Care Assist Type	Mouth Care	**Hygiene**	Partial Assist
Hygiene Assist Type	Nail Care, Comb Hair	**Dressing**	Partial Assist
Dressing Assist Type	Lower Body	**Safety Check**	Call Light within Reach, Bed Alarm on, Low Bed
Siderails	x2	**Anti Embolism BLE**	Calf Sequentials, On
Special Beds	Low Bed		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 14:00
Collected By	Erdeng Ga, CNA		

ADL

Turned	Complete Assist	**Turn Frequency**	Yes
Bathing	Complete Assist		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 15:38
Collected By	Erdeng Ga, CNA		

ADL

Feeding	Partial Assist	**Lunch**	100

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 17:23
Collected By	Erdeng Ga, CNA		

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 17:23
Collected By	Erdeng Ga, CNA		

ADL

Feeding	Partial Assist	**Support Devices**	Transfer Belt, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Bedside Commode, Toilet, Dangled, Stood at Bedside, Ambulation
Turned	Complete Assist	**Turn Frequency**	Yes
Bathing	Partial Assist	**Bathing Assist Type**	Sponge Bath, Sink
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing
Dressing	Partial Assist	**Toilet Method**	Liner/Pad/Briefs
Safety Check	Call Light within Reach, Bed Alarm on, Low Bed	**Siderails**	x2
Anti Embolism BLE	Calf Sequentials, On, Off	**Special Beds**	Low Bed

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/13/2018 23:41
Collected By	Tsega Zeru, CNA		

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet, Dangled, Stood at Bedside
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care
Toilet Method	Toilet	**Range of Motion**	LLE Passive, BUE Active, RLE Active
Weight Bear	Full	**Safety Check**	Call Light within Reach
Patient Position	Right Side Lying	**Siderails**	x2
Void Color	Yellow		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/14/2018 05:00
Collected By	Tsega Zeru, CNA		

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside	**Turned**	Partial Assist
Turn Frequency	Yes	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying	**Toilet Method**	Toilet
Range of Motion	LLE Passive, BUE Active, RLE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Right Side Lying
Siderails	x2	**Void Color**	Yellow

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/14/2018 08:11
Collected By	Erdeng Ga, CNA		

ADL

Assessment Sts	Complete	**Collected DTime**	09/14/2018 08:11
Collected By	Erdeng Ga, CNA		

ADL

Feeding	Partial Assist	**Support Devices**	Transfer Belt, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation
Turned	Partial Assist	**Turn Frequency**	Yes
Bathing	Partial Assist	**Bathing Assist Type**	Sink
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing
Dressing	Partial Assist	**Dressing Assist Type**	Lower Body
Toilet Method	Liner/Pad/Briefs	**Safety Check**	Call Light within Reach, Chair Alarm on, Bed Alarm on, Low Bed
Siderails	x2	**Anti Embolism BLE**	Calf Sequentials, On
Special Beds	Low Bed		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/14/2018 12:18
Collected By	Erdeng Ga, CNA		

ADL

Feeding	Partial Assist	**Breakfast**	100
Dietary Intake Comment	Q2 turn and change	**Support Devices**	Transfer Belt, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed
Turned	Partial Assist	**Turn Frequency**	Yes
Bathing	Partial Assist	**Bathing Assist Type**	Sink
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing
Dressing	Partial Assist	**Dressing Assist Type**	Lower Body
Toilet Method	Bedside Commode, Liner/Pad/Briefs, Toilet	**Toilet Offered**	Yes
Safety Check	Call Light within Reach, Chair Alarm on, Bed Alarm on, Low Bed	**Siderails**	x2
Anti Embolism BLE	Calf Sequentials, On	**Special Beds**	Low Bed

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/14/2018 17:26
Collected By	Erdeng Ga, CNA		

ADL

Feeding	Partial Assist	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Partial Assist
Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sponge Bath, Sink	**Oral Care**	Partial Assist
Oral Care Assist Type	Mouth Care	**Hygiene**	Partial Assist
Hygiene Assist Type	Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry,		Toothbrushing

ADL

Assessment Sts Complete
Collected By Erdeng Ga, CNA
Collected DTime 09/14/2018 17:26

ADL

Dressing	Partial Assist	**Toilet Method**	Liner/Pad/Briefs
Safety Check	Call Light within Reach, Bed Alarm on, Low Bed	**Siderails**	x2
Anti Embolism BLE	Calf Sequentials, On	**Special Beds**	Low Bed

Clinical Note:

ADL

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/14/2018 23:03

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care	**Toilet Method**	Toilet
Range of Motion	LLE Passive, BUE Active, RLE Active	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2
Void Color	Yellow		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/15/2018 06:18

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside	**Turned**	Independent
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care
Toilet Method	Toilet	**Range of Motion**	LLE Passive, BUE Active, RLE Active
Safety Check	Call Light within Reach	**Patient Position**	Right Side Lying
Siderails	x2		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/15/2018 10:05

ADL

Feeding	Independent	**Support Devices**	Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet
Turned	Independent	**Turn Frequency**	Yes
Oral Care	Partial Assist	**Oral Care Assist Type**	Own Teeth, Mouth Care
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Toilet Method	Toilet	**Weight Bear**	Full
Safety Check	Call Light within Reach	**Patient Position**	Semi-Fowlers
Siderails	x2	**Sleep**	Adequate
HOB Elevation	30 Degrees	**Special Beds**	Pronation/Rotation (Rotoprone)

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/15/2018 15:04

ADL

Feeding	Independent	**Lunch**	100

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/15/2018 18:40

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Ambulation	**Turned**	Independent
Turn Frequency	Yes	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Toilet
Range of Motion	BUE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach	**Patient Position**	Semi-Fowlers
Siderails	x2	**Anti Embolism BLE**	Calf Sequentials
Sleep	Adequate	**HOB Elevation**	30 Degrees
Special Beds	Pronation/Rotation (Rotoprone)		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/15/2018 18:47

ADL

Feeding	Independent	**Dinner %**	50

Clinical Note:

ADL

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/15/2018 23:00

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Bedside Commode, Dangled, Stood at Bedside
Turned	Partial Assist	**Turn Frequency**	Yes
Oral Care	Partial Assist	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Toilet Method**	Bedside Commode
Range of Motion	LLE Passive, BUE Active, RLE Active	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/16/2018 06:00

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Partial Assist
Oral Care	Complete Assist	**Oral Care Assist Type**	Denture/Partial
Hygiene	Complete Assist	**Hygiene Assist Type**	Peri-Care
Toilet Method	Bedside Commode	**Range of Motion**	LLE Passive, BUE Active, RLE

ADL

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/16/2018 06:00

ADL

	Active	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/16/2018 09:30

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Independent
Turn Frequency	Yes	**Oral Care**	Partial Assist
Oral Care Assist Type	Denture/Partial, Mouth Care	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Bedside Commode
Range of Motion	BUE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach	**Patient Position**	Semi-Fowlers
Siderails	x2	**Anti Embolism BLE**	Calf Sequentials
Sleep	Adequate	**HOB Elevation**	30 Degrees
Special Beds	Pronation/Rotation (Rotoprone)		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/16/2018 11:12

ADL

Feeding	Independent	**Breakfast**	25

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/16/2018 17:55

ADL

Feeding	Independent	**Support Devices**	Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair
Turned	Partial Assist	**Turn Frequency**	Yes
Oral Care	Partial Assist	**Oral Care Assist Type**	Denture/Partial, Mouth Care
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Range of Motion	BUE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach	**Patient Position**	Semi-Fowlers
Siderails	x2	**Sleep**	Adequate
HOB Elevation	30 Degrees	**Special Beds**	Pronation/Rotation (Rotoprone)

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/16/2018 19:12

ADL

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 09/16/2018 19:12

ADL

Feeding	Independent	**Dinner %**	100

Clinical Note:

ADL

Assessment Sts Complete
Collected By Salimata Sankara, CNA
Collected DTime 09/16/2018 21:40

ADL

Support Devices	Transfer Belt, Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Independent
Turn Frequency	Yes	**Oral Care**	Partial Assist
Oral Care Assist Type	Denture/Partial	**Hygiene**	Partial Assist
Hygiene Assist Type	Hand Washing, Hand Drying	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Partial
Safety Check	Call Light within Reach, Bed Alarm on, Low Bed	**Patient Position**	Semi-Fowlers
Siderails	x2	**HOB Elevation**	30 Degrees
Special Beds	Air Mattress (Kinair, Citadel)		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Salimata Sankara, CNA
Collected DTime 09/17/2018 01:22

ADL

Support Devices	Walker	**Activity/Transfer**	Bed, Bedside Commode, Toilet, Dangled, Stood at Bedside, Ambulation
Turned	Independent	**Turn Frequency**	Yes
Hygiene	Partial Assist	**Hygiene Assist Type**	Hand Washing, Hand Drying
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Toilet Method	Bedside Commode	**Range of Motion**	BUE Active, BLE Active
Weight Bear	Partial	**Safety Check**	Call Light within Reach, Bed Alarm on, Low Bed
Patient Position	Semi-Fowlers, Left Side Lying	**Siderails**	x2
Sleep	Adequate	**Special Beds**	Air Mattress (Kinair, Citadel)

Clinical Note:

ADL

Assessment Sts Complete
Collected By Salimata Sankara, CNA
Collected DTime 09/17/2018 05:49

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Bedside Commode, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Independent
Turn Frequency	Yes	**Hygiene**	Partial Assist
Hygiene Assist Type	Hand Washing, Hand Drying	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Bedside Commode

ADL

Assessment Sts	Complete	**Collected DTime**	09/17/2018 05:49
Collected By	Salimata Sankara, CNA		

ADL

Range of Motion	BUE Active, BLE Active	**Weight Bear**	Partial
Safety Check	Call Light within Reach, Bed Alarm on, Low Bed	**Patient Position**	HOB Flat, Left Side Lying
Siderails	x2	**HOB Elevation**	30 Degrees
Special Beds	Air Mattress (Kinair, Citadel)		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/17/2018 08:47
Collected By	Senait A Habteselassie, CN		

ADL

Feeding	Independent	**Support Devices**	Transfer Belt, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Toilet, Dangled, Stood at Bedside
Turned	Partial Assist	**Turn Frequency**	Yes
Bathing	Complete Assist	**Bathing Assist Type**	Sponge Bath
Oral Care	Partial Assist	**Oral Care Assist Type**	Denture/Partial, Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying, Face Wash/Dry, Toothbrushing
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body, Lower Body
Toilet Method	Toilet	**Toilet Offered**	Yes
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Chair Alarm on	**Patient Position**	Up in Chair
Siderails	x2	**Sleep**	Adequate
Special Beds	Air Pump (Stryker w/Pump)		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/17/2018 09:15
Collected By	Senait A Habteselassie, CN		

ADL

Feeding	Independent	**Breakfast**	100

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/17/2018 12:30
Collected By	Senait A Habteselassie, CN		

ADL

Feeding	Independent	**Lunch**	50
Safety Check	Call Light within Reach, Bed Alarm on	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/17/2018 16:59
Collected By	Senait A Habteselassie, CN		

ADL

ADL

Assessment Sts Complete
Collected By Senait A Habteselassie, CN
Collected DTime 09/17/2018 16:59

ADL

Feeding	Independent	**Support Devices**	Transfer Belt, Walker
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Bedside Commode, Toilet, Dangled, Stood at Bedside
Turned	Partial Assist	**Turn Frequency**	Yes
Oral Care	Partial Assist	**Oral Care Assist Type**	Denture/Partial, Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body, Lower Body
Toilet Method	Incontinent, Liner/Pad/Briefs, Toilet	**Toilet Offered**	Yes
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Chair Alarm on	**Patient Position**	Up in Chair
Siderails	x2	**Sleep**	Adequate
Special Beds	Air Pump (Stryker w/Pump)		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Sabela Beshahwured, CNA
Collected DTime 09/17/2018 20:20

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Partial Assist
Turn Frequency	Yes	**Oral Care**	Independent
Oral Care Assist Type	Mouth Care	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Bedside Commode
Range of Motion	LLE Passive, BUE Active, RLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Sabela Beshahwured, CNA
Collected DTime 09/17/2018 23:49

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Partial Assist
Turn Frequency	Yes	**Oral Care**	Partial Assist
Oral Care Assist Type	Mouth Care	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Bedside Commode
Range of Motion	LLE Passive, BUE Active, RLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

ADL

Assessment Sts Complete
Collected By Sabela Beshahwured, CNA
Collected DTime 09/18/2018 06:49

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Turned	Partial Assist	**Turn Frequency**	Yes
Hygiene	Complete Assist	**Hygiene Assist Type**	Peri-Care
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Toilet Method	Bedpan, Incontinent	**Range of Motion**	BUE Active, BLE Active
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Semi-Fowlers
Siderails	x2	**Anti Embolism BLE**	Calf Sequentials, On
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Matthew Rodel, CNA
Collected DTime 09/18/2018 10:01

ADL

Feeding	Independent	**Breakfast**	75
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Dangled, Stood at Bedside
Turned	Partial Assist	**Turn Frequency**	Yes
Bathing	Partial Assist	**Bathing Assist Type**	Sink
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Face Wash/Dry, Toothbrushing
Toilet Method	Toilet	**Toilet Offered**	Yes
Weight Bear	Full	**Safety Check**	Call Light within Reach, Chair Alarm on, Bed Alarm on
Siderails	x2		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Matthew Rodel, CNA
Collected DTime 09/18/2018 17:00

ADL

Feeding	Independent	**Dinner %**	100
Support Devices	Walker	**Activity/Transfer**	Partial Assist
Turned	Independent	**Bathing**	Partial Assist
Oral Care Assist Type	Mouth Care	**Hygiene**	Partial Assist
Toilet Method	Toilet	**Safety Check**	Call Light within Reach, Chair Alarm on, Bed Alarm on
Patient Position	Up in Chair	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts Complete
Collected By Tsega Zeru, CNA
Collected DTime 09/19/2018 06:24

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed
Turned	Partial Assist	**Hygiene**	Complete Assist
Toilet Method	Toilet	**Range of Motion**	LLE Passive, BUE Active, RLE Active

ADL

Assessment Sts	Complete	**Collected DTime**	09/19/2018 06:24
Collected By	Tsega Zeru, CNA		

ADL

Safety Check	Call Light within Reach	**Patient Position**	Semi-Fowlers
Siderails	x2	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	09/19/2018 09:57
Collected By	Samson K Zeleke		

ADL

Feeding	Independent	**Breakfast**	100
Support Devices	Transfer Belt, Trapeze, Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Chair, Toilet	**Turned**	Independent
Turn Frequency	Yes	**Bathing**	Partial Assist
Bathing Assist Type	Sink	**Oral Care**	Partial Assist
Oral Care Assist Type	Own Teeth	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body, Lower Body	**Toilet Method**	Toilet
Range of Motion	RUE Active, LUE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Chair Alarm on, Bed Alarm on, Low Bed	**Patient Position**	Semi-Fowlers
Siderails	x2	**Sleep**	Adequate
HOB Elevation	30 Degrees	**Special Beds**	Air Pump (Stryker w/Pump)

Clinical Note:

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 09/19/2018 11:58

Created on: September 19, 2018, 11:59:00 -0700 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	HOMELESS SEATTLE, WA 98133 Phone: 360-6495702 (Home) Phone: 206-0000000 (Work) Phone: 6495702 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** September 10, 2018		
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Internal Medicine	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1830020513 NWHMC: Health Resources Northwest Locally-assigned Other Identifier(SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.339135

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Julie Cella , MD	**Contact Information**	Northwest Hospital and Medical Center Seattle, WA 98133 Phone: 206-668-1500 (Work)
Attending Physician	Jesse Abbott Klafter , MD	**Contact Information**	Inpatient Hospitalist Team Seattle, WA 98133 Phone: 206-668-1500 (Work)

Table of Contents

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Syncope

☑Social History

Smoking Status from 9/11/2018 1:16 AM:

- Tobacco Use? : Denies Ever Smoked

☑Functional Status

Functional Status from 9/11/2018 2:10 AM:

- Comm Barrier Hearing (list) : HOH - Left,HOH - Right,Uses Hearing Aid(s)
- Comm Barrier Sight (list) : Wears Glasses/ Contacts

☑Vital Signs

Measurements from 9/11/2018 1:16 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/11/2018 1:28 AM:

- BP : 173/75

Measurements from 9/11/2018 4:41 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/11/2018 4:43 AM:

- BP : 133/62

Measurements from 9/11/2018 9:07 AM:

- BP : 139/72

Measurements from 9/11/2018 12:50 PM:

- BP : 134/78

Measurements from 9/11/2018 8:47 PM:

- BP : 145/60

Measurements from 9/12/2018 12:15 AM:

- BP : 151/69

Measurements from 9/12/2018 5:01 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/12/2018 5:02 AM:

- BP : 145/70

Measurements from 9/12/2018 9:59 AM:

- BP : 139/65

Measurements from 9/12/2018 1:54 PM:

- BP : 135/68

Measurements from 9/12/2018 5:40 PM:

- BP : 116/60

Measurements from 9/12/2018 8:50 PM:

- BP : 111/53

Measurements from 9/13/2018 12:18 AM:

- BP : 129/62

Measurements from 9/13/2018 4:09 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 52.6/ kg
- BMI : 20.5

Measurements from 9/13/2018 4:41 AM:

- BP : 128/65

Measurements from 9/13/2018 9:16 AM:

- BP : 120/67

Measurements from 9/13/2018 1:16 PM:

- BP : 114/63

Measurements from 9/13/2018 5:29 PM:

- BP : 125/67

Measurements from 9/13/2018 9:25 PM:

- BP : 102/47

Measurements from 9/14/2018 1:51 AM:

- BP : 131/62

Measurements from 9/14/2018 5:25 AM:

- BP : 131/59

Measurements from 9/14/2018 6:50 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.7/ kg
- BMI : 20.2

Measurements from 9/14/2018 9:38 AM:

- BP : 128/65

Measurements from 9/14/2018 2:30 PM:

- BP : 124/60

Measurements from 9/14/2018 5:27 PM:

- BP : 118/59

Measurements from 9/14/2018 9:25 PM:

- BP : 122/60

Measurements from 9/15/2018 1:48 AM:

- BP : 127/59

Measurements from 9/15/2018 5:30 AM:

- BP : 125/66

Measurements from 9/15/2018 6:39 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.0/ kg
- BMI : 19.9

Measurements from 9/15/2018 1:46 PM:

- BP : 129/59

Measurements from 9/15/2018 9:14 PM:

- BP : 123/64

Measurements from 9/16/2018 1:25 AM:

- BP : 124/65

Measurements from 9/16/2018 5:00 AM:

- BP : 128/64

Measurements from 9/16/2018 6:59 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 51.7/ kg
- BMI : 20.2

Measurements from 9/16/2018 1:58 PM:

- BP : 136/59

Measurements from 9/16/2018 9:38 PM:

- BP : 127/61

Measurements from 9/17/2018 1:20 AM:

- BP : 114/55

Measurements from 9/17/2018 5:47 AM:

- BP : 126/65

Measurements from 9/17/2018 9:12 AM:

- BP : 121/60

Measurements from 9/17/2018 2:55 PM:

- BP : 124/88

Measurements from 9/17/2018 5:01 PM:

- BP : 111/62

Measurements from 9/17/2018 8:10 PM:

- BP : 143/69

Measurements from 9/17/2018 11:20 PM:

- BP : 130/68

Measurements from 9/18/2018 12:15 AM:

- BP : 121/70

Measurements from 9/18/2018 5:10 AM:

- BP : 146/58

Measurements from 9/18/2018 9:09 AM:

- BP : 122/62

Measurements from 9/18/2018 2:00 PM:

- BP : 120/58

Measurements from 9/18/2018 5:52 PM:

- BP : 112/60

Measurements from 9/18/2018 9:40 PM:

- BP : 119/63

Measurements from 9/19/2018 5:50 AM:

- BP : 148/70

Measurements from 9/19/2018 5:52 AM:

- Height (inches) : 5/3 ft,in
- Weight (kg) : 50.1/ kg
- BMI : 19.6

Measurements from 9/19/2018 8:58 AM:

- BP : 121/62

Results

Hematology from 9/10/2018 7:38 PM

WBC 6.24 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.69 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.1 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 32 % L *(36-45 %)*
MCV 87 fL *(81-98 fL)*

MCH 27.4 pg *(27.3-33.6 pg)*
MCHC 31.5 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 289 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.0 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 58 % (Reference Range: not available)

% Lymphocytes 26 % (Reference Range: not available)

% Monocytes 11 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 1 % (Reference Range: not available)

Neutrophils 3.66 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.65 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.67 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.19 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.03 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/11/2018 5:55 AM

WBC 5.56 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.25 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.1 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 91 fL *(81-98 fL)*
MCH 28.0 pg *(27.3-33.6 pg)*
MCHC 30.8 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 259 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 58 % (Reference Range: not available)

% Lymphocytes 26 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 5 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.19 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.47 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.56 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/12/2018 3:56 AM

WBC 6.66 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.45 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.3 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 88 fL *(81-98 fL)*
MCH 27.0 pg L *(27.3-33.6 pg)*
MCHC 30.8 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 276 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.23 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.48 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.64 THOU/uL *(0.00-0.80 THOU/uL)*

Eosinophils 0.25 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/13/2018 5:10 AM

WBC 6.44 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.53 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.6 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 31 % L *(36-45 %)*
MCV 88 fL *(81-98 fL)*
MCH 27.2 pg L *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 281 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.2 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.03 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.41 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.67 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.03 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 9/18/2018 6:05 AM

WBC 7.25 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.51 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.7 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 31 % L *(36-45 %)*
MCV 89 fL *(81-98 fL)*
MCH 27.6 pg *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 290 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.5 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 68 % (Reference Range: not available)

% Lymphocytes 18 % (Reference Range: not available)

% Monocytes 9 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.95 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.32 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.63 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.28 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.03 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 9/10/2018 7:38 PM

Sodium 135 mEq/L *(135-145 mEq/L)*
Potassium 4.1 mEq/L *(3.6-5.2 mEq/L)*
Chloride 102 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 26 mEq/L *(22-32 mEq/L)*
Anion Gap 7 *(4-12)*
Glucose 131 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 26 mg/dL H *(8-21 mg/dL)*
Creatinine 0.91 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 7.0 g/dL *(6.0-8.2 g/dL)*
Albumin 3.6 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.3 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 14 U/L *(9-38 U/L)*
ALT (GPT) 9 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 66 U/L *(49-199 U/L)*
eGFR, Calc, European American 58 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*

eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Procalcitonin <0.05 ng/mL *(0-0.49 ng/mL)*
Procalcitonin Component (Reference Range: not available)
Sepsis diagnosis in adults:
PCT <0.5 ng/mL Low risk for progression to severe systemic bacterial infection. Repeat level in 6-24 hours if infection is strongly suspected.
PCT >=0.5 and <2.0 ng/mL Moderate risk for progression to severe sepsis.
PCT >=2 and <10 ng/mL High risk for progression to severe sepsis.
PCT >=10 ng/mL High likelihood of severe sepsis or septic shock.

PCT concentrations <0.5 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (<6 hours).
Furthermore, increased PCT can occur without infection.
PCT concentrations between 0.5 and 2.0 ng/mL should be interpreted taking into account the patient's history.
It is recommended to retest PCT within 6-24 hours if any concentrations of <2 ng/mL are obtained.
Calcium 8.9 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 9/11/2018 5:55 AM

Sodium 141 mEq/L *(135-145 mEq/L)*
Potassium 3.9 mEq/L *(3.6-5.2 mEq/L)*
Chloride 111 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 24 mEq/L *(22-32 mEq/L)*
Anion Gap 6 *(4-12)*
Glucose 112 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 18 mg/dL *(8-21 mg/dL)*
Creatinine 0.75 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.4 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/12/2018 3:56 AM

Sodium 140 mEq/L *(135-145 mEq/L)*
Potassium 4.2 mEq/L *(3.6-5.2 mEq/L)*
Chloride 107 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 114 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 20 mg/dL *(8-21 mg/dL)*
Creatinine 0.81 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.6 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/13/2018 5:10 AM

Sodium 141 mEq/L *(135-145 mEq/L)*
Potassium 4.3 mEq/L *(3.6-5.2 mEq/L)*
Chloride 109 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 7 *(4-12)*
Glucose 117 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 25 mg/dL H *(8-21 mg/dL)*
Creatinine 0.83 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.5 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 9/18/2018 6:05 AM

Sodium 142 mEq/L *(135-145 mEq/L)*
Potassium 3.9 mEq/L *(3.6-5.2 mEq/L)*
Chloride 109 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 135 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 21 mg/dL *(8-21 mg/dL)*
Creatinine 0.76 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.8 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 9/10/2018 7:38 PM

Prothrombin Time Patient (NWH) 17.4 s H *(8.9-12.1 s)*
Prothrombin INR 1.9 H *(0.8-1.3)*

Coagulation from 9/11/2018 5:55 AM

Prothrombin Time Patient (NWH) 19.6 s H *(8.9-12.1 s)*
Prothrombin INR 2.1 H *(0.8-1.3)*

Coagulation from 9/12/2018 3:56 AM

Prothrombin Time Patient (NWH) 28.6 s H *(8.9-12.1 s)*
Prothrombin INR 3.1 H *(0.8-1.3)*

Coagulation from 9/13/2018 5:10 AM

Prothrombin Time Patient (NWH) 28.0 s H *(8.9-12.1 s)*
Prothrombin INR 3.0 H *(0.8-1.3)*

Coagulation from 9/14/2018 10:10 AM

Prothrombin Time Patient (NWH) 21.1 s H *(8.9-12.1 s)*
Prothrombin INR 2.3 H *(0.8-1.3)*

Coagulation from 9/15/2018 5:45 AM

Prothrombin Time Patient (NWH) 20.5 s H *(8.9-12.1 s)*
Prothrombin INR 2.2 H *(0.8-1.3)*

Coagulation from 9/16/2018 5:35 AM

Prothrombin Time Patient (NWH) 23.0 s H *(8.9-12.1 s)*
Prothrombin INR 2.5 H *(0.8-1.3)*

Coagulation from 9/17/2018 5:40 AM

Prothrombin Time Patient (NWH) 35.2 s H *(8.9-12.1 s)*
Prothrombin INR 3.8 H *(0.8-1.3)*

Coagulation from 9/18/2018 6:05 AM

Prothrombin Time Patient (NWH) 30.6 s H *(8.9-12.1 s)*
Prothrombin INR 3.3 H *(0.8-1.3)*

Coagulation from 9/19/2018 6:10 AM

Prothrombin Time Patient (NWH) 21.4 s H *(8.9-12.1 s)*
Prothrombin INR 2.2 H *(0.8-1.3)*

Cardiac from 9/10/2018 7:38 PM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see
http://tests.labmed.washington.edu/TROPIG
B_Type Natriuretic Peptide 84 pg/mL *(-<101 pg/mL)*

Cardiac from 9/12/2018 3:56 AM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see
http://tests.labmed.washington.edu/TROPIG

Cardiac from 9/12/2018 11:40 AM

Troponin_I (Reference Range: not available)
<0.03
A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

Drug Levels from 9/10/2018 7:38 PM

Alcohol (Ethyl) Negative mg/dL *(NRN mg/dL)*

Drug Levels from 9/10/2018 9:16 PM

Amphet/Metamphetamine Qual,URN Negative *(NRN)*
Barbiturate Qual, URN Negative *(NRN)*
Benzodiazepines Qual, URN Negative *(NRN)*
Cannabinoids Qual, URN Negative *(NRN)*
Cocaine Qual, URN Negative *(NRN)*
Opiates Qual, URN Positive A *(NRN)*
Methadone Qual, URN Negative *(NRN)*
Tricyclic Antidepressants, URN Negative *(NRN)*
Phencyclidine Qual, URN Negative *(NRN)*
Alcohol (Ethyl), URN (Reference Range: not available)
Negative
Quantitative testing for ethanol is by enzymatic method.
Ethanol cutoff limit: 10 mg/dL
Acetaminophen Qualitative, URN Positive A *(NRN)*
Drug Screen Test Info, URN (Reference Range: not available)
These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants.
Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

Infectious Immunology from 9/11/2018 11:35 AM

C. difficile PCR Spec Desc Stool (Reference Range: not available)

C. difficile, Toxigenic by PCR Negative *(NRN)*

Urinalysis from 9/10/2018 9:16 PM

Collection Method Urine (Reference Range: not available)

Color, URN Yellow (Reference Range: not available)

Clarity, URN Clear (Reference Range: not available)

Specific Gravity, URN <1.006 g/mL L *(1.006-1.029 g/mL)*
pH, URN 5.5 *(5.0-8.0)*
Protein (Alb _ Semi_Quant),URN Negative mg/dL *(NRN mg/dL)*
Glucose Qual, URN Negative mg/dL *(NRN mg/dL)*
Ketones, URN Negative mg/dL *(NRN mg/dL)*
Bilirubin Qual, URN Negative *(NRN)*
Occult Blood, URN Negative *(NRN)*
Nitrite, URN Negative *(NRN)*
Leukocyte Esterase, URN Negative *(NRN)*
Urobilinogen, URN 0.1-1.9 EHRLICH UNITS *(URONML EHRLICH UNITS)*
Comments for Macroscopic, URN None (Reference Range: not available)

WBC, URN 0-5(NEG) /HPF *(Z5NEG /HPF)*
RBC, URN 0-2(NEG) /HPF *(Z2NEG /HPF)*

Bacteria, URN Not Seen *(NOSEEN)*
Epith Cells_Squamous, URN >5(PRESENT) /LPF A *(LT6 /LPF)*
Epith Cells_Renal/Trans,URN <3(NEG) /HPF *(LESS3 /HPF)*
Comments for Microscopic, URN None *(NONE)*

Problems

Encounter Diagnosis
- Chronic Pain Status:Active.
- Fall Risk Status:Active.
- Mixed venous insufficiency/PAD left lower leg. Status:Active.

Additional Problems
- Acute Pain Status:Resolved.
- Acute Pain Status:Resolved.

Encounters

Encounter Diagnosis
- Chronic Pain Status:Active.
- Fall Risk Status:Active.
- Mixed venous insufficiency/PAD left lower leg. Status:Active.

Plan of Care

Treatment Plan from 9/17/2018 12:39 PM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/20/2018 @ 11:15 AM [Thursday]
- Lab When : INR on Thursday.

Treatment Plan from 9/19/2018 11:54 AM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/24/2018 @ 8:30 AM [Monday]
- Lab When : INR on Friday 9/21/2018
- Additional Referral : Kindred Home Health

Treatment Plan from 9/19/2018 11:58 AM:

- Primary Care Provider : Neighbor Jr., William E, MD
- Follow Up Phone : 206-616-9358
- When : Within 7 days, call to schedule appointment.
- Additional Follow Up Appointment : Wound care clinic
- Follow Up Phone : 206 668-1244
- When : 9/24/2018 @ 8:30 AM [Monday]
- Lab When : INR on Friday 9/21/2018
- Additional Referral : Kindred Home Health

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 9/17/2018 12:39 PM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

- Fever of 100.5 F or higher or chills
- Increased/ Excessive Bleeding
- Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
- Frequency, burning, foul smelling or blood with urination or unable to urinate
- Persistent diarrhea or constipation
- Pain, redness and swelling in lower legs
- Pain unrelieved with medication and rest
- Unable to tolerate oral fluids or food
- Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
- Swelling unrelieved by elevation, rest or ice
- Severe leg/calf pain
- Chest pain
- Shortness of breath
- Fatigue
- Weight gain of more than 3 pounds in 3 days

Detailed Instructions from 9/19/2018 11:54 AM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days

Detailed Instructions from 9/19/2018 11:58 AM:

Activity Instructions
- Activity : Fall precautions.

Diet Instructions
- Diet Instructions : Resume previous diet
- Fluid Intake : Drink 6-8 glasses per day

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days

Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- nitrofurantoin causes CONFUSION, NAUSEA, ABD PAIN. Status:Active.
- aspirin causes Rash. Status:Active.
- adhesive tape causes Rash. Status:Active.
- Penicillins causes Rash. Status:Active.
- Sulfa (Sulfonamide Antibiotics) causes Rash. Status:Active.

- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Preliminary list - medication reconciliation not completed.

Discharge medications

New medications

- acetaminophen 325 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 2 tablet oral every six hours PRN MILD PAIN
  Additional Instructions: ONLY take if NOT taking norco
- LIDOCAINE 4% PATCH (ASPERCREME LIDOCAINE PATCH) 1 PATCH = 1 PATCH Transdermal DAILY First Dose Now, Clinician Dir:SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF. Buy over the counter.
  Directions: 1 each transdermal daily
  Additional Instructions: SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF
- methocarbamol 500 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral every six hours PRN Neck pain
- atorvastatin (Lipitor) 10 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily

Continued medications

- cholecalciferol (vitamin D3) 1,000 unit Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily every morning
- timolol maleate 0.5 % Drops, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 drop ophthalmic, both eyes daily every morning

Changed medications

- HYDROcodone-acetaminophen 5 mg-325 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1-2 tablet oral every six hours PRN pain
- warfarin (Coumadin) 4 mg Tablet, Ordered By: Jesse Abbott Klafter, MD
  Directions: 1 tablet oral daily every evening
  Additional Instructions: check INR on friday

Stopped medications

- cyanocobalamin (vitamin B-12) 1,000 mcg Tablet
  Directions: 1 tablet oral daily every morning
- pentoxifylline 400 mg Tablet Extended Release
  Directions: 1 tablet oral every eight hours
- lactulose 10 gram/15 mL Solution
  Directions: 30 mL oral twice a day PRN constipation
  Additional Instructions: if no BM in 3 days
- bisacodyl (Dulcolax (bisacodyl)) 10 mg Suppository
  Directions: 1 suppository per rectum daily PRN constipation
  Additional Instructions: if no BM in 4 days

Created by: CCDA Workflow on September 19, 2018

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 1 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 39
ACETAMINOPHEN 1000 MG = 2 TAB
(TYLENOL)
Q8HWA PO EVERY 8 HOURS WHILE AWAKE
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 09/16/18 13:21 STOP:

Nrs Verified By: EFA

09/16/18 14:00 ADMIN EFA at: 09/16/18 13:41
09/16/18 22:00 ADMIN EFA at: 09/16/18 21:03
09/17/18 06:00 NOTADMIN FNE at: 09/17/18 05:41
Charted Reason: Above 4GM.
09/17/18 14:00 ADMIN SBA3 at: 09/17/18 14:52
09/17/18 22:00 ADMIN AOK at: 09/17/18 21:29
09/18/18 06:00 ADMIN AOK at: 09/18/18 05:09
09/18/18 14:00 ADMIN KEC at: 09/18/18 14:14
09/18/18 22:00 ADMIN MFL4 at: 09/18/18 21:40
09/19/18 06:00 NOTADMIN KEC at: 09/19/18 09:21
Charted Reason: Patient refused

ORD# 15
ACIDOPHILUS 25 MILLION UNITS 25000000 UNITS = 1 TAB
(ACIDOPHILUS 25 MILLION UNITS)
BID PO 2 TIMES A DAY
START: 09/11/18 00:54 STOP:

Nrs Verified By: JCR

09/11/18 09:00 ADMIN MJE at: 09/11/18 08:37
09/11/18 18:00 ADMIN MJE at: 09/11/18 17:11
09/12/18 09:00 ADMIN QCH at: 09/12/18 08:42
09/12/18 18:00 ADMIN QCH at: 09/12/18 18:06
09/13/18 09:00 ADMIN CA6 at: 09/13/18 09:00
09/13/18 18:00 ADMIN CA6 at: 09/13/18 17:39
09/14/18 09:00 ADMIN EFA at: 09/14/18 09:38
09/14/18 18:00 ADMIN EFA at: 09/14/18 17:43
09/15/18 09:00 ADMIN EFA at: 09/15/18 08:48
09/15/18 18:00 ADMIN EFA at: 09/15/18 18:11
09/16/18 09:00 ADMIN EFA at: 09/16/18 10:04
09/16/18 18:00 ADMIN EFA at: 09/16/18 19:07
09/17/18 09:00 ADMIN SBA3 at: 09/17/18 14:45
09/17/18 18:00 ADMIN DER at: 09/17/18 17:15
09/18/18 09:00 ADMIN KEC at: 09/18/18 09:34
HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 2 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 15
(CONTINUED)
09/18/18 18:00 ADMIN KEC at: 09/18/18 17:48
09/19/18 09:00 ADMIN KEC at: 09/19/18 09:21

ORD# 16
ADULT STANDARD CARE ORDERS 1 NOTE = 1 NOTE
(NOTE ADULT STANDARD CARE)
complex MISC
RN TO ENTER ORDER M1065 AS
NEEDED IN SOARIAN
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

ORD# 30
ATORVASTATIN CALCIUM 10 MG = 1 TAB
(LIPITOR)
DAILY PO ONCE A DAY
START: 09/11/18 01:19 STOP:

Nrs Verified By: JCR

09/11/18 09:00 ADMIN MJE at: 09/11/18 08:37
09/12/18 09:00 ADMIN QCH at: 09/12/18 08:42
09/13/18 09:00 ADMIN CA6 at: 09/13/18 09:00
09/14/18 09:00 ADMIN EFA at: 09/14/18 09:38
09/15/18 09:00 ADMIN EFA at: 09/15/18 08:48
09/16/18 09:00 ADMIN EFA at: 09/16/18 09:00
09/17/18 09:00 ADMIN SBA3 at: 09/17/18 09:28
09/18/18 09:00 ADMIN KEC at: 09/18/18 09:34
09/19/18 09:00 ADMIN KEC at: 09/19/18 09:21

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 3 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 37
LIDOCAINE 4% PATCH 1 PATCH = 1 PATCH
(ASPERCREME LIDOCAINE PATCH)
DAILY TD ONCE A DAY
SWITCH TO 4% PER HOSPITAL
POLICY
PATCH: 12 HOURS ON, 12 HOURS
OFF
START: 09/16/18 14:00 STOP:

Nrs Verified By: EFA

09/16/18 14:00 ADMIN EFA at: 09/16/18 13:41
Adm Site: right neck
09/17/18 09:00 ADMIN SBA3 at: 09/17/18 09:28
Adm Site: Back Left Upper
09/18/18 09:00 ADMIN KEC at: 09/18/18 09:34
Adm Site: Site Not Applicable
09/19/18 09:00 ADMIN KEC at: 09/19/18 09:21
Adm Site: Back

ORD# 38
PATCH REMOVAL 1 NOTE = 1 NOTE
(PATCH REMOVAL)
QHS TD DAILY AT BEDTIME
REMOVE LIDOCAIN PATCH
START: 09/16/18 13:18 STOP:

Nrs Verified By: EFA

09/16/18 21:00 ADMIN EFA at: 09/16/18 21:03
Adm Site: right neck
09/17/18 21:00 ADMIN AOK at: 09/17/18 21:29
Adm Site: Site Not Applicable
09/18/18 21:00 ADMIN MFL4 at: 09/18/18 21:40
Adm Site: neck

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 4 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 17
SODIUM CHLORIDE 0.9% FLSH SYR 1 SYRINGE = 10 ML
(SODIUM CHLORIDE 0.9% FLSH SYR)
BID IV 2 TIMES A DAY
FLUSH EACH LUMEN MAY GIVE
5-10 ML
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

09/11/18 09:00 ADMIN MJE at: 09/11/18 08:37
Adm Site: Peripheral
09/11/18 18:00 ADMIN MJE at: 09/11/18 17:11
Adm Site: Peripheral
09/12/18 09:00 ADMIN QCH at: 09/12/18 08:42
Adm Site: Peripheral
09/12/18 18:00 ADMIN QCH at: 09/12/18 18:06
Adm Site: Peripheral
09/13/18 09:00 ADMIN CA6 at: 09/13/18 09:00
Adm Site: Peripheral
09/13/18 18:00 ADMIN CA6 at: 09/13/18 17:39
Adm Site: Peripheral
09/14/18 09:00 ADMIN EFA at: 09/14/18 09:38
Adm Site: Peripheral
09/14/18 18:00 ADMIN EFA at: 09/14/18 17:43
Adm Site: Peripheral
09/15/18 09:00 ADMIN EFA at: 09/15/18 08:48
Adm Site: Peripheral
09/15/18 18:00 NOTADMIN EFA at: 09/15/18 18:11
Charted Reason: No iv line
09/16/18 09:00 NOTADMIN EFA at: 09/16/18 09:00
Charted Reason: No IV line
09/16/18 18:00 NOTADMIN EFA at: 09/16/18 17:58
Charted Reason: Saline locked
09/17/18 09:00 NOTADMIN DER at: 09/17/18 14:48
Charted Reason: No IV access
09/17/18 18:00 NOTADMIN DER at: 09/17/18 17:15
Charted Reason: No IV access
09/18/18 09:00 NOTADMIN KEC at: 09/18/18 09:34
Charted Reason: No IV
09/18/18 18:00 NOTADMIN KEC at: 09/18/18 17:48
Charted Reason: No IV
09/19/18 09:00 NOTADMIN KEC at: 09/19/18 09:21
Charted Reason: No IV

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 5 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 18
TIMOLOL 0.5% MALEATE 1 DROP = 1 DROP
(TIMOPTIC OPHTH)
BID BEYE 2 TIMES A DAY
START: 09/11/18 01:16 STOP:

Nrs Verified By: JCR

09/11/18 09:00	ADMIN	MJE	at:	09/11/18 08:37
09/11/18 18:00	ADMIN	MJE	at:	09/11/18 17:11
09/12/18 09:00	ADMIN	QCH	at:	09/12/18 08:42
09/12/18 18:00	ADMIN	QCH	at:	09/12/18 18:06
09/13/18 09:00	ADMIN	CA6	at:	09/13/18 09:00
09/13/18 18:00	ADMIN	CA6	at:	09/13/18 17:39
09/14/18 09:00	ADMIN	EFA	at:	09/14/18 09:38
09/14/18 18:00	ADMIN	EFA	at:	09/14/18 17:43
09/15/18 09:00	ADMIN	EFA	at:	09/15/18 08:48
09/15/18 18:00	ADMIN	EFA	at:	09/15/18 18:11
09/16/18 09:00	ADMIN	EFA	at:	09/16/18 09:00
09/16/18 18:00	ADMIN	EFA	at:	09/16/18 17:58
09/17/18 09:00	ADMIN	SBA3	at:	09/17/18 09:28
09/17/18 18:00	ADMIN	DER	at:	09/17/18 17:15
09/18/18 09:00	ADMIN	KEC	at:	09/18/18 09:34
09/18/18 18:00	ADMIN	KEC	at:	09/18/18 17:48
09/19/18 09:00	ADMIN	KEC	at:	09/19/18 09:21

ORD# 41
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
NO WARFARIN DOSE TODAY.
DOSING BY PHARMACY
START: 09/17/18 12:03 STOP:

Nrs Verified By: SBA3

09/17/18 18:00	NOTADMIN	DER	at:	09/17/18 17:15

Charted Reason: Noted-thanks

09/18/18 18:00	ADMIN	KEC	at:	09/18/18 17:48

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 6 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 41 (REVISED)
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
NO WARFARIN DOSE TODAY.
DOSING BY PHARMACY
START: 09/17/18 12:03 STOP: 09/19/18 11:48

Nrs Verified By: KHB

**** ORDER DISCONTINUED ****

ORD# 35
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
WARFARIN DOSING BY PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 09/13/18 11:39 STOP:

Nrs Verified By: CA6

09/13/18 18:00 ADMIN CA6 at: 09/13/18 17:39
09/14/18 18:00 ADMIN EFA at: 09/14/18 17:43
09/15/18 18:00 ADMIN EFA at: 09/15/18 18:11
09/16/18 18:00 ADMIN EFA at: 09/16/18 17:58

ORD# 35 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
WARFARIN DOSING BY PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 09/13/18 11:39 STOP: 09/17/18 12:03

Nrs Verified By: SBA3

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 7 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 42
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
WARFARIN DOSING BY PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 09/19/18 11:48 STOP:

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

*** PRN MEDICATIONS ***

ORD# 19
ACETAMINOPHEN 650 MG = 2 TAB
(TYLENOL)
Q6HP PO EVERY 6 HOURS AS NEEDED
MILD PAIN
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

09/12/18 16:55 ADMIN QCH
09/16/18 09:03 ADMIN EFA
09/17/18 00:28 ADMIN FNE

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 20
ACETAMINOPHEN 650 MG = 2 TAB
(TYLENOL)
Q6HP PO EVERY 6 HOURS AS NEEDED
FEVER
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

ORD# 21
MELATONIN 3 MG = 1 TAB
(MELATONIN)
QHSP PO BEDTIME AS NEEDED
INSOMNIA
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

ORD# 40
METHOCARBAMOL 500 MG = 1 TAB
(ROBAXIN)
Q6HP PO EVERY 6 HOURS AS NEEDED
MUSCLE SPASM
START: 09/17/18 10:19 STOP:

Nrs Verified By: SBA3

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 9 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 22
ONDANSETRON HCL 4 MG = 2 ML
(ZOFRAN)
Q8HP IV EVERY 8 HOURS AS NEEDED
NAUSEA/VOMITING
GIVE SLOW IV
PUSH OVER
2 MINUTES
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

ORD# 36
oxyCODONE 2.5 MG = 0.5 TAB
(oxyCODONE)
Q4HP PO EVERY 4 HOURS AS NEEDED
MILD PAIN
DOSE = 1/2 TAB
START: 09/16/18 12:53 STOP:

Nrs Verified By: EFA

09/16/18 13:41 ADMIN EFA
09/17/18 00:28 ADMIN FNE
09/17/18 09:28 ADMIN SBA3
09/17/18 21:29 ADMIN AOK
09/18/18 14:24 ADMIN KEC
09/18/18 18:37 ADMIN KEC
09/18/18 21:40 ADMIN MFL4
09/19/18 09:21 ADMIN KEC

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 10 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 23
POLYETHYLENE GLYCOL POWDER 17 G = 1 PACKET
(MIRALAX)
DPRN PO ONCE A DAY AS NEEDED
CONSTIPATION
MIX WITH 8 OZ OF
WATER/JUICE

START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

ORD# 24
SENNA CONCENTRATE 17.2 MG = 2 TAB
(SENOKOT)
QHSP PO BEDTIME AS NEEDED
CONSTIPATION
HOLD FOR ACUTE OR
CHRONIC BOWEL
PATH OR GI SURG
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

ORD# 25
SODIUM CHLORIDE 0.9% FLSH SYR 1 SYRINGE = 10 ML
(SODIUM CHLORIDE 0.9% FLSH SYR)
PRN IV AS NEEDED
LINE FLUSH AFTER USE
FLUSH EACH LUMEN MAY GIVE
5-10 ML
START: 09/11/18 00:53 STOP:

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 11 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 34
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
NO WARFARIN DOSE TODAY.
DOSING BY PHARMACY
START: 09/12/18 11:14 STOP:

Nrs Verified By: QCH

09/12/18 18:00 ADMIN QCH at: 09/12/18 18:06

ORD# 34 (REVISED)
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
NO WARFARIN DOSE TODAY.
DOSING BY PHARMACY
START: 09/12/18 11:14 STOP: 09/13/18 11:38

Nrs Verified By: CA6

**** ORDER DISCONTINUED ****

ORD# 33
WARFARIN SODIUM 6 MG = 2 TAB
(COUMADIN)
C PO DAILY COUMADIN
WARFARIN DOSING BY PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 09/11/18 13:07 STOP:

Nrs Verified By: MJE

09/11/18 18:00 ADMIN MJE at: 09/11/18 17:11

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 12 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 33 (REVISED)
WARFARIN SODIUM 6 MG = 2 TAB
(COUMADIN)
C PO DAILY COUMADIN
WARFARIN DOSING BY PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 09/11/18 13:07 STOP: 09/12/18 11:14

Nrs Verified By: QCH

**** ORDER DISCONTINUED ****

ORD# 31
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
DOSING PER PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 09/11/18 01:30 STOP:

Nrs Verified By: JCR

09/11/18 01:30 ADMIN AJA2 at: 09/11/18 02:28

ORD# 31 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
DOSING PER PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 09/11/18 01:30 STOP: 09/11/18 13:07

Nrs Verified By: MJE

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 13 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 29
PHARMACY CONSULT 1 NOTE = 1 NOTE
(PHARMACY CONSULT)
OT MISC ONE TIME
CONSULT: WARFARIN TARGET INR
2-3 FIRST DOSE NOW
START: 09/11/18 08:00 STOP: 09/11/18 08:00

Nrs Verified By: JCR

**** NO OCCURRENCES CHARTED ****

ORD# 29 (REVISED)
PHARMACY CONSULT 1 NOTE = 1 NOTE
(PHARMACY CONSULT)
OT MISC ONE TIME
CONSULT: WARFARIN TARGET INR
2-3 FIRST DOSE NOW
START: 09/11/18 08:00 STOP: 09/11/18 04:33

Nrs Verified By: JCR

**** ORDER DISCONTINUED ****

ORD# 27
COMMUNICATION NOTE 1 NOTE = 1 NOTE
(COMMUNICATION NOTE)
PRN MISC AS NEEDED
START: 09/11/18 01:17 STOP:

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

ORD# 27 (REVISED)
COMMUNICATION NOTE 1 NOTE = 1 NOTE
(COMMUNICATION NOTE)
PRN MISC AS NEEDED
START: 09/11/18 01:17 STOP: 09/11/18 00:55

Nrs Verified By: JCR

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 14 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 28
COMMUNICATION NOTE 1 NOTE = 1 NOTE
(COMMUNICATION NOTE)
PRN MISC AS NEEDED
START: 09/11/18 01:18 STOP:

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

ORD# 28 (REVISED)
COMMUNICATION NOTE 1 NOTE = 1 NOTE
(COMMUNICATION NOTE)
PRN MISC AS NEEDED
START: 09/11/18 01:18 STOP: 09/11/18 00:55

Nrs Verified By: JCR

**** ORDER DISCONTINUED ****

ORD# 26
ENOXAPARIN SODIUM 40 MG = 0.4 ML
(LOVENOX)
DAILY SCUT ONCE A DAY
START: 09/11/18 00:53 STOP: 09/11/18 00:54

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

*** IVS ***

ORD# 32 UB: A
PRIMRY PRIMMARY SOLN
LACTATED RINGERS 1000 ml
IV 12.5 HRS
RATE: 80 ml/hr RUN-IN: 12.5 hrs
START: 09/11/18 04:45 STOP: 09/11/18 17:15

Nrs Verified By: AJA2

09/11/18 04:45 ADMIN AJA2 at: 09/11/18 05:08
Adm Site: Peripheral

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 15 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** IVS ***

ORD# 32 (REVISED) UB: A
PRIMRY PRIMMARY SOLN
LACTATED RINGERS 1000 ml
IV 12.5 HRS
RATE: 80 ml/hr RUN-IN: 12.5 hrs
START: 09/11/18 04:45 STOP: 09/11/18 13:33

Nrs Verified By: MJE

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1830020513 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

09/19/2018 13:43 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 16 OF 16
Northwest Hospital and Med Ctr

PATIENT NO: 1830020513 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/044401
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 09/19/2018
ATN DOCTOR: ABBOTT KLAFTER, JESSE ADMIT DATE: 09/10/2018

*** NURSE IDENTIFICATION ***

AJA2	ALIEU BADARA JALLOW, RN
AOK	AGNES OKOLIE, RN
CA6	CINDY JO ALLEN
DER	DALE RUNDLE, RN
EFA	EBRIMA FATAJO, RN
FNE	FITSUM NEDI
JCR	JOAN RAMA, RN
KEC	KARI E. CARNEY
KHB	KIM-HWA BARNETT, RN
MFL4	MARIVIC SILABAY FLORA-DOIDGE
MJE	MARY JEFFRIES, RN
QCH	QUEENIE CHING , RN
SBA3	SUSAN BAKER , RN

<PERMANENT CHART COPY>

eMAR 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/19/2020 4:08:37 AM -04:00

END OF REPORT -- REPORT NAME=DCHMAR HOSP=W0 REGION=TA

eProgress Note Wound (Progress Note) Mary C Harris, ARNP 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:42:08 AM -04:00

Wound (Progress Note) - Inpatient SOAP Note

Collected On: 09/19/2018 15:20

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility. Seen today for dressing change/compression wrap to Left leg.
Subjective Jeanne cheerful today, ready to go home with her son, leg wounds don't hurt, some itch only. She is able to walk with assistance. Neck pain mostly resolved. No fever, good appetite.
Son present during skin exam and wrapping, assures me that he knows well how to do wrapping and wound care, sometimes when returns home after being seen at wound center, he re-does the wrapping. .
Tolerating Diet Yes.

Exam

Comment Awake, alert, participates in conversation about her wound care, knows she has new appointment at wound center scheduled for Monday.
General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/19/2018 08:58

- Temperature (C): 36.7 (35.5-38.3Cel)
- Pulse: 72
- Respirations: 18
- BP: 121/62
- O2 Saturation (%): 98
- Room Air: Yes

09/19/2018 05:52

- Weight (kg): 50.1kg

09/18/2018 00:15

- O2 LPM: 2

I have reviewed vital signs as listed in EMR Yes.
Behavior/Emotional Appropriate; Cooperative.
Skin Left lower leg: skin continues very fragile with fissures, though non tender, chronic dermatitis. two chronic ulcers lower medial left leg/ankle, measurements unchanged from exam of 9/19: 2x3x0.2cm, distal apprx 1x0.5x0.3cm. with coarse granulation and some fibrin in wound base and raised edges. left lateral mid calf, small granulating lesion approx 1x0.5cm.

Procedure: Application of multilayer compression wrap left lower extremity
Dx/Indication: Improving symptoms of venous insufficiency with ulceration/inflammation left lower leg. Compression wrapping is to control edema, expedite wound healing. Mild to moderate arterial insufficiency of the left leg, light compression is indicated.

Wound (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/19/2018 15:20

Left leg bathed, emollient (vaseline) applied intact skin, alginate to ulcers, Profore light multi-layer wraps applied base of toes to below knee, 50% stretch, 50% overlap with extra padding at ankle to increase circumference.
.

Labs

Hematology
09/18/2018 06:05

- WBC: 7.25
- RBC: 3.51 L
- Hemoglobin: 9.7 L
- Hematocrit: 31 L
- MCV: 89
- MCH: 27.6
- MCHC: 31.0 L
- Platelet Count: 290
- RDW-CV: 14.5 H
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 68
- % Lymphocytes: 18
- % Monocytes: 9
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.95
- Lymphocytes: 1.32
- Monocytes: 0.63
- Eosinophils: 0.28
- Basophils: 0.04
- Immature Granulocytes: 0.03

Coagulation
09/19/2018 06:10

- Prothrombin Time Patient (NWH): 21.4 H
- Prothrombin INR: 2.2 H

09/18/2018 06:05

- Prothrombin Time Patient (NWH): 30.6 H
- Prothrombin INR: 3.3 H

Chemistry
09/18/2018 06:05

- Sodium: 142
- Potassium: 3.9

eProgress Note Wound (Progress Note) Mary C Harris, ARNP 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:42:08 AM -04:00

Wound (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/19/2018 15:20

- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 135 H
- Urea Nitrogen: 21
- Creatinine: 0.76
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.8 L

Assessment and Plan

1) Mixed venous insufficiency/PAD left lower leg. ,
Light compression applied today to left leg, ready for discharge today,
Plan Has follow up appointment scheduled at NWH wound Center, where she is an established patient. Advised patient's son that only wound center should do wrapping, and they will advise on home care. .

Electronically signed by Mary C Harris, ARNP on 09/19/2018 15:27

Discharge Medication Instructions

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Take These Medications

cholecalciferol (vitamin D3) 1,000 unit Tablet
Directions: 1 tablet oral daily every morning
Additional Instructions:
Last Dose Given Date: _____ Time: _____

timolol maleate 0.5 % Drops
Directions: 1 drop ophthalmic, both eyes daily every morning
Additional Instructions:
Last Dose Given Date: _____ Time: _____

acetaminophen 325 mg Tablet
Directions: 2 tablet oral every six hours as needed for MILD PAIN
Additional Instructions: ONLY take if NOT taking norco
Last Dose Given Date: _____ Time: _____

methocarbamol 500 mg Tablet
Directions: 1 tablet oral every six hours as needed for Neck pain
Additional Instructions:
Last Dose Given Date: _____ Time: _____
ePrescribed and Printed for: SAFEWAY #27-1252

atorvastatin (Lipitor) 10 mg Tablet
Directions: 1 tablet oral daily
Additional Instructions:
Last Dose Given Date: _____ Time: _____
ePrescribed and Printed for: SAFEWAY #27-1252

LIDOCAINE 4% PATCH (ASPERCREME LIDOCAINE PATCH) 1 PATCH = 1 PATCH Transdermal DAILY First Dose Now, Clinician Dir:SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF.
Buy over the counter.
Last Dose Given Date: _____ Time: _____
Printed

warfarin (Coumadin) 4 mg Tablet
Directions: 1 tablet oral daily every evening
Additional Instructions: check INR on friday
Last Dose Given Date: _____ Time: _____
ePrescribed and Printed for: SAFEWAY #27-1252

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Discharge Medication Instructions

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Take These Medications

HYDROcodone-acetaminophen 5 mg-325 mg Tablet

Directions: 1-2 tablet oral every six hours as needed for pain
Additional Instructions:
Last Dose Given Date: _____ Time: _____
Printed

Stop Taking These Medications

cyanocobalamin (vitamin B-12) 1,000 mcg Tablet

Directions: 1 tablet oral daily
Reason to Stop:
Date Last Given: _____

pentoxifylline 400 mg Tablet Extended Release

Directions: 1 tablet oral every eight hours
Reason to Stop:
Date Last Given: _____

lactulose 10 gram/15 mL Solution

Directions: 30 mL oral twice a day
Reason to Stop:
Date Last Given: _____

bisacodyl Dulcolax (bisacodyl) 10 mg Suppository

Directions: 1 suppository per rectum daily
Reason to Stop:
Date Last Given: _____

SAFEWAY #27-1252
253 HIGH SCHOOL ROAD N.E.
BAINBRIDGE ISLAND, WA 98110
Phone # 2068420127 Fax # 2067800731

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1830020513	Visit Type:	Inpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Routine/Acute Care	Patient Conditon:	
Station:		Bed:		Unit Contacted:	Internal Medicine
Isolation:		Complaint:	AMS		
Admit D/T:	9/10/2018 6:55:00PM	Discharge D/T:	9/19/2018 1:30:00PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Admitting:	Julie T. Cella, MD	471857	Internal Medicine	(206)668-1500	(206)668-1503
Attending:	Jesse Abbott Klafter, M.D.	502469	Internal Medicine	(206)668-1500	(206)668-1503
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	WA MEDICAID			Plan:	1165	Status:
Contact:				Group No:	L02	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

1-eDisch Sum Abbott Klafter, MD, Jesse 9/19/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 12:03:10 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 09/10/2018
Acct#: 1830020513
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

DATE OF SERVICE: 09/19/2018

DISCHARGE DIAGNOSES:
1. Syncope, resolved, secondary to suspected hypovolemia.
2. Diarrhea, resolved.
3. Chronic lower extremity ulcerations of the left leg secondary to venous insufficiency.
4. History of arterial insufficiency.
5. History of bilateral lower extremity deep vein thromboses, on chronic warfarin.
6. History of right lower extremity fracture.
7. Poor balance and gait instability.
8. Peripheral neuropathy.
9. Degenerative changes in her cervical spine including mild neuroforaminal stenosis and mild canal narrowing.
10. Neck pain, felt to be muscular in etiology.

CONSULTATIONS:
Wound Care Service.

DIAGNOSTIC STUDIES:
1. Duplex of the lower extremity, arterial, demonstrates mild arterial insufficiency at the level of the bilateral ankles. Arterial pathology includes diffuse arterial calcifications, stenoses of the bilateral femoral and tibial arteries. Bilateral digital indices are significantly reduced suggesting additional foot and/or toe arteriopathy.
2. MRI of the cervical spine showed multilevel facet arthropathy, which is chronic-appearing. Edematous changes of the posterior paraspinous musculature, which may represent muscle strain. Mild C3 to C4 central canal narrowing without myelopathy. Multilevel neural foraminal narrowing worst at C3 to 4.
3. MRI of the T-spine showed no acute abnormality of the lumbar spine, old compression fractures of T12 through L3. Moderate to large-sized hiatal hernia.

REASON FOR ADMISSION:
Please see admission H and P for details. Briefly, this is a 93-year-old woman who has been living in a skilled nursing facility since her admission here in

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 09/10/2018
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

MR#: U8170135
Acct#: 1830020513

June for worsening venous stasis ulcerations. She had been doing well there and was planning to discharge back to her home, or really rather her son's tent on Bainbridge Island. However, on this evening prior to this, she had diarrhea and cramping. Thereafter, she had syncope. She was brought to Northwest and admitted for further management and evaluation.

HOSPITAL COURSE BY PROBLEM:
1. Syncope. The patient had an episode of syncope at her skilled nursing facility for which her diagnostic workup here has been negative. She had an EKG which did not show any ischemic changes. Troponins were negative. She was monitored on telemetry for 48 hours and did not have significant arrhythmias. Overall, I suspect that her syncopal episode was secondary to dehydration in the setting of diarrhea. Diarrhea had resolved by the time of admission and she was C. diff negative. This did not recur.
2. Chronic venous insufficiency ulcerations. She had previously been hospitalized for this in June, has been having ongoing care at the nursing facility. However, on admission here her left lower extremity showed extensive foot and leg scale with large patches of denuded weeping skin. She has a healed skin graft on the medial aspect of the ankle, on the medial lower leg two ulcers have rolled edges and granular fibrosis. Please see Wound Care consultation note for further information and pictures. Arterial Dopplers revealed mild to moderate arterial disease and she was felt to be safe for light compression. She continued to be followed by Wound Care. She was discharged with a light compression wrap and will follow up in Wound Care this coming Monday. She also has home health nursing for twice weekly wrap changes.
3. History of DVTs. The patient was continued on warfarin. Her INR has fluctuated somewhat. She was discharged on a dose of 4 mg daily with a plan to recheck her INR in two days this coming Friday with further dose adjustments as necessary. This will be checked by Home Health.
4. Disposition. The patient was previously residing with her son in a temporary tent structure on Bainbridge Island. This was not felt to be a safe or acceptable living situation to say the least. Extensive conversations were had with the patient and her son involving both Dr. Ellingson and myself as well as Social Work, PT, OT as well as nursing staff attempting to

convince them of her need for placement. It was continuously recommended that the patient be placed in an adult living facility or an assisted living facility. However, both the patient and her son were not willing to consider this. The patient was quite insistent she wished to return home with her son. She was felt to have capacity to make this decision. Regardless, she was quite insistent that she would want her

son to make any decisions for her she could not make and her son was also insistent that she should return home with him to this tent structure. The risks of this were discussed with them at length. We did discuss the case with Adult Protective Services. Adult Protective Services has evaluated the patient's situation once in King County and three times in Kitsap County and not taken any action. However, we did discuss with them the current situation. In the end, despite these many conversations and strong recommendations to the contrary, the patient did elect to return with her son to their tent on Bainbridge Island.
5. Neck pain. The patient developed neck pain prior to discharge. She had MRI imaging as above, which showed chronic degenerative changes. It was felt that her acute pain was likely related to a trapezius strain. This did improve over the course of several days with conservative management. She was discharged with pain medications for this as below.

DISCHARGE MEDICATION LIST:
The following medications were started during this hospitalization:

1. Atorvastatin 10 mg q.h.s. This was a prior medication, but it was not listed on the patient's admission med reconciliation.
2. Methocarbamol 500 mg p.o. q.6 h. p.r.n. neck pain, #30.
3. Warfarin 4 mg every evening for the time being. Home Health to check INR in two days on 09/21/2018 with dose adjustments as necessary by patient's PCP.
4. Lidocaine 4% patch to neck, on during the day, off during the evening. Discontinue this as pain improves.
5. Hydrocodone/acetaminophen 5/325, 1 to 2 tabs p.o. q.6 h. p.r.n. pain. Take either this or acetaminophen alone, not both.
6. Acetaminophen 650 mg orally every 6 hours p.r.n. pain. Take either this or Norco, not both.
7. Cholecalciferol 1000 units daily.
8. Timolol 0.5% eyedrops both eyes daily.

The patient was seen and examined by myself on the day of discharge.

CODE STATUS:
DNR, FULL MEDICAL INTERVENTIONS including intubation if indicated as per discussion with the patient and her son.

DISPOSITION:
Home to her tent structure on Bainbridge Island with her son as discussed above with home health, RN, PT, OT, wound care.

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 09/10/2018
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

MR#: U8170135
Acct#: 1830020513

FOLLOW UP:
She will follow up with her PCP next week. The son tells me he has already scheduled this appointment. She will have wound care drawing an INR in two days' time. She will also follow up with our Wound Care Clinic this coming Monday.

TIME SPENT ON DISCHARGE AND COORDINATION OF CARE ON THE DAY OF DISCHARGE:
Two hours.

MLS: 296388
D: 09/19/2018 21:09:27
T: 09/20/2018 10:12:33
48963777 [ID1: 502469]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 09/10/2018 1 DOB: 01/06/1925

Physician: Jesse Abbott Klafter, MD

Fax: 206-543-0857

Edited By Abbott Klafter, M.D.,Jesse 24-Sep-2018 14:00:52 -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 09/10/2018
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

MR#: U8170135
Acct#: 1830020513

Signed by Abbott Klafter, M.D.,Jesse on 24-Sep-2018 14:00:58 -04:00

Abbott Klafter, MD, Jesse

CC: William E Neighbor

D: 09/19/2018 21:09 T: 09/20/2018 10:12 JOB: 48963777 MLS: 296388

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018-9/19/2018 I(A) MED eProgress Note Wound (Progress Note) Mary C Harris, ARNP 9/19/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/19/2018 3:27:58 PM -07:00

Wound (Progress Note) - Inpatient SOAP Note

Collected On: 09/19/2018 15:20

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility. Seen today for dressing change/compression wrap to Left leg.
Subjective Jeanne cheerful today, ready to go home with her son, leg wounds don't hurt, some itch only. She is able to walk with assistance. Neck pain mostly resolved. No fever, good appetite.
Son present during skin exam and wrapping, assures me that he knows well how to do wrapping and wound care, sometimes when returns home after being seen at wound center, he re-does the wrapping. .
Tolerating Diet Yes.

Exam

Comment Awake, alert, participates in conversation about her wound care, knows she has new appointment at wound center scheduled for Monday.
General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/19/2018 08:58

- Temperature (C): 36.7 (35.5-38.3Cel)
- Pulse: 72
- Respirations: 18
- BP: 121/62
- O2 Saturation (%): 98
- Room Air: Yes

09/19/2018 05:52

- Weight (kg): 50.1kg

09/18/2018 00:15

- O2 LPM: 2

I have reviewed vital signs as listed in EMR Yes.
Behavior/Emotional Appropriate; Cooperative.
Skin Left lower leg: skin continues very fragile with fissures, though non tender, chronic dermatitis. two chronic ulcers lower medial left leg/ankle, measurements unchanged from exam of 9/19: 2x3x0.2cm, distal apprx 1x0.5x0.3cm. with coarse granulation and some fibrin in wound base and raised edges. left lateral mid calf, small granulating lesion approx 1x0.5cm.

Procedure: Application of multilayer compression wrap left lower extremity
Dx/Indication: Improving symptoms of venous insufficiency with ulceration/inflammation left lower leg. Compression wrapping is to control edema, expedite wound healing. Mild to moderate arterial insufficiency of the left leg, light compression is indicated.

Wound (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/19/2018 15:20

Left leg bathed, emollient (vaseline) applied intact skin, alginate to ulcers, Profore light multi-layer wraps applied base of toes to below knee, 50% stretch, 50% overlap with extra padding at ankle to increase circumference.
.

Labs

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09/18/2018 06:05

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- RBC: 3.51 L
- Hemoglobin: 9.7 L
- Hematocrit: 31 L
- MCV: 89
- MCH: 27.6
- MCHC: 31.0 L
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- Nucleated RBC: 0.00
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- % Monocytes: 9
- % Eosinophils: 4
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- % Immature Granulocytes: 0
- Neutrophils: 4.95
- Lymphocytes: 1.32
- Monocytes: 0.63
- Eosinophils: 0.28
- Basophils: 0.04
- Immature Granulocytes: 0.03

Coagulation
09/19/2018 06:10

- Prothrombin Time Patient (NWH): 21.4 H
- Prothrombin INR: 2.2 H

09/18/2018 06:05

- Prothrombin Time Patient (NWH): 30.6 H
- Prothrombin INR: 3.3 H

Chemistry
09/18/2018 06:05

- Sodium: 142
- Potassium: 3.9

Wound (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/19/2018 15:20

- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 135 H
- Urea Nitrogen: 21
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- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.8 L

Assessment and Plan

1) Mixed venous insufficiency/PAD left lower leg. ,
Light compression applied today to left leg, ready for discharge today,
Plan Has follow up appointment scheduled at NWH wound Center, where she is an established patient. Advised patient's son that only wound center should do wrapping, and they will advise on home care. .

Electronically signed by Mary C Harris, ARNP on 09/19/2018 15:27

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018-9/19/2018 I(A) MED 1-eDisch Sum Abbott Klafter, MD, Jesse 9/19/2018 CUSTDM10\W0TA_jabbottk 9/24/2018 11:01:33 AM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 09/10/2018
Acct#: 1830020513
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

DATE OF SERVICE: 09/19/2018

DISCHARGE DIAGNOSES:
1. Syncope, resolved, secondary to suspected hypovolemia.
2. Diarrhea, resolved.
3. Chronic lower extremity ulcerations of the left leg secondary to venous insufficiency.
4. History of arterial insufficiency.
5. History of bilateral lower extremity deep vein thromboses, on chronic warfarin.
6. History of right lower extremity fracture.
7. Poor balance and gait instability.
8. Peripheral neuropathy.
9. Degenerative changes in her cervical spine including mild neuroforaminal stenosis and mild canal narrowing.
10. Neck pain, felt to be muscular in etiology.

CONSULTATIONS:
Wound Care Service.

DIAGNOSTIC STUDIES:
1. Duplex of the lower extremity, arterial, demonstrates mild arterial insufficiency at the level of the bilateral ankles. Arterial pathology includes diffuse arterial calcifications, stenoses of the bilateral femoral and tibial arteries. Bilateral digital indices are significantly reduced suggesting additional foot and/or toe arteriopathy.
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3. MRI of the T-spine showed no acute abnormality of the lumbar spine, old compression fractures of T12 through L3. Moderate to large-sized hiatal hernia.

REASON FOR ADMISSION:
Please see admission H and P for details. Briefly, this is a 93-year-old woman who has been living in a skilled nursing facility since her admission here in June for worsening venous stasis ulcerations. She had been doing well there and was planning to discharge back to her home, or really rather her son's tent

on Bainbridge Island. However, on this evening prior to this, she had diarrhea and cramping. Thereafter, she had syncope. She was brought to Northwest and admitted for further management and evaluation.

HOSPITAL COURSE BY PROBLEM:
1. Syncope. The patient had an episode of syncope at her skilled nursing facility for which her diagnostic workup here has been negative. She had an EKG which did not show any ischemic changes. Troponins were negative. She was monitored on telemetry for 48 hours and did not have significant arrhythmias. Overall, I suspect that her syncopal episode was secondary to dehydration in the setting of diarrhea. Diarrhea had resolved by the time of admission and she was C. diff negative. This did not recur.
2. Chronic venous insufficiency ulcerations. She had previously been hospitalized for this in June, has been having ongoing care at the nursing facility. However, on admission here her left lower extremity showed extensive foot and leg scale with large patches of denuded weeping skin. She has a healed skin graft on the medial aspect of the ankle, on the medial lower leg two ulcers have rolled edges and granular fibrosis. Please see Wound Care consultation note for further information and pictures. Arterial Dopplers revealed mild to moderate arterial disease and she was felt to be safe for light compression. She continued to be followed by Wound Care. She was discharged with a light compression wrap and will follow up in Wound Care this coming Monday. She also has home health nursing for twice weekly wrap changes.
3. History of DVTs. The patient was continued on warfarin. Her INR has fluctuated somewhat. She was discharged on a dose of 4 mg daily with a plan to recheck her INR in two days this coming Friday with further dose adjustments as necessary. This will be checked by Home Health.
4. Disposition. The patient was previously residing with her son in a temporary tent structure on Bainbridge Island. This was not felt to be a safe or acceptable living situation to say the least. Extensive conversations were had with the patient and her son involving both Dr. Ellingson and myself as well as Social Work, PT, OT as well as nursing staff attempting to

convince them of her need for placement. It was continuously recommended that the patient be placed in an adult living facility or an assisted living facility. However, both the patient and her son were not willing to consider this. The patient was quite insistent she wished to return home with her son. She was felt to have capacity to make this decision. Regardless, she was quite insistent that she would want her son to make any decisions for her she could not make and her son was also insistent that she should return home with him to this tent structure. The

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 09/10/2018
Acct#: 1830020513
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

risks of this were discussed with them at length. We did discuss the case with Adult Protective Services. Adult Protective Services has evaluated the patient's situation once in King County and three times in Kitsap County and not taken any action. However, we did discuss with them the current situation. In the end, despite these many conversations and strong recommendations to the contrary, the patient did elect to return with her son to their tent on Bainbridge Island.
5. Neck pain. The patient developed neck pain prior to discharge. She had MRI imaging as above, which showed chronic degenerative changes. It was felt that her acute pain was likely related to a trapezius strain. This did improve over the course of several days with conservative management. She was discharged with pain medications for this as below.

DISCHARGE MEDICATION LIST:
The following medications were started during this hospitalization:

1. Atorvastatin 10 mg q.h.s. This was a prior medication, but it was not listed on the patient's admission med reconciliation.
2. Methocarbamol 500 mg p.o. q.6 h. p.r.n. neck pain, #30.
3. Warfarin 4 mg every evening for the time being. Home Health to check INR in two days on 09/21/2018 with dose adjustments as necessary by patient's PCP.
4. Lidocaine 4% patch to neck, on during the day, off during the evening. Discontinue this as pain improves.
5. Hydrocodone/acetaminophen 5/325, 1 to 2 tabs p.o. q.6 h. p.r.n. pain. Take either this or acetaminophen alone, not both.
6. Acetaminophen 650 mg orally every 6 hours p.r.n. pain. Take either this or Norco, not both.
7. Cholecalciferol 1000 units daily.
8. Timolol 0.5% eyedrops both eyes daily.

The patient was seen and examined by myself on the day of discharge.

CODE STATUS:
DNR, FULL MEDICAL INTERVENTIONS including intubation if indicated as per discussion with the patient and her son.

DISPOSITION:
Home to her tent structure on Bainbridge Island with her son as discussed above with home health, RN, PT, OT, wound care.

FOLLOW UP:

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018-9/19/2018 I(A) MED 1-eDisch Sum Abbott Klafter, MD, Jesse 9/19/2018 CUSTDM10\W0TA_jabbottk 9/24/2018 11:01:33 AM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 09/10/2018
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

MR#: U8170135
Acct#: 1830020513

She will follow up with her PCP next week. The son tells me he has already scheduled this appointment. She will have wound care drawing an INR in two days' time. She will also follow up with our Wound Care Clinic this coming Monday.

TIME SPENT ON DISCHARGE AND COORDINATION OF CARE ON THE DAY OF DISCHARGE: Two hours.

MLS: 296388
D: 09/19/2018 21:09:27
T: 09/20/2018 10:12:33
48963777 [ID1: 502469]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 09/10/2018 1 DOB: 01/06/1925

Physician: Jesse Abbott Klafter, MD

Fax: 206-543-0857

Edited By Abbott Klafter, M.D.,Jesse 24-Sep-2018 11:00:52 -07:00

Signed by Abbott Klafter, M.D.,Jesse on 24-Sep-2018 11:00:58 -07:00

Abbott Klafter, MD, Jesse
CC: William E Neighbor

Northwest Hospital and Medical Center
Seattle, Washington 98133

Discharge Summary

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Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018-9/19/2018 I(A) MED 1-eDisch Sum Abbott Klafter, MD, Jesse 9/19/2018 CUSTDM10\W0TA_jabbottk 9/24/2018 11:01:33 AM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 09/10/2018
Acct#: 1830020513
Date of Discharge: 20180919
Dictating Physician: Abbott Klafter, MD, Jesse

D: 09/19/2018 21:09 T: 09/20/2018 10:12 JOB: 48963777 MLS: 296388

eProgress Note General Medical Adult (Progress Note) Jesse Abbott Klafter, MD 9/18/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:38:09 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/18/2018 17:54

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility. .
Subjective - MRI yesterday with signficant degerative spinal changes including neuroforaminal narrowing and mild canal narrowing at C3-4 w/o myelopathy in addition to muscle edema c/w strain
- neck pain improved today
- dispo again discussed at length with patient and her son today, no changes... .

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

Comment .
General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/18/2018 17:52

- Temperature (C): 36.8 (35.5-38.3Cel)
- Pulse: 76
- Respirations: 18
- BP: 112/60
- O2 Saturation (%): 96
- Room Air: Yes

09/18/2018 00:15

- O2 LPM: 2

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye conjunctiva anicteric.
Neck significant tenderness with palpation of the trapezius bilaterally L>R. limited range of motion in the neck due to pain though inproved from yesterday .
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities Right lower leg and foot in compression wrap.
Neurological alert and oriented x 3. unable to formally test upper extremity strength due to pain. able to extend arms to 90 degrees and move arms w/o focal defficits. grip strength symmetric bilaterally. lower extremity strength preserved. no sensory deficits.
Skin LLE wrapped, see wound care notes for details .

Labs

eProgress Note General Medical Adult (Progress Note) Jesse Abbott Klafter, MD 9/18/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:38:09 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

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Collected On: 09/18/2018 17:54

Hematology
09/18/2018 06:05

- WBC: 7.25
- RBC: 3.51 L
- Hemoglobin: 9.7 L
- Hematocrit: 31 L
- MCV: 89
- MCH: 27.6
- MCHC: 31.0 L
- Platelet Count: 290
- RDW-CV: 14.5 H
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 68
- % Lymphocytes: 18
- % Monocytes: 9
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.95
- Lymphocytes: 1.32
- Monocytes: 0.63
- Eosinophils: 0.28
- Basophils: 0.04
- Immature Granulocytes: 0.03

Coagulation
09/18/2018 06:05

- Prothrombin Time Patient (NWH): 30.6 H
- Prothrombin INR: 3.3 H

09/17/2018 05:40

- Prothrombin Time Patient (NWH): 35.2 H
- Prothrombin INR: 3.8 H

Chemistry
09/18/2018 06:05

- Sodium: 142
- Potassium: 3.9
- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 135 H
- Urea Nitrogen: 21

eProgress Note General Medical Adult (Progress Note) Jesse Abbott Klafter, MD 9/18/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:38:09 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/18/2018 17:54

- Creatinine: 0.76
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.8 L

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- PT/ OT
- fall precautions
- set up for home health PT/OT.

2) Venous Stasis, Chronic Ulcer of Lower Extremity,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

7) Neck Pain,
suspect this is due to muscle strain/inflamation rather than c-spine DDD. improved today. ,
Plan
- k pad
- robaxin for muscle spasm
- oxycodone q4 hours PRN
- scheduled APAP
- discharge on hold while awaiting results of MRI.

8) discharge planning,
Patient was living with her son in a temporary structure on bainbridge island prior to the most recent hospitalization in 7/2018 after she and her son were evicted from their apartment. Admitted to NWH 7/2018 with worsening venous stasis wounds then discharged to Park Ridge. Patient improved while at Park Ridge and ultimately there were multiple care conversations. Although she was not felt to have any skilled needs at time of discharge from Park Ridge, the team highly recommended discharge to adult family home. Ultimately, it was the

eProgress Note General Medical Adult (Progress Note) Jesse Abbott Klafter, MD 9/18/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:38:09 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/18/2018 17:54

patient's preference to be discharged back home with her son. She is very clear about the risks of returning home to Bainbridge island. She understands that her wounds have a higher risk of becoming infected. She also understands that she has a higher risk of falling. It has been out continued recommendation that she have a more supportive environment at time of discharge, and we had started the referral process during this admission. I have discussed her overall plan of care with APS, social worker from Park Ridge (Mollie), her primary care physician and Janice Edwards. She has been set up for home health nursing / PT / OT and social work at time of discharge should it remain her preference to return home.

Plan - dispo again discussed at length with patient and her son today, no changes... plan for likely dispo to tent tomrrow if she continues to improve .

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Disposition Plan Discharge To Home, Timeframe Tomorrow, Comment pending clinical improvement.
Medical Decision Making Care Plan Discussed With Patient, Nurse, Social Worker.

Electronically signed by Jesse Abbott Klafter, MD on 09/18/2018 18:04

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 09/10/2018
Acct#: 1830020513
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

DATE OF SERVICE: 09/17/2018

DATES COVERED IN INTERIM SUMMARY:
09/10, through 09/17/2018.

BRIEF IDENTIFYING INFORMATION:
The patient is a 93-year-old woman with a history of prior DVT and venous stasis ulcerations of the left lower extremity, who was recently admitted to Northwest Hospital, then discharged to a skilled nursing facility, who presented with her nursing facility with syncope.

DISCHARGE DIAGNOSES:
1. Syncope, resolved, secondary to suspected hypovolemia.
2. Diarrhea, resolved. Clostridium difficile toxin negative.
3. Chronic lower extremity ulcerations of the left leg secondary to venous insufficiency.
4. History of arterial insufficiency.
5. Bilateral lower extremity deep venous thromboses, on chronic warfarin.
6. History of right lower extremity fracture.
7. Poor balance and gait instability.
8. Peripheral neuropathy.

CONSULTATIONS THIS ADMISSION:
Wound Care, ARNP, Mary Harris.

DIAGNOSTIC STUDIES:
1. Duplex of the lower extremity arterial demonstrates mild arterial insufficiency at the level of the bilaterally ankles. Arterial pathology includes diffuse arterial calcification and stenosis of the bilateral femoral and tibial arteries. Bilateral digital indices are significantly reduced suggesting additional foot and/or toe arteriopathy.
2. C. Difficile toxin by PCR negative on September 11, 2018.
3. Troponin negative x2 on September 12, 2018.
4. MRI of the cervical and thoracic spine are pending.

HISTORY OF PRESENT ILLNESS:
Please see dictated H and P written by Dr. Cella for further details. In brief, this is a 93-year-old woman who has been living in a skilled nursing facility since her admission here in June for worsening venous stasis

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Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 09/10/2018 **Acct#:** 1830020513
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

ulcerations. Overall, things have been going well there. She was actually planning to discharge tomorrow to her home on Bainbridge Island. She ate a piece of bad tasting salmon for dinner on the night prior to admission and in the morning she woke up and did not feel like herself. She felt cold. She then had 3-4 loose bowel movements associated with some belly cramping. Her symptoms resolved. However, around dinner time, she was attempting to ambulate when she suddenly lost consciousness. She does not recall any prodromal symptoms such as tunneling of vision, chest pain or pressure, shortness of breath, or other symptoms. She was helped up from the ground and did not have any other pain in her body or difficulty bearing weight. In the ER, she was given 1 L of fluid administration and admitted to the hospital for further management

HOSPITAL COURSE BY PROBLEM:
1. Syncope. The patient had an episode of syncope at her skilled nursing facility for which her diagnostic workup has largely been negative. She had an EKG which did not show any ischemic changes. Her troponins were negative x2. She was monitored on telemetry for 48 hours and did not have any significant arrhythmias. Overall, it is suspected that her syncopal episode is secondary to dehydration in the setting of diarrhea. The diarrhea had resolved by the time of admission and she was C. difficile toxin negative. Therefore, it was suspected to be secondary to foodborne illness and no further workup was undertaken. She has been seen by physical and occupational therapy during this admission for assistance with discharge planning.
2. Chronic venous insufficiency ulcers. The patient was hospitalized for worsening of these back in June and has since been in a skilled nursing facility receiving care. During this admission, her left lower extremity showed extensive foot and leg scale with large patches of denuded, weeping skin. She has a healed skin graft on the medial aspect of the ankle, on the medial lower leg two ulcers have rolled edges and granular fibrosis. Please see Wound Care consultation note for further information and pictures. Arterial Doppler studies revealed mild to moderate arterial disease, but she was felt to be safe for light compression. While inpatient, she was given a break from compression, kept her legs elevated, and she had daily hygiene to improve the quality of her skin. Wound care was completed with Vaseline emollient with daily showering and bathing. When ready for discharge, Wound Care will apply a light multilayer compression wrap to the left leg. She should be seen within seven days of discharge at the Wound Center and arrange for home health nursing for twice weekly wrap changes.
3. History of DVTs, on warfarin. The patient was continued on her home warfarin dose and her INRs remain in therapeutic range. There were no

episodes of bleeding.
4. Frequent falls, dysmobility and fall risk. The patient was seen by PT and OT during her hospitalization and early in the hospital course she was felt to be a fall risk due to comorbidities and age. Her living situation was felt to be unsustainable for long-term, especially in the winter months. Ultimately, it was recommended that she consider adult family home for further assistance with mobility and safe transfers.
5. Social situation. The patient was previously residing with her son, Louis, in a temporary structure on Bainbridge Island. The temporary structure does not have running water. It is on a raised platform and has two separate tents with bedding and warm clothes. There are portable heaters in the unit, however, the patient has to walk approximately one mile to the church for any bathing. She does have a bedside commode that she uses for toileting and the plan from the skilled nursing facility was to arrange for home health PT, OT, Social Work and nursing to help the patient in her current environment. She was offered several times during her skilled nursing facility stay, in addition to her current hospitalization, to pursue adult family home or other supportive environment for discharge. However, the patient has not been willing to go to a group home. She is able to understand the risks of discharging to an unsafe living environment, including risk of fall, risk of worsening infection of the lower extremity. The patient feels that being separated from her son would be an unacceptable solution, until they can find a more permanent shelter she would like to be with her son whenever possible. At this time, she has capacity to make the decision, although it would be against our recommendation. At time of discharge, if she does discharge to this situation, she will follow up with home health. In addition, we will ask APS to return for assessment of her current living situation.
6. Code status. During this admission I discussed the patient's code status with her. At this time, she prefers to not have CPR if her heart were to stop, and she would continue to accept full medical treatment including intubation should it be necessary.
7. Neck pain. The patient developed neck pain on Sunday, September 9/18. At that time, she was given pain medications. It was felt that she had a trapezius strain and her pain improved over the course of the day. However, her pain became severe again on Monday and she was unable to participate much in a meaningful neurologic exam, although she denied any neurologic symptoms. She did undergo MRI of the cervical and thoracic spine to rule out any nerve impingement or fracture, and at this time, she did not have any interest in discharging because her pain was so severe. She was given scheduled Tylenol, lidocaine patch, heat pack, p.r.n. Robaxin, and low-dose oxycodone for pain.

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 09/10/2018
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

MR#: U8170135
Acct#: 1830020513

The patient's care will be transitioned to Dr. Jesse Abbott Klafter on September 17, 2018.

MLS: 296379
D: 09/18/2018 20:00:53
T: 09/18/2018 21:13:43
48957970 [ID1: 503496]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 09/10/2018 1 DOB: 01/06/1925

Physician: Sonja M. Ellingson, MD

Edited By Ellingson, M.D.Sonja 02-Oct-2018 21:48:54 -04:00

Signed by Ellingson, M.D.Sonja on 02-Oct-2018 21:48:55 -04:00

Ellingson, MD, Sonja

CC: DR. WILLIAM NEIGHBOR

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 09/10/2018
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

MR#: U8170135
Acct#: 1830020513

D: 09/18/2018 20:00 T: 09/18/2018 21:13 JOB: 48957970 MLS: 296379

eProgress Note Pharmacy Medication Management/Review Phu G Tran, Pharm D 9/18/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:36:43 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/18/2018 12:54

Note

Pharmacy Warfarin Management Note:

Subjective:
Patient is a 93 y/o F admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt.
Goal INR: 2-3
PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability
Pt previously homeless, lives in snf currently
Patient's home warfarin regimen was recently increased to 6mg daily on 9/10 (from 5.5mg daily) per snf mar .

Objective:
INR: 3.3
Hgb/Hct: 9.7/31
Plt:290
Albumin: 3.6
Baseline LFTs: 14/9
Tmax: 37.1
Diet/PO intake: 70/-/50% of meals charted per nurse chart
Current potential drug-drug or drug-disease interactions with warfarin: no significant ddi-taking APAP PRN

Assessment:
INR is supratherapeutic. Will hold coumadin today.

Plan:
Will hold coumadin today.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
PT/INR in am.

Electronically signed by Phu G Tran, Pharm D on 09/18/2018 12:55

Patient Name:
Patient ID Number:
Physician: Ellingson

Department of Health & Human Services
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO
Livanta, LLC

Telephone Number of QIO
1-877-588-1123

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - ❑ **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - ❑ If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call: Care Management Department at 206-668-1304.

Please sign and date here to show you received this notice and understand your rights. 1340

Signature of Patient or Representative

Date/Time 9/18/18

Form CMS-R-193 (Exp. 03/31/2020)

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1830020513 MRN:U8170135
ADM: 09/10/2018
CLASS: ED
SVC: ED

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M-1195 (07 2017) File Under: Admitting Financial

Page 1 of 2

Steps To Appeal Your Discharge

- **Step1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - ❑ Here is the contact information for the QIO:

    Name of QIO (in bold)
    Livanta, LLC

    Telephone Number of QIO
    1-877-588-1123
  - ❑ You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - ❑ Ask the hospital if you need help contacting the QIO.
  - ❑ The name of this hospital is : Northwest Hospital & Medical Center.

Hospital Name	Provider ID Number
Acute NPI: **Geropsych NPI:**	1700861580 1497766067

- **Step 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4**: The QIO will review your medical records and other important information about your case.
- **Step 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - ❑ If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - ❑ If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

If You Miss The Deadline To Appeal, You Have Other Appeal Rights:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - ❑ If you have Original Medicare: Call the QIO listed above.
  - ❑ If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Jesse Abbott Klafter, MD 9/18/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/18/2018 6:06:25 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/18/2018 17:54

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility. .
Subjective - MRI yesterday with signficant degerative spinal changes including neuroforaminal narrowing and mild canal narrowing at C3-4 w/o myelopathy in addition to muscle edema c/w strain
- neck pain improved today
- dispo again discussed at length with patient and her son today, no changes... .

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

Comment .
General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/18/2018 17:52

- Temperature (C): 36.8 (35.5-38.3Cel)
- Pulse: 76
- Respirations: 18
- BP: 112/60
- O2 Saturation (%): 96
- Room Air: Yes

09/18/2018 00:15

- O2 LPM: 2

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye conjunctiva anicteric.
Neck significant tenderness with palpation of the trapezius bilaterally L>R. limited range of motion in the neck due to pain though inproved from yesterday .
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities Right lower leg and foot in compression wrap.
Neurological alert and oriented x 3. unable to formally test upper extremity strength due to pain. able to extend arms to 90 degrees and move arms w/o focal defficits. grip strength symmetric bilaterally. lower extremity strength preserved. no sensory deficits.
Skin LLE wrapped, see wound care notes for details .

Labs

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/18/2018 17:54

Hematology
09/18/2018 06:05

- WBC: 7.25
- RBC: 3.51 L
- Hemoglobin: 9.7 L
- Hematocrit: 31 L
- MCV: 89
- MCH: 27.6
- MCHC: 31.0 L
- Platelet Count: 290
- RDW-CV: 14.5 H
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 68
- % Lymphocytes: 18
- % Monocytes: 9
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.95
- Lymphocytes: 1.32
- Monocytes: 0.63
- Eosinophils: 0.28
- Basophils: 0.04
- Immature Granulocytes: 0.03

Coagulation
09/18/2018 06:05

- Prothrombin Time Patient (NWH): 30.6 H
- Prothrombin INR: 3.3 H

09/17/2018 05:40

- Prothrombin Time Patient (NWH): 35.2 H
- Prothrombin INR: 3.8 H

Chemistry
09/18/2018 06:05

- Sodium: 142
- Potassium: 3.9
- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 135 H
- Urea Nitrogen: 21

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/18/2018 17:54

- Creatinine: 0.76
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.8 L

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- PT/ OT
- fall precautions
- set up for home health PT/OT.

2) Venous Stasis, Chronic Ulcer of Lower Extremity,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

7) Neck Pain,
suspect this is due to muscle strain/inflamation rather than c-spine DDD. improved today. ,
Plan
- k pad
- robaxin for muscle spasm
- oxycodone q4 hours PRN
- scheduled APAP
- discharge on hold while awaiting results of MRI.

8) discharge planning,
Patient was living with her son in a temporary structure on bainbridge island prior to the most recent hospitalization in 7/2018 after she and her son were evicted from their apartment. Admitted to NWH 7/2018 with worsening venous stasis wounds then discharged to Park Ridge. Patient improved while at Park Ridge and ultimately there were multiple care conversations. Although she was not felt to have any skilled needs at time of discharge from Park Ridge, the team highly recommended discharge to adult family home. Ultimately, it was the

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/18/2018 17:54

patient's preference to be discharged back home with her son. She is very clear about the risks of returning home to Bainbridge island. She understands that her wounds have a higher risk of becoming infected. She also understands that she has a higher risk of falling. It has been out continued recommendation that she have a more supportive environment at time of discharge, and we had started the referral process during this admission. I have discussed her overall plan of care with APS, social worker from Park Ridge (Mollie), her primary care physician and Janice Edwards. She has been set up for home health nursing / PT / OT and social work at time of discharge should it remain her preference to return home.

Plan - dispo again discussed at length with patient and her son today, no changes... plan for likely dispo to tent tomrrow if she continues to improve .

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.

Disposition Plan Discharge To Home, Timeframe Tomorrow, Comment pending clinical improvement.

Medical Decision Making Care Plan Discussed With Patient, Nurse, Social Worker.

Electronically signed by Jesse Abbott Klafter, MD on 09/18/2018 18:04

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 09/17/2018 13:58
Accession #: 8595665 **Pt Type:** I
Account #: 1830020513
Pt. Location: 4S RM444 BD 1

MRI T Spine WO Cont

Referring Provider:
Ellingson, Sonja Marie, MD
Northwest Hospital Inpatient Services
1550 N 115th St, MS D-149B
Seattle, WA 98133

EXAMINATION:
MRI of the thoracic spine without contrast

CLINICAL INFORMATION:
Back pain.

COMPARISON STUDY:
Chest x-ray from 9/10/2018

TECHNIQUE:
MRI of the thoracic spine was performed using sagittal T1, T2, STIR, axial T2.

FINDINGS:
Mild S-shaped scoliosis is seen, predominantly to the right. The alignment is otherwise within normal limits. Chronic compression deformities of T12, L1, L2, and L3 are seen, centrally measuring 40%, 25%, 25%, and 40% respectively. No fracture is otherwise seen. There is no significant canal or neural foraminal narrowing. Minimal degenerative disc bulging is seen at T11-T12, T12-L1, and L1-L2. The cord signal is within normal limits. The bone marrow signal is within normal limits.

Moderate to large size hiatal hernia is noted incidentally.

IMPRESSION:
1. No acute abnormality of the lumbar spine.
2. Old compression fractures of T12-L3 inclusive.
3. Moderate to large size hiatal hernia.

Dictated and verified by: Eric Kinder, MD Via Radiology 09/17/2018 14:35

eProgress Note Pharmacy Medication Management/Review Phu G Tran, Pharm D 9/17/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:31:28 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/17/2018 12:08

Note

Pharmacy Warfarin Management Note:

Subjective:
Patient is a 93 y/o F admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt.
Goal INR: 2-3
PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability
Pt previously homeless, lives in snf currently
Patient's home warfarin regimen was recently increased to 6mg daily on 9/10 (from 5.5mg daily) per snf mar .

Objective:
INR: 3.8
Hgb/Hct: no new
Plt:no new
Albumin: 3.6
Baseline LFTs: 14/9
Tmax: 37.3
Diet/PO intake: 100/100-% of meals charted per nurse chart
Current potential drug-drug or drug-disease interactions with warfarin: no significant ddi-taking APAP PRN

Assessment:
INR is supratherapeutic. No sign and symptom of bleed per rn report. Will hold coumadin today.

Plan:
Will hold coumadin today.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
PT/INR in am.

Electronically signed by Phu G Tran, Pharm D on 09/17/2018 12:08

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/17/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:31:07 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/17/2018 11:00

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - significant pain this morning in the neck
- describes the pain as bilateral, radiates down the spine
- no h/o trauma
- no numbness or tingling
- reports pain with any movement
- no other events.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

Comment crying with any movement, appears uncomfortable.
General Appearance Frail Appearing.

Vital Signs (PDoc)
09/17/2018 09:12

- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 86
- Respirations: 18
- BP: 121/60
- O2 Saturation (%): 98
- Room Air: Yes

09/16/2018 06:59

- Weight (kg): 51.7kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye conjunctiva anicteric.
Neck significant tenderness with palpation of the trapezius bilaterally. limited range of motion in the neck due to pain.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Extremities dressing in place over left lower extremity.
Neurological alert and oriented x 3. unable to formally test upper extremity strength due to pain. able to extend arms to 90 degrees but with any formal strength testing patient experiences significant pain. grip strength symmetric bilaterally. lower extremity strength preserved. no sensory deficits.
Behavior/Emotional appears uncomfortable.
Skin see last wound care note for more detailed wound description, bandage was not removed during today's

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/17/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:31:07 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/17/2018 11:00

assessment.

Labs

Coagulation
09/17/2018 05:40

- Prothrombin Time Patient (NWH): 35.2 H
- Prothrombin INR: 3.8 H

09/16/2018 05:35

- Prothrombin Time Patient (NWH): 23.0 H
- Prothrombin INR: 2.5 H

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- PT/ OT
- fall precautions
- set up for home health PT/OT.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

7) Neck Pain,
Worsening pain this morning, unable to fully assess neuro exam due to pain.
Plan
- MRI cervical and thoracic spine
- k pad
- robaxin for muscle spasm
- oxycodone q4 hours PRN
- scheduled APAP

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/17/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:31:07 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/17/2018 11:00

- discharge on hold while awaiting results of MRI.

8) discharge planning,

Patient was living with her son in a temporary structure on bainbridge island prior to the most recent hospitalization in 7/2018 after she and her son were evicted from their apartment. Admitted to NWH 7/2018 with worsening venous stasis wounds then discharged to Park Ridge. Patient improved while at Park Ridge and ultimately there were multiple care conversations. Although she was not felt to have any skilled needs at time of discharge from Park Ridge, the team highly recommended discharge to adult family home. Ultimately, it was the patient's preference to be discharged back home with her son. She is very clear about the risks of returning home to Bainbridge island. She understands that her wounds have a higher risk of becoming infected. She also understands that she has a higher risk of falling. It has been out continued recommendation that she have a more supportive environment at time of discharge, and we had started the referral process during this admission. I have discussed her overall plan of care with APS, social worker from Park Ridge (Mollie), her primary care physician and Janice Edwards. She has been set up for home health nursing / PT / OT and social work at time of discharge should it remain her preference to return home.

Plan

- Given ongoing neck pain today, patient was not felt to be safe to discharge home until further workup
- Appreciate SW assistance, continue to explore adult family home options for now just in case the patient changes her mind.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Disposition Plan Discharge To Home, Comment pending clinical improvement, process starte.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/17/2018 11:19

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/17/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:31:07 AM -04:00

Addendum

General Medical Adult (Progress Note) - Provider Free Text

Collected On: 09/17/2018 11:20

Dr. Jesse Abbott Klafter to assume care of the patient today, 9/18.

Electronically signed by Sonja M Ellingson, MD on 09/17/2018 11:20

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 09/17/2018 13:16
Accession #: 8595646 **Pt Type:** I
Account #: 1830020513
Pt. Location: 4S RM444 BD 1

MRI C Spine WO Cont

Referring Provider:
Ellingson, Sonja Marie, MD
Northwest Hospital Inpatient Services
1550 N 115th St, MS D-149B
Seattle, WA 98133

EXAMINATION:
MRI of the cervical spine without contrast

CLINICAL INFORMATION:
Cervicalgia.

COMPARISON STUDY:
None

TECHNIQUE:
MRI of the cervical spine was performed using sagittal T1, T2, STIR, axial GRE, volumetric T2.

FINDINGS:
Grade 1 anterolisthesis is seen at C4-C5, C5-C6, and C7-T1, measuring 2, 3, and 2 mm respectively. These appeared due to multilevel facet arthropathy. The alignment is otherwise unremarkable. The bone marrow signal is within normal limits. The cord signal is within normal limits. There is no Chiari malformation.

C2-C3: No significant canal or neuroforaminal narrowing. Moderate bilateral facet hypertrophy is seen.

C3-C4: Mild central canal narrowing is seen due to a combination of disc/osteophyte complex, ligamentum flavum hypertrophy, and ligamentum flavum hypertrophy. Moderate bilateral neural foraminal narrowing is seen due to severe bilateral facet hypertrophy.

C4-C5: Disc/osteophyte complex is seen without significant central canal narrowing. Severe left and moderate right facet hypertrophy is seen with mild bilateral neural foraminal narrowing.

C5-C6: Moderate bilateral facet hypertrophy is seen without significant neural foraminal narrowing. No significant central canal narrowing.

C6-C7: Minimal disc/osteophyte complex is seen without significant central canal narrowing. Mild bilateral facet hypertrophy is seen. No significant central canal narrowing.

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 09/17/2018 13:16
Accession #: 8595646 **Pt Type:** I
Account #: 1830020513
Pt. Location: 4S RM444 BD 1

MRI C Spine WO Cont

C7-T1: No significant canal or neuroforaminal narrowing. Moderate bilateral facet hypertrophy is seen.

Edematous changes of the posterior paraspinous musculature is seen, mild, right worse than left as best appreciated on image 13 and 6 of series 501 respectively.

IMPRESSION:
1. Multilevel facet arthropathy, chronic-appearing.
2. Edematous changes of the posterior paraspinous musculature, which may represent muscle strain.
3. Mild C3-C4 central canal narrowing without myelopathy.
4. Multilevel neural foraminal narrowing, worst at C3-C4.

Dictated and verified by: Eric Kinder, MD Via Radiology 09/17/2018 13:49

eProgress Note Wound (Progress Note) Mary C Harris, ARNP 9/17/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:33:45 AM -04:00

Wound (Progress Note) - Inpatient SOAP Note

Collected On: 09/17/2018 20:28

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility. Seen today for multi layer compression wrap of left lower leg.
Subjective Jeanne was planning on discharging today but her neck is very painful, so will be staying at least overnight. Still plans on leaving with her son and does not want to live anywhere else. She has been a patient at wound center is is confident she can get to a follow up appointment on Thursday (if discharged by then) for wrap change. she has had wraps before. Knows to keep it dry. Not much appetite. very minor pain in her left leg.
Tolerating Diet Yes.

Exam

Comment sitting up in chair with pillows behind her head, appears somewhat awkward, conversant, mild distress.
General Appearance Frail Appearing.

Vital Signs (PDoc)
09/17/2018 17:01

- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 64
- Respirations: 18
- BP: 111/62
- O2 Saturation (%): 97

09/16/2018 06:59

- Weight (kg): 51.7kg

I have reviewed vital signs as listed in EMR Yes.
Extremities Right lower leg and foot without skin break, skin clean and supple.
Behavior/Emotional Appropriate; Cooperative.
Skin Left lower leg: skin continues very fragile with scale and fissures, though non tender, chronic dermatitis. two chronic ulcers lower medial left leg/ankle, measurements unchanged: 2x3x0.2cm, distal apprx 1x0.5x0.3cm. with coarse granulation and some fibrin in wound base and raised edges. left lateral mid calf, small granulating lesion approx 1x0.5cm.

Procedure: Application of multilayer compression wrap left lower extremity
Dx/Indication: Improving symptoms of venous insufficiency with ulceration/inflammation left lower leg.
Compression wrapping is to control edema, expedite wound healing. Mild to moderate arterial insufficiency of the left leg, light compression is indicated.
Left leg bathed, emollient (vaseline) applied intact skin, alginate to ulcers, Profore light multi-layer wraps applied base of toes to below knee, 50% stretch, 50% overlap with extra padding at ankle to increase circumference.
No photo.

eProgress Note Wound (Progress Note) Mary C Harris, ARNP 9/17/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:33:45 AM -04:00

Wound (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/17/2018 20:28

Labs

Coagulation
09/17/2018 05:40

- Prothrombin Time Patient (NWH): 35.2 H
- Prothrombin INR: 3.8 H

09/16/2018 05:35

- Prothrombin Time Patient (NWH): 23.0 H
- Prothrombin INR: 2.5 H

All current labs have been reviewed by myself as of 9/17/2018 20:39.

Assessment and Plan

1) Mixed venous insufficiency/PAD left lower leg. ,
Present On Admit Yes,
Clinical Status Stable,
Light compression applied today to left leg, ,
Plan Has follow up appointment scheduled at NWH wound Center, where she is an established patient. Appointment is for Thursday, 2:30pm with Mary Jo Renz, ARNP. If not discharged, will need to reschedule.
Medical Decision Making Care Plan Discussed With Patient, Nurse, Attending Physician Attending Details Provider Name/Group Klafter, Robert (2043780) - Unknown; Time Spent (mins): 30.

Electronically signed by Mary C Harris, ARNP on 09/17/2018 20:42

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/17/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/17/2018 11:21:37 AM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/17/2018 11:00

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - significant pain this morning in the neck
- describes the pain as bilateral, radiates down the spine
- no h/o trauma
- no numbness or tingling
- reports pain with any movement
- no other events.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

Comment crying with any movement, appears uncomfortable.
General Appearance Frail Appearing.

Vital Signs (PDoc)
09/17/2018 09:12

- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 86
- Respirations: 18
- BP: 121/60
- O2 Saturation (%): 98
- Room Air: Yes

09/16/2018 06:59

- Weight (kg): 51.7kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye conjunctiva anicteric.
Neck significant tenderness with palpation of the trapezius bilaterally. limited range of motion in the neck due to pain.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Extremities dressing in place over left lower extremity.
Neurological alert and oriented x 3. unable to formally test upper extremity strength due to pain. able to extend arms to 90 degrees but with any formal strength testing patient experiences significant pain. grip strength symmetric bilaterally. lower extremity strength preserved. no sensory deficits.
Behavior/Emotional appears uncomfortable.
Skin see last wound care note for more detailed wound description, bandage was not removed during today's

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/17/2018 11:00

assessment.

Labs

Coagulation
09/17/2018 05:40

- Prothrombin Time Patient (NWH): 35.2 H
- Prothrombin INR: 3.8 H

09/16/2018 05:35

- Prothrombin Time Patient (NWH): 23.0 H
- Prothrombin INR: 2.5 H

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- PT/ OT
- fall precautions
- set up for home health PT/OT.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

7) Neck Pain,
Worsening pain this morning, unable to fully assess neuro exam due to pain.
Plan
- MRI cervical and thoracic spine
- k pad
- robaxin for muscle spasm
- oxycodone q4 hours PRN
- scheduled APAP

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/17/2018 11:00

- discharge on hold while awaiting results of MRI.

8) discharge planning,

Patient was living with her son in a temporary structure on bainbridge island prior to the most recent hospitalization in 7/2018 after she and her son were evicted from their apartment. Admitted to NWH 7/2018 with worsening venous stasis wounds then discharged to Park Ridge. Patient improved while at Park Ridge and ultimately there were multiple care conversations. Although she was not felt to have any skilled needs at time of discharge from Park Ridge, the team highly recommended discharge to adult family home. Ultimately, it was the patient's preference to be discharged back home with her son. She is very clear about the risks of returning home to Bainbridge island. She understands that her wounds have a higher risk of becoming infected. She also understands that she has a higher risk of falling. It has been out continued recommendation that she have a more supportive environment at time of discharge, and we had started the referral process during this admission. I have discussed her overall plan of care with APS, social worker from Park Ridge (Mollie), her primary care physician and Janice Edwards. She has been set up for home health nursing / PT / OT and social work at time of discharge should it remain her preference to return home.

Plan

- Given ongoing neck pain today, patient was not felt to be safe to discharge home until further workup
- Appreciate SW assistance, continue to explore adult family home options for now just in case the patient changes her mind.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Disposition Plan Discharge To Home, Comment pending clinical improvement, process starte.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/17/2018 11:19

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/17/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/17/2018 11:21:37 AM -07:00

Addendum

General Medical Adult (Progress Note) - Provider Free Text

Collected On: 09/17/2018 11:20

Dr. Jesse Abbott Klafter to assume care of the patient today, 9/18.

Electronically signed by Sonja M Ellingson, MD on 09/17/2018 11:20

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note Wound (Progress Note) Mary C Harris, ARNP 9/17/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/17/2018 8:44:01 PM -07:00

Wound (Progress Note) - Inpatient SOAP Note

Collected On: 09/17/2018 20:28

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility. Seen today for multi layer compression wrap of left lower leg.
Subjective Jeanne was planning on discharging today but her neck is very painful, so will be staying at least overnight. Still plans on leaving with her son and does not want to live anywhere else. She has been a patient at wound center is is confident she can get to a follow up appointment on Thursday (if discharged by then) for wrap change. she has had wraps before. Knows to keep it dry. Not much appetite. very minor pain in her left leg.
Tolerating Diet Yes.

Exam

Comment sitting up in chair with pillows behind her head, appears somewhat awkward, conversant, mild distress.
General Appearance Frail Appearing.

Vital Signs (PDoc)
09/17/2018 17:01

- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 64
- Respirations: 18
- BP: 111/62
- O2 Saturation (%): 97

09/16/2018 06:59

- Weight (kg): 51.7kg

I have reviewed vital signs as listed in EMR Yes.
Extremities Right lower leg and foot without skin break, skin clean and supple.
Behavior/Emotional Appropriate; Cooperative.
Skin Left lower leg: skin continues very fragile with scale and fissures, though non tender, chronic dermatitis. two chronic ulcers lower medial left leg/ankle, measurements unchanged: 2x3x0.2cm, distal apprx 1x0.5x0.3cm. with coarse granulation and some fibrin in wound base and raised edges. left lateral mid calf, small granulating lesion approx 1x0.5cm.

Procedure: Application of multilayer compression wrap left lower extremity
Dx/Indication: Improving symptoms of venous insufficiency with ulceration/inflammation left lower leg.
Compression wrapping is to control edema, expedite wound healing. Mild to moderate arterial insufficiency of the left leg, light compression is indicated.
Left leg bathed, emollient (vaseline) applied intact skin, alginate to ulcers, Profore light multi-layer wraps applied base of toes to below knee, 50% stretch, 50% overlap with extra padding at ankle to increase circumference.
No photo.

Wound (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/17/2018 20:28

Labs

Coagulation
09/17/2018 05:40

- Prothrombin Time Patient (NWH): 35.2 H
- Prothrombin INR: 3.8 H

09/16/2018 05:35

- Prothrombin Time Patient (NWH): 23.0 H
- Prothrombin INR: 2.5 H

All current labs have been reviewed by myself as of 9/17/2018 20:39.

Assessment and Plan

1) Mixed venous insufficiency/PAD left lower leg. ,
Present On Admit Yes,
Clinical Status Stable,
Light compression applied today to left leg, ,
Plan Has follow up appointment scheduled at NWH wound Center, where she is an established patient. Appointment is for Thursday, 2:30pm with Mary Jo Renz, ARNP. If not discharged, will need to reschedule.
Medical Decision Making Care Plan Discussed With Patient, Nurse, Attending Physician Attending Details Provider Name/Group Klafter, Robert (2043780) - Unknown; Time Spent (mins): 30.

Electronically signed by Mary C Harris, ARNP on 09/17/2018 20:42

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018-9/19/2018 I(A) MED 1-eInterim Disch Sum Ellingson, MD, Sonja 9/18/2018 CUSTDM10\W0TA_sellings 10/2/2018 6:49:32 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 09/10/2018 **Acct#:** 1830020513
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

DATE OF SERVICE: 09/17/2018

DATES COVERED IN INTERIM SUMMARY:
09/10, through 09/17/2018.

BRIEF IDENTIFYING INFORMATION:
The patient is a 93-year-old woman with a history of prior DVT and venous stasis ulcerations of the left lower extremity, who was recently admitted to Northwest Hospital, then discharged to a skilled nursing facility, who presented with her nursing facility with syncope.

DISCHARGE DIAGNOSES:
1. Syncope, resolved, secondary to suspected hypovolemia.
2. Diarrhea, resolved. Clostridium difficile toxin negative.
3. Chronic lower extremity ulcerations of the left leg secondary to venous insufficiency.
4. History of arterial insufficiency.
5. Bilateral lower extremity deep venous thromboses, on chronic warfarin.
6. History of right lower extremity fracture.
7. Poor balance and gait instability.
8. Peripheral neuropathy.

CONSULTATIONS THIS ADMISSION:
Wound Care, ARNP, Mary Harris.

DIAGNOSTIC STUDIES:
1. Duplex of the lower extremity arterial demonstrates mild arterial insufficiency at the level of the bilaterally ankles. Arterial pathology includes diffuse arterial calcification and stenosis of the bilateral femoral and tibial arteries. Bilateral digital indices are significantly reduced suggesting additional foot and/or toe arteriopathy.
2. C. Difficile toxin by PCR negative on September 11, 2018.
3. Troponin negative x2 on September 12, 2018.
4. MRI of the cervical and thoracic spine are pending.

HISTORY OF PRESENT ILLNESS:
Please see dictated H and P written by Dr. Cella for further details. In brief, this is a 93-year-old woman who has been living in a skilled nursing facility since her admission here in June for worsening venous stasis ulcerations. Overall, things have been going well there. She was actually planning to discharge tomorrow to her home on Bainbridge Island. She ate a

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 09/10/2018 **Acct#:** 1830020513
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

piece of bad tasting salmon for dinner on the night prior to admission and in the morning she woke up and did not feel like herself. She felt cold. She then had 3-4 loose bowel movements associated with some belly cramping. Her symptoms resolved. However, around dinner time, she was attempting to ambulate when she suddenly lost consciousness. She does not recall any prodromal symptoms such as tunneling of vision, chest pain or pressure, shortness of breath, or other symptoms. She was helped up from the ground and did not have any other pain in her body or difficulty bearing weight. In the ER, she was given 1 L of fluid administration and admitted to the hospital for further management

HOSPITAL COURSE BY PROBLEM:
1. Syncope. The patient had an episode of syncope at her skilled nursing facility for which her diagnostic workup has largely been negative. She had an EKG which did not show any ischemic changes. Her troponins were negative x2. She was monitored on telemetry for 48 hours and did not have any significant arrhythmias. Overall, it is suspected that her syncopal episode is secondary to dehydration in the setting of diarrhea. The diarrhea had resolved by the time of admission and she was C. difficile toxin negative. Therefore, it was suspected to be secondary to foodborne illness and no further workup was undertaken. She has been seen by physical and occupational therapy during this admission for assistance with discharge planning.
2. Chronic venous insufficiency ulcers. The patient was hospitalized for worsening of these back in June and has since been in a skilled nursing facility receiving care. During this admission, her left lower extremity showed extensive foot and leg scale with large patches of denuded, weeping skin. She has a healed skin graft on the medial aspect of the ankle, on the medial lower leg two ulcers have rolled edges and granular fibrosis. Please see Wound Care consultation note for further information and pictures. Arterial Doppler studies revealed mild to moderate arterial disease, but she was felt to be safe for light compression. While inpatient, she was given a break from compression, kept her legs elevated, and she had daily hygiene to improve the quality of her skin. Wound care was completed with Vaseline emollient with daily showering and bathing. When ready for discharge, Wound Care will apply a light multilayer compression wrap to the left leg. She should be seen within seven days of discharge at the Wound Center and arrange for home health nursing for twice weekly wrap changes.
3. History of DVTs, on warfarin. The patient was continued on her home warfarin dose and her INRs remain in therapeutic range. There were no episodes of bleeding.
4. Frequent falls, dysmobility and fall risk. The patient was seen by

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 09/10/2018 **Acct#:** 1830020513
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

PT and OT during her hospitalization and early in the hospital course she was felt to be a fall risk due to comorbidities and age. Her living situation was felt to be unsustainable for long-term, especially in the winter months. Ultimately, it was recommended that she consider adult family home for further assistance with mobility and safe transfers.
5. Social situation. The patient was previously residing with her son, Louis, in a temporary structure on Bainbridge Island. The temporary structure does not have running water. It is on a raised platform and has two separate tents with bedding and warm clothes. There are portable heaters in the unit, however, the patient has to walk approximately one mile to the church for any bathing. She does have a bedside commode that she uses for toileting and the plan from the skilled nursing facility was to arrange for home health PT, OT, Social Work and nursing to help the patient in her current environment. She was offered several times during her skilled nursing facility stay, in addition to her current hospitalization, to pursue adult family home or other supportive environment for discharge. However, the patient has not been willing to go to a group home. She is able to understand the risks of discharging to an unsafe living environment, including risk of fall, risk of worsening infection of the lower extremity. The patient feels that being separated from her son would be an unacceptable solution, until they can find a more permanent shelter she would like to be with her son whenever possible. At this time, she has capacity to make the decision, although it would be against our recommendation. At time of discharge, if she does discharge to this situation, she will follow up with home health. In addition, we will ask APS to return for assessment of her current living situation.
6. Code status. During this admission I discussed the patient's code status with her. At this time, she prefers to not have CPR if her heart were to stop, and she would continue to accept full medical treatment including intubation should it be necessary.
7. Neck pain. The patient developed neck pain on Sunday, September 9/18. At that time, she was given pain medications. It was felt that she had a trapezius strain and her pain improved over the course of the day. However, her pain became severe again on Monday and she was unable to participate much in a meaningful neurologic exam, although she denied any neurologic symptoms. She did undergo MRI of the cervical and thoracic spine to rule out any nerve impingement or fracture, and at this time, she did not have any interest in discharging because her pain was so severe. She was given scheduled Tylenol, lidocaine patch, heat pack, p.r.n. Robaxin, and low-dose oxycodone for pain.

The patient's care will be transitioned to Dr. Jesse Abbott Klafter on

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018-9/19/2018 I(A) MED 1-eInterim Disch Sum Ellingson, MD, Sonja 9/18/2018 CUSTDM10\W0TA_sellings 10/2/2018 6:49:32 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 09/10/2018
Acct#: 1830020513
Date of Discharge:
Dictating Physician: Ellingson, MD, Sonja

September 17, 2018.

MLS: 296379
D: 09/18/2018 20:00:53
T: 09/18/2018 21:13:43
48957970 [ID1: 503496]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 09/10/2018 1 DOB: 01/06/1925

Physician: Sonja M. Ellingson, MD

Edited By Ellingson, M.D.Sonja 02-Oct-2018 18:48:54 -07:00

Signed by Ellingson, M.D.Sonja on 02-Oct-2018 18:48:55 -07:00

Ellingson, MD, Sonja
CC: DR. WILLIAM NEIGHBOR

D: 09/18/2018 20:00 T: 09/18/2018 21:13 JOB: 48957970 MLS: 296379

Northwest Hospital and Medical Center
Seattle, Washington 98133

eInterim Disch Sum

Page 4 of 4

eProgress Note Advance Care Planning Note Sonja M Ellingson, MD 9/16/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:29:30 AM -04:00

Advance Care Planning Note - Inpatient SOAP Note

Collected On: 09/16/2018 17:43

Note

I had a conversation with Jeanne today in anticipation of upcoming discharge tomorrow about her goals of care.

We discussed her code status. She is currently listed as full code. During a prior admission she discussed maybe wanting a brief trial of CPR but no prolonged life support.

I discussed with Jeanne that it's important for us to fill out a POLST form that she can have with her when she goes home, to help emergency medical providers understand her wishes. At this time she reported to me that if her heart stops, she would not want to have CPR. She continues to want full medical treatment at this time. I have filled out the POLST form with her preferences listed. She will review the form and we will sign together tomorrow prior to discharge. I have updated her code status in the chart.

She would want her decision maker to be Louis, her son.

Electronically signed by Sonja M Ellingson, MD on 09/16/2018 17:47

eProgress Note Pharmacy Medication Management/Review Anessa K Goodlett, Pharm D 9/16/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:29:04 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/16/2018 11:56

Note

Pharmacy warfarin management note: Subjective: Patient is a 93 y/o F admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt. Goal INR: 2-3 PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability Pt previously homeless, lives in snf currently Patient's home warfarin regimen was recently increased to 6mg daily on 9/10 (from 5.5mg daily) per snf mar . Objective: INR: 2.5 (from 2.2) Hgb/Hct: no new Plt:no new Albumin: 3.6 Baseline LFTs: 14/9 Tmax: 36.9 Diet/PO intake: -/100%/50% of meals charted per nurse chart Current potential drug-drug or drug-disease interactions with warfarin: no significant ddi-taking APAP PRN Assessment: INR is therapeutic today in center of goal range. Seeing continued improvement in meal intake. Given stable result, 5 mg daily dose seems to be working well at this time. Will monitor whether INR continues to rise on this dose tomorrow and whether adjustment is needed. Plan: Will continue coumadin 5mg today. Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly. PT/INR in 9/17 am.

Electronically signed by Anessa K Goodlett, Pharm D on 09/16/2018 11:57

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/16/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:29:21 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/16/2018 14:48

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - reporting pain in the right side of the neck today
- denies neurologic symptoms
- never had similar pain before, wonders if she exerted herself too much working with therapy yesterday
- no history of prior fall or trauma.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/16/2018 13:58

- Temperature (C): 37.3 (35.5-38.3Cel)
- Pulse: 69
- Respirations: 16
- BP: 136/59
- O2 Saturation (%): 99
- Room Air: Yes

09/16/2018 06:59

- Weight (kg): 51.7kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Neck significant right sided trapezius tenderness to palpation, muscle tightened. upper extermity strength 5/5 in major muscle groups tested, sensation to light touch intact distally. lower extremity strength 5/5 bilaterally without sensory changes.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.
Skin Clean, Dry and Intact, see last wound care note for more detailed wound description, bandage was not removed during today's assessment.

Labs

Coagulation

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/16/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:29:21 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/16/2018 14:48

09/16/2018 05:35

- Prothrombin Time Patient (NWH): 23.0 H
- Prothrombin INR: 2.5 H

09/15/2018 05:45

- Prothrombin Time Patient (NWH): 20.5 H
- Prothrombin INR: 2.2 H

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- PT/ OT
- fall precautions
- set up for home health PT/OT.

2) Venous Stasis, Chronic Ulcer of Lower Extremity,
Plan

- wound care consultation.

3) Diarrhea,
Clinical Status Resolved,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

7) Neck Pain,
Significant trapezius muscle spasm, no history of trauma and normal neurologic examination. ,
Plan
- ice
- scheduled APAP
- not a good candidate for NSAIDs given warfarin use and elderly age
- oycodone 2.5 mg q4 hours PRN
- lidocaine patch
- PT
- consider further imaging pending improvement with above maneuvers.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/16/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:29:21 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/16/2018 14:48

Disposition Plan Discharge To Home, Comment monday.
Medical Decision Making Care Plan Discussed With Patient, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/16/2018 15:04

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/16/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/16/2018 3:06:15 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/16/2018 14:48

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - reporting pain in the right side of the neck today
- denies neurologic symptoms
- never had similar pain before, wonders if she exerted herself too much working with therapy yesterday
- no history of prior fall or trauma.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/16/2018 13:58

- Temperature (C): 37.3 (35.5-38.3Cel)
- Pulse: 69
- Respirations: 16
- BP: 136/59
- O2 Saturation (%): 99
- Room Air: Yes

09/16/2018 06:59

- Weight (kg): 51.7kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Neck significant right sided trapezius tenderness to palpation, muscle tightened. upper extermity strength 5/5 in major muscle groups tested, sensation to light touch intact distally. lower extremity strength 5/5 bilaterally without sensory changes.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.
Skin Clean, Dry and Intact, see last wound care note for more detailed wound description, bandage was not removed during today's assessment.

Labs

Coagulation

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/16/2018 14:48

09/16/2018 05:35

- Prothrombin Time Patient (NWH): 23.0 H
- Prothrombin INR: 2.5 H

09/15/2018 05:45

- Prothrombin Time Patient (NWH): 20.5 H
- Prothrombin INR: 2.2 H

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- PT/ OT
- fall precautions
- set up for home health PT/OT.

2) Venous Stasis, Chronic Ulcer of Lower Extremity,
Plan

- wound care consultation.

3) Diarrhea,
Clinical Status Resolved,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

7) Neck Pain,
Significant trapezius muscle spasm, no history of trauma and normal neurologic examination. ,
Plan
- ice
- scheduled APAP
- not a good candidate for NSAIDs given warfarin use and elderly age
- oycodone 2.5 mg q4 hours PRN
- lidocaine patch
- PT
- consider further imaging pending improvement with above maneuvers.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/16/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/16/2018 3:06:15 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/16/2018 14:48

Disposition Plan Discharge To Home, Comment monday.
Medical Decision Making Care Plan Discussed With Patient, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/16/2018 15:04

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note Advance Care Planning Note Sonja M Ellingson, MD 9/16/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/16/2018 5:48:34 PM -07:00

Advance Care Planning Note - Inpatient SOAP Note

Collected On: 09/16/2018 17:43

Note

I had a conversation with Jeanne today in anticipation of upcoming discharge tomorrow about her goals of care.

We discussed her code status. She is currently listed as full code. During a prior admission she discussed maybe wanting a brief trial of CPR but no prolonged life support.

I discussed with Jeanne that it's important for us to fill out a POLST form that she can have with her when she goes home, to help emergency medical providers understand her wishes. At this time she reported to me that if her heart stops, she would not want to have CPR. She continues to want full medical treatment at this time. I have filled out the POLST form with her preferences listed. She will review the form and we will sign together tomorrow prior to discharge. I have updated her code status in the chart.

She would want her decision maker to be Louis, her son.

Electronically signed by Sonja M Ellingson, MD on 09/16/2018 17:47

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/15/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:27:23 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/15/2018 16:46

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - no acute overnight events
- son visiting today, patient states she wants to go home. not interested in temporary group home placement
- tenatively planning for discharge Monday after wound care, is tired of being in the hospital.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/15/2018 13:46
- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 71
- Respirations: 17
- BP: 129/59
- O2 Saturation (%): 98
- Room Air: Yes

09/15/2018 06:39
- Weight (kg): 51kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye conjunctiva anicteric.
Respiratory Details Effort No Evidence of Labored Breathing.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities dressing in place over left lower extremity.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.
Skin venous stasis changes to left lower extremity.

Labs

Coagulation
09/15/2018 05:45
- Prothrombin Time Patient (NWH): 20.5 H
- Prothrombin INR: 2.2 H

09/14/2018 10:10

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/15/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:27:23 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/15/2018 16:46

- Prothrombin Time Patient (NWH): 21.1 H
- Prothrombin INR: 2.3 H

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan

- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
Clinical Status Resolved,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Disposition Plan Discharge To Home, Comment monday.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse.

Electronically signed by Sonja M Ellingson, MD on 09/15/2018 16:52

eProgress Note Pharmacy Medication Management/Review Anessa K Goodlett, Pharm D 9/15/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:26:44 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/15/2018 12:28

Note

Pharmacy warfarin management note: Subjective: Patient is a 93 y/o F admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt. Goal INR: 2-3 PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability Pt previously homeless, lives in snf currently Patient's home warfarin regimen was recently increased to 6mg daily on 9/10 (from 5.5mg daily) per snf mar . Objective: INR: 2.2 (from 2.3) Hgb/Hct: no new Plt:no new Albumin: 3.6 Baseline LFTs: 14/9 Tmax: 36.9 Diet/PO intake: -/100%/- of meals charted per nurse chart Current potential drug-drug or drug-disease interactions with warfarin: no significant ddi Assessment: INR is trending down since dose holding on 9/12 but remains therapeutic today. Previous elevation in INR may have been d/t multiple factors including adv age, low wt, and diarrheal episodes on admit. Meal intake seems to be improving since resuming warfarin was resumed, and remains stable. Continue coumadin at 5mg anticipated while pt disposition determination ongoing at this time. Plan: Will give coumadin 5mg today. Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly. PT/INR in 9/16 am.

Electronically signed by Anessa K Goodlett, Pharm D on 09/15/2018 12:28

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/15/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/15/2018 4:53:36 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/15/2018 16:46

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - no acute overnight events
- son visiting today, patient states she wants to go home. not interested in temporary group home placement
- tenatively planning for discharge Monday after wound care, is tired of being in the hospital.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/15/2018 13:46
- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 71
- Respirations: 17
- BP: 129/59
- O2 Saturation (%): 98
- Room Air: Yes

09/15/2018 06:39
- Weight (kg): 51kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye conjunctiva anicteric.
Respiratory Details Effort No Evidence of Labored Breathing.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities dressing in place over left lower extremity.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.
Skin venous stasis changes to left lower extremity.

Labs

Coagulation
09/15/2018 05:45
- Prothrombin Time Patient (NWH): 20.5 H
- Prothrombin INR: 2.2 H

09/14/2018 10:10

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/15/2018 16:46

- Prothrombin Time Patient (NWH): 21.1 H
- Prothrombin INR: 2.3 H

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan

- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
Clinical Status Resolved,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Disposition Plan Discharge To Home, Comment monday.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse.

Electronically signed by Sonja M Ellingson, MD on 09/15/2018 16:52

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/14/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:25:49 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/14/2018 22:47

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - patient continues to feel well
- denies new complaints on review of systems
- pt seems more open to considering adult family home this morning, wants to run it by Lou.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/14/2018 21:25

- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 75
- Respirations: 20
- BP: 122/60
- O2 Saturation (%): 99
- Room Air: Yes

09/14/2018 06:50

- Weight (kg): 51.7kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Respiratory Details Effort No Evidence of Labored Breathing.
Extremities dressing in place over left lower extremity, please see wound care note for further details.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
09/13/2018 05:10

- WBC: 6.44
- RBC: 3.53 L
- Hemoglobin: 9.6 L
- Hematocrit: 31 L
- MCV: 88
- MCH: 27.2 L

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/14/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:25:49 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/14/2018 22:47

- MCHC: 31.0 L
- Platelet Count: 281
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.03
- Lymphocytes: 1.41
- Monocytes: 0.67
- Eosinophils: 0.28
- Basophils: 0.03
- Immature Granulocytes: 0.02

Coagulation
09/14/2018 10:10

- Prothrombin Time Patient (NWH): 21.1 H
- Prothrombin INR: 2.3 H

09/13/2018 05:10

- Prothrombin Time Patient (NWH): 28.0 H
- Prothrombin INR: 3.0 H

Chemistry
09/13/2018 05:10

- Sodium: 141
- Potassium: 4.3
- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 7
- Glucose: 117
- Urea Nitrogen: 25 H
- Creatinine: 0.83
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.5 L

Assessment and Plan

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/14/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:25:49 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/14/2018 22:47

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- dc tele today
- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/14/2018 22:49

eProgress Note Pharmacy Medication Management/Review Phu G Tran, Pharm D 9/14/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:23:51 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/14/2018 13:40

Note

Pharmacy Warfarin Management Note:

Subjective:

Patient is a admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt.
Goal INR: 2-3
PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability
Pt previously homeless, lives in snf but was sched for discharge soon
Patient's home warfarin regimen was recently increased to 6mg daily on 9/10 (from 5.5mg daily) per snf mar .

Objective:

INR: 2.3
Hgb/Hct: no new
Plt:no new
Albumin: 3.6
Baseline LFTs: 14/9
Tmax: 36.9
Diet/PO intake: 100/not charted/100% of meals
Current potential drug-drug or drug-disease interactions with warfarin: no significant ddi

Assessment:

INR trended down but remains therapeutic. Coumadin resumed yesterday. INR down trend likely d/t coumadin held on 9/12 for supratherutic inr. Continue coumadin at 5mg .
Will await pt disposition determination at this time.

Plan:

Will give coumadin 5mg today.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
PT/INR in am.

Electronically signed by Phu G Tran, Pharm D on 09/14/2018 13:41

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/14/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/14/2018 10:50:54 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/14/2018 22:47

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - patient continues to feel well
- denies new complaints on review of systems
- pt seems more open to considering adult family home this morning, wants to run it by Lou.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/14/2018 21:25
- Temperature (C): 37.1 (35.5-38.3Cel)
- Pulse: 75
- Respirations: 20
- BP: 122/60
- O2 Saturation (%): 99
- Room Air: Yes

09/14/2018 06:50
- Weight (kg): 51.7kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Respiratory Details Effort No Evidence of Labored Breathing.
Extremities dressing in place over left lower extremity, please see wound care note for further details.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
09/13/2018 05:10
- WBC: 6.44
- RBC: 3.53 L
- Hemoglobin: 9.6 L
- Hematocrit: 31 L
- MCV: 88
- MCH: 27.2 L

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/14/2018 22:47

- MCHC: 31.0 L
- Platelet Count: 281
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.03
- Lymphocytes: 1.41
- Monocytes: 0.67
- Eosinophils: 0.28
- Basophils: 0.03
- Immature Granulocytes: 0.02

Coagulation
09/14/2018 10:10

- Prothrombin Time Patient (NWH): 21.1 H
- Prothrombin INR: 2.3 H

09/13/2018 05:10

- Prothrombin Time Patient (NWH): 28.0 H
- Prothrombin INR: 3.0 H

Chemistry
09/13/2018 05:10

- Sodium: 141
- Potassium: 4.3
- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 7
- Glucose: 117
- Urea Nitrogen: 25 H
- Creatinine: 0.83
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.5 L

Assessment and Plan

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/14/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/14/2018 10:50:54 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/14/2018 22:47

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- dc tele today
- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/14/2018 22:49

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:34 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/12/2018 10:00

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - feeling well this morning
- no further diarrhear
- arterial duplex negative for significant arterial disease on the left leg
- awaiting wound care recs.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/12/2018 17:40
- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 75
- Respirations: 18
- BP: 116/60
- O2 Saturation (%): 97
- Room Air: Yes

09/12/2018 05:01
- Weight (kg): 52.6kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities LLE with multiple ulcerations on the medial aspect of the lower leg. there is surrounding venous stasis skin discolorations but no erythema, warmth or tenderness. she has palpable distal pulses. skin is cracked. she has normal sensation and movement of the toes.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
09/12/2018 03:56
- WBC: 6.66

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:34 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/12/2018 10:00

- RBC: 3.45 L
- Hemoglobin: 9.3 L
- Hematocrit: 30 L
- MCV: 88
- MCH: 27.0 L
- MCHC: 30.8 L
- Platelet Count: 276
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.23
- Lymphocytes: 1.48
- Monocytes: 0.64
- Eosinophils: 0.25
- Basophils: 0.04
- Immature Granulocytes: 0.02

09/11/2018 05:55

- WBC: 5.56
- RBC: 3.25 L
- Hemoglobin: 9.1 L
- Hematocrit: 30 L
- MCV: 91
- MCH: 28.0
- MCHC: 30.8 L
- Platelet Count: 259
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 58
- % Lymphocytes: 26
- % Monocytes: 10
- % Eosinophils: 5
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 3.19
- Lymphocytes: 1.47
- Monocytes: 0.56

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:34 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/12/2018 10:00

- Eosinophils: 0.28
- Basophils: 0.04
- Immature Granulocytes: 0.02

Coagulation
09/12/2018 03:56
- Prothrombin Time Patient (NWH): 28.6 H
- Prothrombin INR: 3.1 H

09/11/2018 05:55
- Prothrombin Time Patient (NWH): 19.6 H
- Prothrombin INR: 2.1 H

Chemistry
09/12/2018 03:56
- Sodium: 140
- Potassium: 4.2
- Chloride: 107
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 114
- Urea Nitrogen: 20
- Creatinine: 0.81
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.6 L

09/11/2018 05:55
- Sodium: 141
- Potassium: 3.9
- Chloride: 111 H
- Carbon Dioxide, Total: 24
- Anion Gap: 6
- Glucose: 112
- Urea Nitrogen: 18
- Creatinine: 0.75
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.4 L

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:34 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/12/2018 10:00

Cardiac
09/12/2018 11:40

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

09/12/2018 03:56

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

Infectious Immunology
09/11/2018 11:35

- C. difficile PCR Spec Desc: Stool
- C. difficile, Toxigenic by PCR: Negative

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan

- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.
4) Deep Venous Thrombosis,
Plan - continue warfarin.
5) Hyperlipidemia,
Plan - statin.
6) Anemia,
Plan - daily CBC.
Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/13/2018 19:30

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:34 AM -04:00

eProgress Note Pharmacy Medication Management/Review Phu G Tran, Pharm D 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:18:15 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/13/2018 11:39

Note

Warfarin note:

Subjective:
Patient is a admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt.
Goal INR: 2-3
PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability
Pt previously homeless, lives in snf but was sched for discharge soon
Patient's home warfarin regimen was recently increased to 6mg daily on 9/10 (from 5.5mg daily) per snf mar .

Objective:
INR: 3.0
Hgb/Hct: 9.3/31
Plt:281
Albumin: 3.6
Baseline LFTs: 14/9
Tmax: 36.9
Diet/PO intake: remains on general diet charted as 90% dinner other meals charted as independent but eating in room and reports eating okay
Current potential drug-drug or drug-disease interactions with warfarin: no significant ddi

Assessment:
INR stable at at upper end of therapeutic range. Will resume coumadin at 5mg .
Will await pt disposition determination at this time.

Plan:
Will give coumadin 5mg today.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.

Electronically signed by Phu G Tran, Pharm D on 09/13/2018 11:40

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:26 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/13/2018 13:07

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - patient continues to feel well
- denies new complaints on review of systems
- remains against adult family home or any other forms of skilled nursing care, reports she understands the risk including worsening lower extremity wounds, falls, worsening sepsis, possibility of need for amputation
- son coming tomorrow to get teaching from wound care nurse.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/13/2018 09:16

- Temperature (C): 36.6 (35.5-38.3Cel)
- Pulse: 74
- Respirations: 18
- BP: 120/67
- O2 Saturation (%): 96

09/13/2018 04:09

- Weight (kg): 52.6kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities dressing in place over left lower extremity, please see wound care note for further details.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
09/13/2018 05:10

- WBC: 6.44
- RBC: 3.53 L
- Hemoglobin: 9.6 L

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:26 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/13/2018 13:07

- Hematocrit: 31 L
- MCV: 88
- MCH: 27.2 L
- MCHC: 31.0 L
- Platelet Count: 281
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.03
- Lymphocytes: 1.41
- Monocytes: 0.67
- Eosinophils: 0.28
- Basophils: 0.03
- Immature Granulocytes: 0.02

09/12/2018 03:56

- WBC: 6.66
- RBC: 3.45 L
- Hemoglobin: 9.3 L
- Hematocrit: 30 L
- MCV: 88
- MCH: 27.0 L
- MCHC: 30.8 L
- Platelet Count: 276
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.23
- Lymphocytes: 1.48
- Monocytes: 0.64
- Eosinophils: 0.25
- Basophils: 0.04

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:26 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/13/2018 13:07

- Immature Granulocytes: 0.02

Coagulation
09/13/2018 05:10

- Prothrombin Time Patient (NWH): 28.0 H
- Prothrombin INR: 3.0 H

09/12/2018 03:56

- Prothrombin Time Patient (NWH): 28.6 H
- Prothrombin INR: 3.1 H

Chemistry
09/13/2018 05:10

- Sodium: 141
- Potassium: 4.3
- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 7
- Glucose: 117
- Urea Nitrogen: 25 H
- Creatinine: 0.83
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.5 L

09/12/2018 03:56

- Sodium: 140
- Potassium: 4.2
- Chloride: 107
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 114
- Urea Nitrogen: 20
- Creatinine: 0.81
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.6 L

Cardiac
09/12/2018 11:40

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:20:26 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/13/2018 13:07

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

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09/12/2018 03:56

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- dc tele today
- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/13/2018 19:33

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/13/2018 7:33:45 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/13/2018 13:07

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - patient continues to feel well
- denies new complaints on review of systems
- remains against adult family home or any other forms of skilled nursing care, reports she understands the risk including worsening lower extremity wounds, falls, worsening sepsis, possibility of need for amputation
- son coming tomorrow to get teaching from wound care nurse.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/13/2018 09:16

- Temperature (C): 36.6 (35.5-38.3Cel)
- Pulse: 74
- Respirations: 18
- BP: 120/67
- O2 Saturation (%): 96

09/13/2018 04:09

- Weight (kg): 52.6kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities dressing in place over left lower extremity, please see wound care note for further details.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
09/13/2018 05:10

- WBC: 6.44
- RBC: 3.53 L
- Hemoglobin: 9.6 L

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/13/2018 13:07

- Hematocrit: 31 L
- MCV: 88
- MCH: 27.2 L
- MCHC: 31.0 L
- Platelet Count: 281
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.03
- Lymphocytes: 1.41
- Monocytes: 0.67
- Eosinophils: 0.28
- Basophils: 0.03
- Immature Granulocytes: 0.02

09/12/2018 03:56

- WBC: 6.66
- RBC: 3.45 L
- Hemoglobin: 9.3 L
- Hematocrit: 30 L
- MCV: 88
- MCH: 27.0 L
- MCHC: 30.8 L
- Platelet Count: 276
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.23
- Lymphocytes: 1.48
- Monocytes: 0.64
- Eosinophils: 0.25
- Basophils: 0.04

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/13/2018 13:07

- Immature Granulocytes: 0.02

Coagulation
09/13/2018 05:10

- Prothrombin Time Patient (NWH): 28.0 H
- Prothrombin INR: 3.0 H

09/12/2018 03:56

- Prothrombin Time Patient (NWH): 28.6 H
- Prothrombin INR: 3.1 H

Chemistry
09/13/2018 05:10

- Sodium: 141
- Potassium: 4.3
- Chloride: 109 H
- Carbon Dioxide, Total: 25
- Anion Gap: 7
- Glucose: 117
- Urea Nitrogen: 25 H
- Creatinine: 0.83
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.5 L

09/12/2018 03:56

- Sodium: 140
- Potassium: 4.2
- Chloride: 107
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 114
- Urea Nitrogen: 20
- Creatinine: 0.81
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.6 L

Cardiac
09/12/2018 11:40

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/13/2018 13:07

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

09/12/2018 03:56

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan
- dc tele today
- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Chronic, stable.
Plan - further w/u as outpatient.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/13/2018 19:33

eProgress Note Pharmacy Medication Management/Review Phu G Tran, Pharm D 9/12/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:14:40 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/12/2018 11:26

Note

Pharmacy Warfarin Management Note:

Subjective:

Patient is a admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt.
Goal INR: 2-3
PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability
Pt previously homeless, lives in snf but was sched for discharge soon
Patient's home warfarin regimen was recently increased to 6mg daily (9/10).
Last dose taken: 5mg yesterday.

Objective:

INR: 3.1 (2.1)
Hgb/Hct: 9.3/30
Plt:276
Albumin: 3.6
Baseline LFTs: 14/9
Tmax: 36.9
Diet/PO intake: 100%/"independent"/"independent" last 3 charted meals
Current potential drug-drug or drug-disease interactions with warfarin: no ddi

Assessment:

INR has trended up quicky up to supratherapeutic range. INR uptrend likely due to recent diarrhea. Will hold coumadin today.
H/H stable.
Will await pt disposition determination at this time.

Plan:

Will hold coumadin today.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.

Electronically signed by Phu G Tran, Pharm D on 09/12/2018 11:27

NWH INPATIENT WOUND CONSULT
DATE OF SERVICE: 09/12/2018

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope. Dr. Cella requested consult to evaluate lower leg venous ulcers.

S: History obtained from chart review and patient interview
Soc: has been living with her son in subsidized housing but was apparently evicted and has been living in an "igloo," which consists of two separate tents.
Pertinent Medical history: Chronic lower extremity ulcerations for many years, venous insufficiency, arterial insufficiency, bilateral lower extremity DVT about 30 years ago, on Coumadin, peripheral neuropathy, right lower extremity fractures.
Allergies: ADHESIVE TAPE. PENICILLIN and SULFA drugs cause a rash.

O: VS reviewed: Afebrile, stable VS. Wght 52.6Kg. BMI 20.5
Gen: Alert, conversant woman, hard of hearing. Underweight. NAD
C/V, Ext: Unable to palpate dorsalis pedis pulses bilaterally, no edema of lower legs, the Left foot is puffy
Skin:Very thin lower legs. Left lower leg and foot extensive scale, and large patches of denuded weeping skin. Medial ankle has a healed skin graft. Medial lower leg 2 ulcers w rolled edges and granular/fibrinous wound beds: proximal approx. 2x3x0.2cm, distal apprx 1x0.5x0.3cm.
See photos page 2.
Labs/Diagnostics (reviewed in soarian): **WBC 6.66, Hct 30, eGFR >60**

A/P: Elder with chronic venous insufficiency s/p saphenous ablation about 2 months ago, continued ulceration and severe dermatitis of the left leg. Arterial studies reveal mild to moderate arterial disease, safe for light compression.
Plan: While inpatient, no compression, and keep legs well elevated so she can have daily hygiene to improve quality of skin. Alginate to ulcers, generous application of Vaseline emollient with daily shower/bathing. When ready for discharge or on Friday if discharging over the weekend, Wound Care will apply light multi-layer compression wrap to the left leg. She should follow up at wound center to be seen within 7 days of discharge and will need HHRN/wound center visits for twice weekly wrap changes. Of course it will not be ideal for her to discharge to an unstable housing condition, but apparently she refuses the idea of a group home.

Wound care will follow weekly while inpatient, please page sooner if needed.
Mary C Harris, ARNP 206-969-3868

Left leg.

Left medial lower leg

Right lower leg. No wounds

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/13/2018 7:31:44 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/12/2018 10:00

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - feeling well this morning
- no further diarrhear
- arterial duplex negative for significant arterial disease on the left leg
- awaiting wound care recs.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/12/2018 17:40
- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 75
- Respirations: 18
- BP: 116/60
- O2 Saturation (%): 97
- Room Air: Yes

09/12/2018 05:01
- Weight (kg): 52.6kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities LLE with multiple ulcerations on the medial aspect of the lower leg. there is surrounding venous stasis skin discolorations but no erythema, warmth or tenderness. she has palpable distal pulses. skin is cracked. she has normal sensation and movement of the toes.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
09/12/2018 03:56
- WBC: 6.66

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/12/2018 10:00

- RBC: 3.45 L
- Hemoglobin: 9.3 L
- Hematocrit: 30 L
- MCV: 88
- MCH: 27.0 L
- MCHC: 30.8 L
- Platelet Count: 276
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 22
- % Monocytes: 10
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.23
- Lymphocytes: 1.48
- Monocytes: 0.64
- Eosinophils: 0.25
- Basophils: 0.04
- Immature Granulocytes: 0.02

09/11/2018 05:55

- WBC: 5.56
- RBC: 3.25 L
- Hemoglobin: 9.1 L
- Hematocrit: 30 L
- MCV: 91
- MCH: 28.0
- MCHC: 30.8 L
- Platelet Count: 259
- RDW-CV: 14.2
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 58
- % Lymphocytes: 26
- % Monocytes: 10
- % Eosinophils: 5
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 3.19
- Lymphocytes: 1.47
- Monocytes: 0.56

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/12/2018 10:00

- Eosinophils: 0.28
- Basophils: 0.04
- Immature Granulocytes: 0.02

Coagulation
09/12/2018 03:56

- Prothrombin Time Patient (NWH): 28.6 H
- Prothrombin INR: 3.1 H

09/11/2018 05:55

- Prothrombin Time Patient (NWH): 19.6 H
- Prothrombin INR: 2.1 H

Chemistry
09/12/2018 03:56

- Sodium: 140
- Potassium: 4.2
- Chloride: 107
- Carbon Dioxide, Total: 25
- Anion Gap: 8
- Glucose: 114
- Urea Nitrogen: 20
- Creatinine: 0.81
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.6 L

09/11/2018 05:55

- Sodium: 141
- Potassium: 3.9
- Chloride: 111 H
- Carbon Dioxide, Total: 24
- Anion Gap: 6
- Glucose: 112
- Urea Nitrogen: 18
- Creatinine: 0.75
- eGFR, Calc, European American: >60
- eGFR, Calc, African American: >60
- eGFR, Information: CalculatedCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.4 L

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/12/2018 10:00

Cardiac
09/12/2018 11:40

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

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09/12/2018 03:56

- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population.

Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

Infectious Immunology
09/11/2018 11:35

- C. difficile PCR Spec Desc: Stool
- C. difficile, Toxigenic by PCR: Negative

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
Clinical Status Resolved,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan

- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan

- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Plan - daily CBC.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Nurse, Social Worker.

Electronically signed by Sonja M Ellingson, MD on 09/13/2018 19:30

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- I(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/13/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/13/2018 7:31:44 PM -07:00

Lower Extremity Arterial Exam

Aortoiliac and Lower Extremity Duplex and Physiologic Testing

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**09/11/2018 02:32 PM**
PVI #:	**10114841-50225073-40261930**	DOB, Age, Gender:	**1/6/1925 93 Female**
MRN / Acct#:	**U8170135-1830020513**	Patient Type:	**Inpatient**
Referring Clinician:	**SONJA M. ELLINGSON, MD**	Exam Location:	**Northwest Hospital Medical Center**
Cc:		Technologist:	**Scott E. Amy, RVT**

Clinical Indication:

Patient referred for a long history of chronic ulcers and pain in the left leg.

Interpretation:

Ankle brachial indices: incompressible; Digit/Brachial indices: Right- .23 Left- .23

Abdominal Aorta:
Not visualized (overlying bowel gas)

Right Lower Extremity:
Common iliac artery: non-visualized
Diffuse calcification throughout the femoral and popliteal arteries
Tibioperoneal trunk artery: 20-49% stenosis
Distal posterior tibial artery: occlusion
Digit/Brachial index suggests small vessel disease
No other significant abnormalities identified

Left Lower Extremity:
Ankle/Brachial indices are unreliable secondary to medical calcification.
Based on waveform analysis there is mild to moderate arterial insufficiency at rest
Common iliac artery: non-visualized
Diffuse calcification throughout the femoral and popliteal arteries
Superficial femoral artery proximal: 20-49% stenosis
Superficial femoral artery distal: 20-49% stenosis
Digit/Brachial index suggests small vessel disease
No other significant abnormalities identified

Summary/Conclusion:

Although there are no findings on this exam that likely correlate with the referring indication (leg ulcers and rest pain), the following are noted:

1. **The bilateral ankle/brachial indices are inaccurate due to tibial artery calcification. Waveform morphology suggests, at most, mild arterial insufficiency to the level of the bilateral ankles.**
2. **Arterial pathology includes diffuse arterial calcification and stenoses in the bilateral femoral and tibial arteries as detailed above.**
3. **That all said, the bilateral digital indices are significantly reduced suggesting additional foot and/or toe arteriopathy.**

Terence M. Quigley, MD, RPVI
Vascular Surgery
Electronically signed on 2018-09-12 07:12:10 AM

Please see next page for detailed ultrasound findings and diagram.

Lower Extremity Arterial Exam

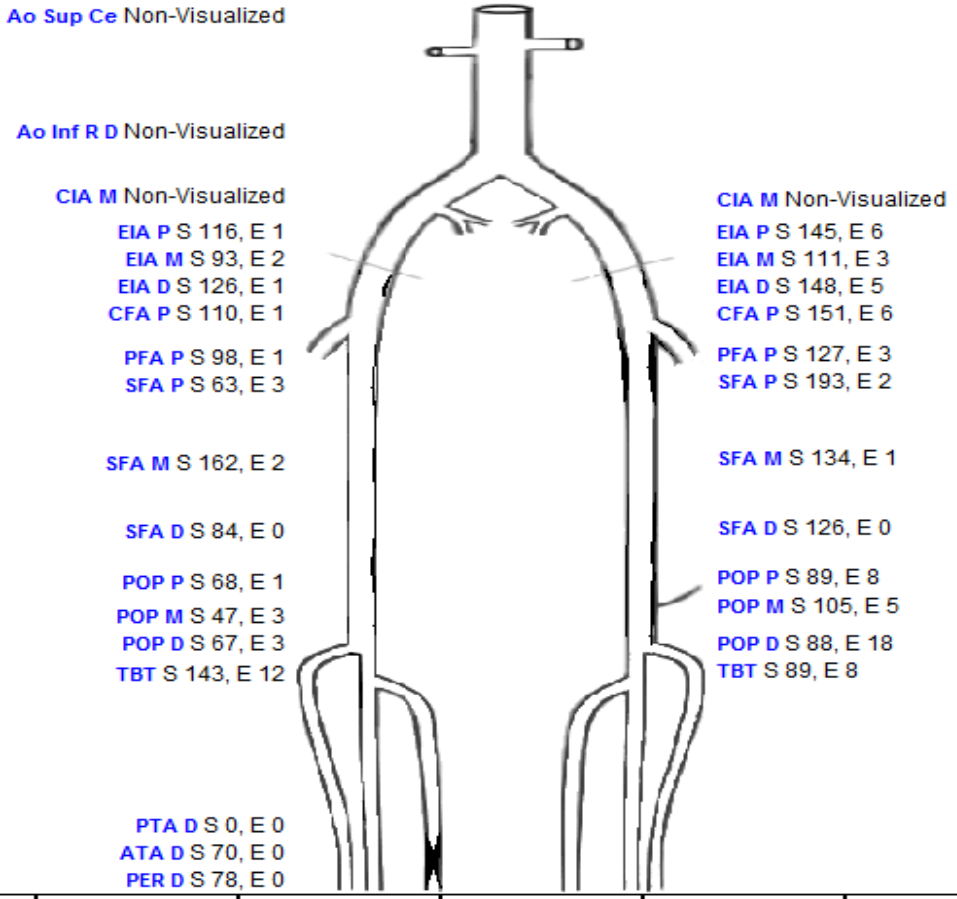
Aortoiliac and Lower Extremity Duplex and Physiologic Testing

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**09/11/2018 02:32 PM**
PVI #	**10114841-50225073-40261930**	DOB, Age, Gender:	**1/6/1925 93 Female**

Study Findings: All vessels examined by duplex scanning (Aorta, bilateral iliacs, femorals, popliteal, and tibioperoneal arteries) display B-mode images, color flow , and spectral Doppler w aveforms, velocities and direction that are w ithin normal limits unless otherw ise noted. Physiologic studies (Continuous Wave Doppler and pressures) are documented below .

S = Peak Systolic Velocity (cm/s), E = End Diastolic Velocity (cm/s), D = Diameter (cm)



Ankle Brachial Indices		
Right Pressures	**Artery**	**Left Pressures**
Resting		**Resting**
126	**Brachial**	130
	Posterior Tibial	
	Anterior Tibial	
	Peroneal	
incompressible	**Ankle/Brachial index >0.90**	incompressible
0.23	**Digit/Brachial Index >0.7**	0.23

PACIFIC VASCULAR

Lower Extremity Arterial Exam

Aortoiliac and Lower Extremity Duplex and Physiologic Testing

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**09/11/2018 02:32 PM**
PVI #	**10114841-50225073-40261930**	DOB, Age, Gender:	**1/6/1925 93 Female**

Home Medication List

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Status: Complete Collected On: 9/11/2018 00:22 By: Emily A OHair
Comments: med list completed by RX from Park Ridge MAR

Home Medications

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes daily every morning
Medication Status: active

warfarin (Coumadin) 6 mg Tablet 1 tablet oral daily every evening
Medication Status: active

pentoxifylline 400 mg Tablet Extended Release 1 tablet oral every eight hours
Medication Status: active

cyanocobalamin (vitamin B-12) 1,000 mcg Tablet 1 tablet oral daily every morning
Medication Status: active

cholecalciferol (vitamin D3) 1,000 unit Tablet 1 tablet oral daily every morning
Medication Status: active

lactulose 10 gram/15 mL Solution 30 mL oral twice a day PRN
PRN Reason: constipation
Extended Instructions: if no BM in 3 days
Medication Status: active

bisacodyl (Dulcolax (bisacodyl)) 10 mg Suppository 1 suppository per rectum daily PRN
PRN Reason: constipation
Extended Instructions: if no BM in 4 days
Medication Status: active

HYDROcodone-acetaminophen 5 mg-325 mg Tablet 2 tablet oral every six hours PRN
PRN Reason: pain
Medication Status: active

eProgress Note Pharmacy Medication Management/Review Phu G Tran, Pharm D 9/11/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:09:19 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 09/11/2018 13:08

Note

Pharmacy Warfarin Management Note:

Subjective:
Patient is a admitted for syncope, pt was also noted to have diarrhea which resolved pta. Pharmacy was consulted to dose warfarin for the indication of h/o dvt.
Goal INR: 2-3
PMH includes:chronic venous stasis of left leg/venous insufficiency L >R, arterial insufficiency, RLE fracture, PN, poor balance and gait instability
Pt previously homeless, lives in snf but was sched for discharge soon
Patient's home warfarin regimen was recently increased to 6mg daily (9/10).
Last dose taken: 5mg yesterday.

Objective:
INR: 2.1
Hgb/Hct: 9.1/30
Plt:259
Albumin: 3.6
Baseline LFTs: 14/9
Tmax: 36.8
Diet/PO intake: on general diet po intake adequate per rn.
Current potential drug-drug or drug-disease interactions with warfarin: none

Assessment:
INR is therapeutic.
Will await pt disposition determination at this time.

Plan:
Will continue home dose of coumadin 6mg today.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.

Electronically signed by Phu G Tran, Pharm D on 09/11/2018 13:08

Admission Medication Reconciliation Report

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Admission Rec marked Complete on: 9/11/2018 12:54:27AM **By:** Julie T Cella, MD

Home Medications

Status: In Progress Collected On: 9/11/2018 12:22:00AM By: Emily A OHair
Comments:

enoxaparin 40 mg/0.4 mL Syringe 40 mg subcutaneous daily
Action Taken: Changed
Extended Instructions: discontinue when PT/INR reach therapeutic level
Medication Status: active

losartan 25 mg Tablet
Action Taken: Not Continued
Medication Status: active

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
Action Taken: Continued and Create Order
Medication Status: active

warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
Action Taken: Continued and Create Order
Medication Status: active

warfarin (Coumadin) 2.5 mg Tablet 1 tablet oral QThursday and Sunday
Action Taken: Continued and Create Order
Medication Status: active

acetaminophen 325 mg Tablet 2 tablet oral every four hours as needed for FEVER
Action Taken: Changed
Medication Status: active

acidophilus-pectin, citrus 25 million cell-100 mg Tablet 1 tablet oral twice a day
Action Taken: Continued and Create Order
Medication Status: active

atorvastatin calcium 10 mg PO daily
Action Taken: Continued and Create Order

Admission Medication Reconciliation Report

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Current Orders

Medication Name	Dose	Route	Frequency
acetaminophen Oral (325 mg)		oral	every six hours
acetaminophen Oral (325 mg)		oral	every six hours
enoxaparin subcutaneous (40 mg/0.4 mL)		subcutaneous	daily
melatonin Oral (3 mg)		oral	daily
ondansetron HCl (PF) injection (4 mg/2 mL)		intravenous	every eight hours
Physician Standard Care Orders Adult, M1065 1 note = 1 note Miscellaneous Q30D Q30D, RN TO ENTER ORDER M1065 AS NEEDED IN SOARIAN			
polyethylene glycol 3350 Oral (17 gram)		oral	daily
sennosides Oral (8.6 mg)		oral	daily
sodium chloride 0.9 % injection (0.9 %)		intravenous	twice a day
sodium chloride 0.9 % injection (0.9 %)		intravenous	PRN Daily

Admission Medication Reconciliation Report

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Planned Orders

acidophilus-pectin, citrus 25 million cell-100 mg Tablet 1 tablet oral twice a day

warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday

warfarin (Coumadin) 2.5 mg Tablet 1 tablet oral QThursday and Sunday

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day

atorvastatin calcium 10 mg PO daily

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/11/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:11:43 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/11/2018 18:46

Subjective

ID/CC: 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.
Subjective - feeling well this morning
- c diff negative
- no other overnight events
- wonders when she will discharge with her son back to bainbridge island
- diarrhea seems to have resolved.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
09/11/2018 12:50
- Temperature (C): 36.6 (35.5-38.3Cel)
- Pulse: 76
- Respirations: 18
- BP: 134/78
- O2 Saturation (%): 95

09/11/2018 04:41
- Weight (kg): 52.6kg

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities LLE with multiple ulcerations on the medial aspect of the lower leg. there is surrounding venous stasis skin discolorations but no erythema, warmth or tenderness. she has palpable distal pulses. skin is cracked. she has normal sensation and movement of the toes.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
09/11/2018 05:55
- WBC: 5.56

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/11/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:11:43 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/11/2018 18:46

- RBC: 3.25 L
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- Hematocrit: 30 L
- MCV: 91
- MCH: 28.0
- MCHC: 30.8 L
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- % Nucleated RBC: 0
- Nucleated RBC: 0.00
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09/10/2018 19:38

- WBC: 6.24
- RBC: 3.69 L
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General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

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Coagulation
09/11/2018 05:55
- Prothrombin Time Patient (NWH): 19.6 H
- Prothrombin INR: 2.1 H

09/10/2018 19:38
- Prothrombin Time Patient (NWH): 17.4 H
- Prothrombin INR: 1.9 H

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09/11/2018 05:55
- Sodium: 141
- Potassium: 3.9
- Chloride: 111 H
- Carbon Dioxide, Total: 24
- Anion Gap: 6
- Glucose: 112
- Urea Nitrogen: 18
- Creatinine: 0.75
- eGFR, Calc, European American: >60
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09/10/2018 19:38
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General Medical Adult (Progress Note) - Inpatient SOAP Note

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- Procalcitonin: <0.05
- Procalcitonin Component: Sepsis diaSepsis diagnosis in adults: PCT <0.5 ng/mL Low risk for progression to severe systemic bacterial infection. Repeat level in 6-24 hours if infection is strongly suspected. PCT >=0.5 and <2.0 ng/mL Moderate risk for progression to severe sepsis. PCT >=2 and <10 ng/mL High risk for progression to severe sepsis. PCT >=10 ng/mL High likelihood of severe sepsis or septic shock. PCT concentrations <0.5 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (<6 hours). Furthermore, increased PCT can occur without infection. PCT concentrations between 0.5 and 2.0 ng/mL should be interpreted taking into account the patient's history. It is recommended to retest PCT within 6-24 hours if any concentrations of <2 ng/mL are obtained.
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- Troponin_I: <0.03 A va<0.03 A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG
- B_Type Natriuretic Peptide: 84

Drug Levels
09/10/2018 21:16

- Amphet/Metamphetamine Qual,URN: Negative
- Barbiturate Qual, URN: Negative
- Benzodiazepines Qual, URN: Negative
- Cannabinoids Qual, URN: Negative
- Cocaine Qual, URN: Negative
- Opiates Qual, URN: Positive A
- Methadone Qual, URN: Negative
- Tricyclic Antidepressants, URN: Negative
- Phencyclidine Qual, URN: Negative
- Alcohol (Ethyl), URN: Negative QNegative Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL
- Acetaminophen Qualitative, URN: Positive A
- Drug Screen Test Info, URN: These resuThese results are presumptive and have not been confirmed as positive by an alternate method. Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing. Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL,

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/11/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:11:43 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

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Collected On: 09/11/2018 18:46

nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL. Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative. This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

09/10/2018 19:38
- Alcohol (Ethyl): Negative

Urinalysis
09/10/2018 21:16
- Collection Method: Urine
- Color, URN: Yellow
- Clarity, URN: Clear
- Specific Gravity, URN: <1.006 L
- pH, URN: 5.5
- Protein (Alb _ Semi_Quant),URN: Negative
- Glucose Qual, URN: Negative
- Ketones, URN: Negative
- Bilirubin Qual, URN: Negative
- Occult Blood, URN: Negative
- Nitrite, URN: Negative
- Leukocyte Esterase, URN: Negative
- Urobilinogen, URN: 0.1-1.9
- Comments for Macroscopic, URN: None
- WBC, URN: 0-5(NEG)
- RBC, URN: 0-2(NEG)
- Bacteria, URN: Not Seen
- Epith Cells_Squamous, URN: >5(PRESENT>5(PRESENT) A
- Epith Cells_Renal/Trans,URN: <3(NEG)
- Comments for Microscopic, URN: None

Infectious Immunology
09/11/2018 11:35
- C. difficile PCR Spec Desc: Stool
- C. difficile, Toxigenic by PCR: Negative

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.
Plan

- tele for 24 hours then d/c if no events tomorrow
- gentle hydration, now d/c since appetite seems ok

eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/11/2018
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General Medical Adult (Progress Note) - Inpatient SOAP Note

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Collected On: 09/11/2018 18:46

- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan
- arterial duplex to eval arterial disease
- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Plan - daily CBC.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker; Outside records requested Yes, History obtained from source other than patient (Family, caregiver, etc.) Yes.

Electronically signed by Sonja M Ellingson, MD on 09/11/2018 19:00

2-eH and P Cella, MD, Julie 9/11/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:16:59 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 09/10/2018 **Acct#:** 1830020513
Date of Discharge:
Dictating Physician: Cella, MD, Julie

DATE OF SERVICE: 09/10/2018

IDENTIFICATION/CHIEF CONCERN:
The patient is a 93-year-old woman being admitted after episode of syncope.

HISTORY OF PRESENT ILLNESS:
The patient has been residing at a skilled nursing facility since her admission here in June for worsening venous stasis ulcerations. She reports that overall things have been going well there. She thinks the wounds on her left leg are healing well. She was actually planning to be discharged tomorrow. Last night, she ate what she describes as a bad tasting piece of salmon. This morning, she woke up and she did not really feel quite like herself. She felt cold. She then went on to have 3 or 4 loose bowel movements this morning associated with some mild belly cramping. At this point, she no longer feels cold and her diarrhea has resolved. She still feels unable to walk steady, however. Around dinnertime, she was attempting to ambulate when she suddenly lost consciousness. She does not recall any prodromal symptoms such as tunneling of her vision, chest pain or pressure, shortness of breath or other symptoms. She was helped up from the ground and she did not have any pain in her body or difficulty bearing weight. In the emergency department, she was given 1 L of IV fluid and recommended for admission to the hospital.

REVIEW OF SYSTEMS:
Remainder of her review of systems is negative except as stated in HPI above.

PAST MEDICAL HISTORY:
1. Chronic lower extremity ulcerations, left leg.
2. Venous insufficiency, left greater than right.
3. Arterial insufficiency.
4. Bilateral lower extremity DVTs, on chronic warfarin.
5. History of right lower extremity fracture.
6. Peripheral neuropathy.
7. Poor balance and gait instability.

MEDICATIONS PRIOR TO ADMISSION:
1. Tylenol 650 mg p.o. q.4 h. p.r.n. fever.
2. Acidophilus 1 tablets twice per day.
3. Atorvastatin 10 mg daily.
4. Enoxaparin. Discontinue when INR therapeutic. I do not believe the

patient was taking this medication immediately prior to admission.
5. Losartan 25 mg tablet, unknown dosing schedule.
6. Timolol eye drops both eyes twice per day.
7. Warfarin 5 mg every Monday, Tuesday, Wednesday, Friday and Saturday; and 2.5 mg on Thursdays and Sundays.

ALLERGIES:
1. ADHESIVE TAPE.
2. ASPIRIN.
3. NITROFURANTOIN.
4. PENICILLIN.
5. SULFA.

SOCIAL HISTORY:
The patient had recently been homeless, residing in a tent with her son, Louis. She was admitted here for wounds on her left leg. She was discharged to skilled nursing facility, where she has resided until today. She was actually planning to be discharged tomorrow. Her son, Louis, is her closest family member. The patient denies current alcohol, tobacco or drug use. She is widowed. She is quite self-sufficient.

FAMILY HISTORY:
Mother died of old age at 94.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature is 36.8, pulse 66, respiratory rate 18, blood pressure 173/75, oxygen saturation 97% on room air.
GENERAL: She is sleeping peacefully upon my initial arrival, she arouses easily to stimulation. She appears her stated age.
HEENT: Head is normocephalic and atraumatic. Mucous membranes are somewhat dry. No nasal drainage.
NECK: No significant neck stiffness.
LUNGS: Clear to auscultation bilaterally without wheezes, crackles, or

rhonchi.
CARDIOVASCULAR: Regular rate and rhythm. No murmurs, rubs, or gallops appreciated.
ABDOMEN: Soft, nontender. No masses. Bowel tones present.
EXTREMITIES: Trace right lower extremity edema. Left lower extremity edema present. Left leg is wrapped.
NEUROLOGIC: Alert and oriented x3. Moving all four extremities.

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 09/10/2018 **Acct#:** 1830020513
Date of Discharge:
Dictating Physician: Cella, MD, Julie

LABORATORIES AND STUDIES:
1. CBC: White blood cell count is 6.24, hematocrit 32, platelets 289.
2. INR is 1.9.
3. Basic metabolic panel is notable for a glucose of 131, a BUN of 26, creatinine 0.91.
4. Liver function testing is normal.
5. Procalcitonin undetected.
6. Troponin negative.
7. BNP 84.
8. Urine tox screen is positive for opiates and Tylenol.
9. Urinalysis shows greater than 5 epithelial cells, otherwise normal.
10. Chest x-ray shows right lower lobe airspace opacification consistent with atelectasis versus pneumonia and a suspected right upper lobe solitary pulmonary nodule. Further evaluation with contrast-enhanced CT of the chest recommended.
11. Head CT: No acute intracranial abnormality.
12. A 12-lead EKG: Normal sinus rhythm with a right bundle branch block.

ASSESSMENT AND PLAN:
The patient is a 93-year-old woman presenting with syncope.

1. Syncope. Based on the history, this is most consistent with an orthostatic event from volume depletion from her diarrhea. Primary cardiac or neurologic event are possible, though preliminary EKG does not support this and initial neurologic examination is unrevealing. I will hydrate her with an additional 1 L of Lactated Ringer's. She will be monitored on telemetry. Will check orthostatics. Will check serial troponins. Will have physical and occupational therapy evaluate the patient. Pending these assessments, additional workup could be considered to include a CT angiogram to rule out pulmonary embolism, though I think this is low likelihood given the clinical scenario.
2. Diarrhea. The patient had 3-4 loose bowel movements this morning. It seems to be related to something that she ate last night. We will check her for Clostridium difficile, however, given that she has risk factors for this.
3. Venous stasis ulcers. Patient reports that these are healing well. I will have Wound Care check on her while she is here in the hospital.
4. History of deep venous thrombosis. I have consulted Pharmacy for dosing of warfarin.
5. Lung nodule. Does not appear to be acutely related to the patient's hospitalization. This can be worked up either while she is here in the hospital or as an outpatient.

6. Anemia. Stable. Does not require further inpatient workup.
7. Recent homelessness. The patient will need to be seen by Social Work for consideration of resources.
8. Code status: FULL. This was discussed with the patient at time of admission and is consistent with her recent prior hospitalization.
9. DVT prophylaxis: The patient is on warfarin.
10. Disposition: Medical floor for observation admission.

MLS: 296379
D: 09/11/2018 04:57:20
T: 09/11/2018 05:34:32
48918651 [ID1: 471857]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 09/10/2018 1 DOB: 01/06/1925

Physician: Julie Cella, MD

Signed by Cella, M.D.,Julie on 13-Sep-2018 03:02:13 -04:00

Cella, MD, Julie

2-eH and P Cella, MD, Julie 9/11/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:16:59 AM -04:00

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D: 09/11/2018 04:57 T: 09/11/2018 05:34 JOB: 48918651 MLS: 296379

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- V(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/11/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/11/2018 7:01:59 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 09/11/2018 18:46

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General Medical Adult (Progress Note) - Inpatient SOAP Note

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09/10/2018 19:38

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General Medical Adult (Progress Note) - Inpatient SOAP Note

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- Bilirubin Qual, URN: Negative
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- Nitrite, URN: Negative
- Leukocyte Esterase, URN: Negative
- Urobilinogen, URN: 0.1-1.9
- Comments for Macroscopic, URN: None
- WBC, URN: 0-5(NEG)
- RBC, URN: 0-2(NEG)
- Bacteria, URN: Not Seen
- Epith Cells_Squamous, URN: >5(PRESENT>5(PRESENT) A
- Epith Cells_Renal/Trans,URN: <3(NEG)
- Comments for Microscopic, URN: None

Infectious Immunology
09/11/2018 11:35
- C. difficile PCR Spec Desc: Stool
- C. difficile, Toxigenic by PCR: Negative

Assessment and Plan

Comment 93 yo woman with a history of prior venous stasis ulcerations and nonhealing lower extremity wounds admitted for diarrhea and syncope at skilled nursing facility.

1) Syncope,
suspect hypovolemic given clinical history. Cardiac w/u remains otherwise negative.

Plan

- tele for 24 hours then d/c if no events tomorrow
- gentle hydration, now d/c since appetite seems ok

Account 1830020513 Hoffman, Jeanne Leonie 9/10/2018- V(A) MED eProgress Note General Medical Adult (Progress Note) Sonja M Ellingson, MD 9/11/2018 CUSTDM10\IMSW0TA_Reports_TAW0 9/11/2018 7:01:59 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 09/11/2018 18:46

- PT/ OT
- fall risk.

2) Chronic Ulcer of Lower Extremity, Venous Stasis,
Plan
- arterial duplex to eval arterial disease
- wound care consultation.

3) Diarrhea,
c. diff negative,
Plan - ctm.

4) Deep Venous Thrombosis,
Plan - continue warfarin.

5) Hyperlipidemia,
Plan - statin.

6) Anemia,
Plan - daily CBC.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse, Social Worker; Outside records requested Yes, History obtained from source other than patient (Family, caregiver, etc.) Yes.

Electronically signed by Sonja M Ellingson, MD on 09/11/2018 19:00

eED PulseCheck Complete - Dewees, MD, Jonathan 9/10/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:09:26 AM -04:00

Northwest Hospital & Medical Center
EMERGENCY FLOW SHEET RECORD
Name: HOFFMAN, JEANNE LEONIE Age: 93Y MR: U8170135 Acct: 1830020513

VITAL SIGNS	JTOR	JELA	TBOO	JELA	JELA
TIME	9/10/2018 22:25	9/10/2018 21:01	9/10/2018 20:31	9/10/2018 20:01	9/10/2018 19:18
BP	154/65	168/64	143/67	162/65	172/77 (Right Arm)
MAP					103
PULSE	62	63	62	62	
RESP	20	20		20	20
TEMP					36.2 (Oral)
PAIN					0
O2 SAT	98 on (ra)	−92− on (ra)	98 on (RA)	100 on (ra)	97 on (ra)
END−TIDAL CO2					

eED PulseCheck Complete - Dewees, MD, Jonathan 9/10/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 11:09:26 AM -04:00

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht: 54.60 Kg
MedRec: U8170135
AcctNum: 1830020513

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Patient Data

Complaint: AMS
Triage Time: Mon Sep 10, 2018 19:21
Urgency: 3−ESI III
Bed: ED 1−ED
Initial Vital Signs: 9/10/2018 19:18
BP:172/77 (Right Arm)
MAP:103
T:36.2 (Oral)
Pain:0

ED Attending: Dewees, MD, Jonathan
Primary RN: O Hair, RN, Emily

R:20
P:
O2 sat:97 on (ra)
End−Tidal CO2:

DIAGNOSIS (Tue Sep 11, 2018 00:11 JDEW)

FINAL: PRIMARY: syncope.

DOCTOR NOTES (Tue Sep 11, 2018 02:54 JDEW)

TEXT: This is a 93−year−old female who presents to the emergency department with a chief complaint of syncope. The patient arrives alert, oriented without focal neurologic deficits. EKG was ordered, reviewed there is no evidence of arrhythmia. The patient's left her lites are normal, there is no evidence of infection. I reviewed the labs independently, her pro−calcitonin is negative, making the abnormality seen on her chest x−ray more likely to be atelectasis. On reevaluation, the patient's vital signs are stable, her examination is unchanged. However, given the patient's age I believe it would be prudent for 23 our cardiac monitoring and observation in the hospital. This was discussed with Dr. Cella from inpatient team, she has accepted the patient for admission to telemetry under observation status. The patient is admitted in stable condition.

DATA REVIEWED: Lab data reviewed, Xray data reviewed, Reviewed EKG, Discussed with consultants.

DISPOSITION

PATIENT: Disposition Type: Observation, Disposition: Admit to Med/Tele, Condition: 2−GUARDED. (Tue Sep 11, 2018 00:11 JDEW)

Patient left the department. (Tue Sep 11, 2018 01:08 CFIG)

PRESCRIPTION

No recorded prescriptions

HPI SYNCOPE (20:56 JDEW)

CHIEF COMPLAINT: Patient presents for the evaluation of syncope. *HISTORIAN:* History obtained from patient, History obtained from EMS. *TIME COURSE:* Onset of symptoms reported as sudden, Onset was 1 hours prior to arrival, Symptoms are improved, Complaint is resolved. *QUALITY:* Loss of consciousness, Momentary, Restoration of usual mental status, immediate. *ASSOCIATED WITH:* Denies abdominal pain, Denies anorexia, Denies back pain, Denies bradycardia, Denies chest pain, Denies diaphoresis, Denies diarrhea, Denies focal weakness, Denies headache fall, Denies melena, Denies nausea, Denies recent surgery, Denies shortness of breath, Denies speech changes, Denies tachycardia, Denies vision changes, Denies vomiting, Denies weakness, All systems reviewed, negative except as described above. *EXACERBATED BY:* Patient's condition exacerbated by nothing. *NOTES:* Patient denies any complaints; syncopal episode at nursing home today. Denies any other complaints.

PAST MEDICAL HISTORY

MEDICAL HISTORY: 1. PVD
2. h/o DVT and venous insufficiency (on Coumadin).
3. Chronic LE ulcerations
4. peripheral neuropathy
5. RLE fractures. (19:28 JELA)

1. PVD
2. h/o DVT and venous insufficiency. (20:33 TBOO)

HOFFMAN, JEANNE LEONIE
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NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

SURGICAL HISTORY: Patient's previous surgical history is not relevant to the case. (19:28 JELA)
Patient's previous surgical history is not relevant to the case. (20:33 TBOO)
PSYCHIATRIC HISTORY: No previous psychiatric history. (19:28 JELA)
No previous psychiatric history. (20:33 TBOO)
SOCIAL HISTORY: Denies smoking, Denies consumption of alcohol, From Park Ridge. (19:28 JELA)
Denies smoking, Denies consumption of alcohol, Lives with son. (20:33 TBOO)
FAMILY HISTORY: Family history is not contributory to this case. (19:28 JELA)
Family history is not contributory to this case. (20:33 TBOO)

CURRENT MEDICATIONS (Tue Sep 11, 2018 00:25)

acetaminophen:
Patient Dose: 2 tablet oral every four hours.Entered brand: acetaminophen −− PRN: FEVER 325 mg,., by Interface.
acidophilus−pectin, citrus:
Patient Dose: 1 tablet oral twice a day.25 million cell−100 mg,., by Interface.
atorvastatin calcium 10 mg PO daily : by Interface.
enoxaparin:
Patient Dose: 40 mg SQ daily.40 mg/0.4 mL, , discontinue when PT/INR reach therapeutic level., by Interface.
losartan:
Patient Dose: Unknown.25 mg,., by Interface.
timolol maleate:
Patient Dose: 1 drop ophthalmic, both eye twice a day.Entered brand: timolol maleate −− 0.5 %,., by Interface.
warfarin:
Patient Dose: 1 tablet oral daily.Entered as: Coumadin 5 mg,., by Interface.

Patient Dose: 1 tablet oral QThursday and Sunday.Entered as: Coumadin 2.5 mg,., by Interface.

KNOWN ALLERGIES

adhesive tape: Reaction: Rash
aspirin: Reaction: Rash
nitrofurantoin: Reaction: CONFUSION, NAUSEA, ABD PAIN
Penicillins: Reaction: Rash
Sulfa (Sulfonamide Antibiotics): Reaction: Rash

ROS (20:57 JDEW)

CONSTITUTIONAL: Historian reports fatigue, No fever, No chills, No weakness.
EYES: No vision changes.
CARDIOVASCULAR: Historian reports syncope, No diaphoresis, No chest pain, No orthopnea, No edema.
RESPIRATORY: No Cough, No SOB, No wheezing.
GI: No anorexia, No abdominal pain, No nausea, No diarrhea, No vomiting, No melena.
GENITOURINARY FEMALE: No incontinence, No urinary urgency.
MUSCULOSKELETAL: No back pain.
SKIN: venous stasis LLE.
NEUROLOGIC: No dizziness, No headache, No recent seizures, No focal weakness, No speech changes.
NOTES: All systems were reviewed and are negative except as described above.

VITAL SIGNS

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht: 54.60 Kg
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NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

VITAL SIGNS: BP: 172/77 (Right Arm), MAP: 103, Resp: 20, Temp: 36.2 (Oral), Pain: 0, O2 sat: 97 on (ra), Time: 9/10/2018 19:18. (19:18 JELA)
BP: 168/64, Pulse: 63, Resp: 20, O2 sat: −92− on (ra), Time: 9/10/2018 21:01. (21:01 JELA)
BP: 162/65, Pulse: 62, Resp: 20, O2 sat: 100 on (ra), Time: 9/10/2018 20:01. (20:01 JELA)
BP: 143/67, Pulse: 62, O2 sat: 98 on (RA), Time: 9/10/2018 20:31. (20:31 TBOO)
BP: 154/65, Pulse: 62, Resp: 20, O2 sat: 98 on (ra), Time: 9/10/2018 22:25. (22:25 JTOR)

PHYSICAL EXAM (20:58 JDEW)

CONSTITUTIONAL: Vital signs reviewed, Patient is afebrile, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, There is no acute distress.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.
ENT: Dry mucous membranes.
NECK: Normal ROM, No jugular venous distention, No meningeal signs.
RESPIRATORY CHEST: Chest is nontender, Breath sounds normal, No respiratory distress.
CARDIOVASCULAR: Normal Rate/Rhythm, No murmurs, Normal S1 S2, No rub, No gallop.
ABDOMEN: Abdomen is nontender, No masses, No distension, No peritoneal signs, No hernias, No organomegaly.
BACK: There is no CVA Tenderness, There is no tenderness to palpation, Normal inspection.
UPPER EXTREMITY: Inspection normal, No cyanosis, No clubbing, No edema, Normal range of motion, Normal pulses.
LOWER EXTREMITY: No cyanosis, No clubbing, No edema, Normal range of motion, No calf tenderness, left medial malleolus superficial ulcer; chronic erythema. Nontender. Normal ROM.
NEURO: No focal motor deficits, No focal sensory deficits, No cerebellar deficits, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color, Skin exam normal except as noted.
PSYCHIATRIC: Oriented X 3.

EKG INTERPRETATION (21:00 JDEW)

12 LEAD EKG INTERPRETATION: 12 lead EKG interpreted by ED Physician, At: 2100, Compared with previous EKG, from 7/2018, Rate 66, beats per minute, RATE is, normal, Rhythm is, Normal Sinus, AXIS is, normal, INTERVAL, conduction is normal, BLOCKS, RBBB (Complete), No acute ST changes, Non−Specific EKG, Questionable decreased anterior t−wave amplitude without inverions, no other changes from prior EKG.

ORDERS

Accu−check: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: Elamparo, RN, Jaclyn − Mon Sep 10, 2018 19:26. (19:24 JELA)
Alcohol (Ethyl): Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 20:06. (19:24 JELA)
CBC, Diff/Smear Evaluation: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 19:47. (19:24 JELA)
Comprehensive Metabolic Panel: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 20:06. (19:24 JELA)
EKG: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Active
Reason: AMS. (19:24 JELA)

IV Access/Saline Lock: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: Elamparo, RN, Jaclyn − Mon Sep 10, 2018 21:20. (19:24 JELA)
NIO Altered Mental State: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: Elamparo, RN, Jaclyn − Mon Sep 10, 2018 19:26. (19:24 JELA)
NPO: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: Elamparo, RN, Jaclyn − Mon Sep 10, 2018 19:26. (19:24 JELA)
O2 Sat Monitor: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: Elamparo, RN, Jaclyn − Mon Sep 10, 2018 19:26. (19:24 JELA)
Standard Drug Screen, URN: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 21:51. (19:24 JELA)
Urinalysis with Reflex Culture: Ordered by: Elamparo, RN, Jaclyn
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 21:48. (19:24 JELA)
Glucose: Ordered by: System
Ordered for: Other
Status: Active. (19:27 JTHU)
1st Extra Blue Top (Hold Coag): Ordered by: Omura, MD, Travis
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 19:43. (19:43 TOMU)
Lab Add On Order: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Done by: System − Mon Sep 10, 2018 20:57. (20:50 JDEW)
Lab Add On Order: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Done by: System − Mon Sep 10, 2018 20:58. (20:51 JDEW)
B_Type Natriuretic Peptide: Ordered by: Omura, MD, Travis
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 21:35. (20:56 TOMU)
CHEST 2 VIEWS: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Active
Reason: syncope. (20:56 JDEW)
CT HEAD WITHOUT IV CONTRAST: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Active
Reason: Syncope. (20:56 JDEW)
Troponin_I: Ordered by: Omura, MD, Travis
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 21:14. (20:56 TOMU)
Lab Add On Order: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Done by: System − Mon Sep 10, 2018 21:11. (20:58 JDEW)
Insert Straight Cath: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Canceled by: Elamparo, RN, Jaclyn − Mon Sep 10, 2018 21:20
Reason for Cancel: pt able to void. (21:00 JDEW)
Prothrombin Time: Ordered by: Omura, MD, Travis
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 21:22. (21:10 TOMU)

Lab Add On Order: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Done by: System − Mon Sep 10, 2018 22:23. (22:15 JDEW)
Procalcitonin: Ordered by: Omura, MD, Travis
Ordered for: Omura, MD, Travis
Status: Done by: System − Mon Sep 10, 2018 22:51. (22:20 TOMU)
Page / Call MD >>: Ordered by: Dewees, MD, Jonathan
Ordered for: Dewees, MD, Jonathan
Status: Done by: Parker, Sara − Mon Sep 10, 2018 22:44. (22:40 JDEW)

RESULTS
RADIOLOGY: CT HEAD WITHOUT IV CONTRAST Mon Sep 10, 2018 21:29,

Exam Performed at: Northwest Hospital
EXAMINATION:
CT of the head without contrast

CLINICAL INFORMATION:
Syncope.

COMPARISON STUDY:
3/29/2018

TECHNIQUE:
Images were obtained helically through the head without intravenous contrast. Multiplanar reconstruction was performed. Radiation dose reduction techniques were utilized including automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique.

FINDINGS:
The ventricles and sulci are within normal limits. There is no evidence of acute intracranial hemorrhage mass or midline shift. Incidental note is made of focal areas of calcification in the periventricular white matter tracts posterior to the left ventral horn and right basal ganglia. Smaby associated with cavernous hemangioma and these findings are entirely stable from comparison examination. No acute or prior major segment stroke is seen. No extra−axial mass or fluid collection is present.

The orbits are clear. The visualized paranasal and mastoid sinuses are clear. No acute bony abnormality is seen.

IMPRESSION:
1. No evidence of acute intracranial event. Stable exam.

Dictated and Verified by: Michael A Degroot MD, Via Radiology 9/10/2018 21:47

. (21:47)
CHEST 2 VIEWS Mon Sep 10, 2018 21:07,

Exam Performed at: Northwest Hospital

EXAMINATION:
Two−view chest

CLINICAL INFORMATION:
Altered mental status

COMPARISON STUDY:
None

FINDINGS:
The cardiac and mediastinal silhouettes are within normal limits. Focal airspace opacification is identified in the posterior segment of the right upper lobe and may be consistent with cysts subsegmental atelectasis versus pneumonia. A small spiculated area of opacification is seen in the right upper lobe and may be associated with solitary pulmonary nodule. Lung volumes are mildly decreased. No pleural effusion or pneumothorax identified. No acute bony abnormalities are identified.

IMPRESSION:
1. Right lower lobe airspace opacification consistent with atelectasis versus pneumonia.
2. Suspected right upper lobe solitary pulmonary nodule. Recommend comparison to prior examinations if available, otherwise further evaluation with contrast−enhanced CT of the chest recommended.

Dictated and Verified by: Michael A Degroot MD, Via Radiology 9/10/2018 22:10

. (22:10)

EMS REPORT: Mon Sep 10, 2018 18:19,
:: −−−−−−−−−−−−−−−−−−−−−−EMS Care Summary−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−− ::
Shoreline Fire Department
Incident 2018−00007122 @ 09/10/2018 18:15
:: −−−−−−−−−−−−−−−−−−−−−−Incident Location−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−− ::
1250 Ne 145th St
512
Shoreline, WA 98155
::
−−−−−−−−−−−−−−−−−−−−−−Patient−−−−−−−−−−−−−−−−−−−

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht: 54.60 Kg
MedRec: U8170135
AcctNum: 1830020513

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Allergies---------- ::
Penicillin allergy,Sulfa,
:: ----------Patient
Medications---------- ::
Acetaminophen, Coumadin, Potassium,
:: ----------Chief
Complaint---------- ::
general weakness with dloc
::
----------Disposition----------
--- ::
Transported No Lights/Siren
:: ----------Transported
To---------- ::
Northwest Hospital
::
----------Narrative----------
---- ::
93 YOF sth syncopal episode around 1800. Care staff at Nursing home state she was walking outside her room when she started to collapse. Staff caught her and returned her to her room. Afterwards they state she was DLOC and concerned of TIA due to her being on coumadin. Pt had no complaints.
pMHx − see list, meds − see list, allergies − see list.
A65 to find pt lying in bed A&Ox4 (PPTE) speaking in near full sentences. skin p/w/d. Pt appeared to be tired but able to answer questions.
HEENT − no c/o pupils MER 3mm
CHEST − rales right lung, mid
ABD − c/o diarrhea for past few days
EXTREM − general weakness
weakness poss from recent virus or bad food
P.E., vitals, temp check, pulse ox check, BGL check. transferred pt from bed to gurney. A65 tx pt to NWER. Pt did well en route. Pt care tx to ER Nurse without issues.
:: ----------Initial
Vitals---------- ::
@18:23P: 84,R: 14,BP: 168/80,Pain: 0/10,GCS: 15,Temp: 98.3F,Glucose: 159,Revised Trauma: 12,
@18:47P: 80,R: 16,BP: 152/80,Pain: 0/10,GCS: 15,SpO2: 98,Revised Trauma: 12,
::
----------Assessments----------
---- ::
@18:24MENTAL:No Abnormalities,SKIN:No Abnormalities,HEENT:Head/Face: No Abnormalities,Eyes: No Abnormalities,Neck/Airway: No Abnormalities,LUNG SOUNDS:General: Diarrhea,Left Upper: No Abnormalities,Right Upper: No Abnormalities,Left Lower: No Abnormalities,Right Lower: No Abnormalities,ABDOMEN:General: Diarrhea,Left Upper: No Abnormalities,Right Upper: No Abnormalities,Left Lower: No Abnormalities,Right Lower: No Abnormalities,PELVIS/GU/GI:EXTREMITIES:PULSE:NEURO:No Abnormalities,
::
----------Impression----------
---- ::
Generalized Weakness
::
----------Timeline----------

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
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NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

−−−− ::
18:14,Call Received
18:14,Dispatch Notified
18:15,Dispatched
18:16,En Route
18:19,On Scene
18:21,At Patient
18:23,BP: 168/80 M,PULSE: 84,RR: 14 R,SPO2: Ox,ETCO2: ,BG: 159,PAIN: 0,GCS: 15,
18:41,Depart Scene
18:47,BP: 152/80 M,PULSE: 80,RR: 16 R,SPO2: 98 Ox,ETCO2: ,BG: ,PAIN: 0,GCS: 15,
18:52,At Destination
19:20,Transfer Patient
19:28,Call Closed
::
−−−−−−−−−−−−−−−−−−−−Disclaimer−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−−
−−−− ::
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This EMS Care Summary contains data elements from the applicable legal record (which may be displayed differently). It is designed to provide pertinent information for the following purposes: continuity of care, clinical quality, and state data reporting. The complete legal record is available to ED staff and administrators of the receiving hospital in ESOs Patient Tracker. All data is provided "as is."

. (19:30)

(22:40 JDEW)

Measurement	Result	Units	Range
Lab Add On Order, Non−Micro Collection DT: Mon Sep 10, 2018 22:22			
Lab Test Requested	See comment below		
PROCNW			
Specimen Type/Description	See comment below		
Blood			
Sample To Use	See comment below		
Information not provided			
Test Request Status	See comment below		
Order Processed			

(22:40 JDEW)

Measurement	Result	Units	Range
Standard Drug Screen, URN Collection DT: Mon Sep 10, 2018 21:48			
Amphet/Methamphetamine Qual,UR	See comment below		NRN
Negative			
Barbiturate Qual, URN	See comment below		NRN
Negative			
Benzodiazepines Qual, URN	See comment below		NRN
Negative			
Cocaine Qual, URN	See comment below		NRN
Negative			
Alcohol (Ethyl), URN	See comment below	mg/dL	NRN
Negative			
Alcohol (Ethyl), URN	See comment below	mg/dL	NRN
Quantitative testing for ethanol is by enzymatic			
Alcohol (Ethyl), URN	See comment below	mg/dL	NRN
method.			
Alcohol (Ethyl), URN	See comment below	mg/dL	NRN
Ethanol cutoff limit: 10 mg/dL			

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NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Methadone Qual, URN	See comment below		NRN
Negative			
Opiates Qual, URN	**See comment below**		**NRN**
Positive − A			
Phencyclidine Qual, URN	See comment below		NRN
Negative			
Cannabinoids Qual, URN	See comment below		NRN
Negative			
Tricyclic Antidepressants, URN	See comment below		NRN
Negative			
Acetaminophen Qualitative, URN	**See comment below**		**NRN**
Positive − A			
Drug Screen Test Info, URN	See comment below		
These results are presumptive and have not been			
Drug Screen Test Info, URN	See comment below		
confirmed as positive by an alternate method.			
Drug Screen Test Info, URN	See comment below		
Drug Screen Test Info, URN	See comment below		
Results are for medical management only, and should not			
Drug Screen Test Info, URN	See comment below		
be used for legal purposes nor for workplace or			
Drug Screen Test Info, URN	See comment below		
pre−employment testing.			
Drug Screen Test Info, URN	See comment below		
Drug Screen Test Info, URN	See comment below		
Qualitative immunochemical testing for amphetamines,			
Drug Screen Test Info, URN	See comment below		
barbiturates, benzodiazepines, cocaine metabolites,			
Drug Screen Test Info, URN	See comment below		
methadone, opiates, phencyclidine (PCP), cannabinoids,			
Drug Screen Test Info, URN	See comment below		
and tricyclic antidepressants.			
Drug Screen Test Info, URN	See comment below		
Positive results indicate immunoreactivity greater than			
Drug Screen Test Info, URN	See comment below		
or equal to these calibrators: d−methamphetamine 500			
Drug Screen Test Info, URN	See comment below		
ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL,			
Drug Screen Test Info, URN	See comment below		
benzoylecgonine 150 ng/mL, methadone 150 ng/mL,			
Drug Screen Test Info, URN	See comment below		
morphine 300 ng/mL, phencyclidine 25 ng/mL,			
Drug Screen Test Info, URN	See comment below		
nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline			
Drug Screen Test Info, URN	See comment below		
1000 ng/mL and acetaminophen 5 mcg/mL.			
Drug Screen Test Info, URN	See comment below		
Drug Screen Test Info, URN	See comment below		
Quantitative testing for ethanol is by an enzymatic			
Drug Screen Test Info, URN	See comment below		
method. Results less than 10 mg/dL are reported as			
Drug Screen Test Info, URN	See comment below		
negative.			
Drug Screen Test Info, URN	See comment below		
Drug Screen Test Info, URN	See comment below		
This test was developed and its performance			
Drug Screen Test Info, URN	See comment below		
characteristics determined by the University of			
Drug Screen Test Info, URN	See comment below		

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Washington Department of Laboratory Medicine in a			
Drug Screen Test Info, URN	See comment below		
manner consistent with CLIA requirements. This test			
Drug Screen Test Info, URN	See comment below		
has not been cleared or approved by the U.S. FDA.			

(22:40 JDEW)

Measurement	Result	Units	Range
UA Microscopic w/Reflex Culture Collection DT: Mon Sep 10, 2018 21:48			
Color, URN	See comment below		
Yellow			
Clarity, URN	See comment below		
Clear			
Specific Gravity, URN	**<1.006 − L**	**g/mL**	**1.006−1.029**
pH, URN	5.5		5.0−8.0
Protein (Alb _ Semi_Quant),URN	See comment below	mg/dL	NRN
Negative			
Glucose Qual, URN	See comment below	mg/dL	NRN
Negative			
Ketones, URN	See comment below	mg/dL	NRN
Negative			
Bilirubin Qual, URN	See comment below		NRN
Negative			
Occult Blood, URN	See comment below		NRN
Negative			
Nitrite, URN	See comment below		NRN
Negative			
Leukocyte Esterase, URN	See comment below		NRN
Negative			
Urobilinogen, URN	See comment below	EHRLICH UNITS	URONML
0.1−1.9			
Comments for Macroscopic, URN	See comment below		
None			
Collection Method	See comment below		
Urine			
WBC, URN	See comment below	/HPF	Z5NEG
0−5(NEG)			
RBC, URN	See comment below	/HPF	Z2NEG
0−2(NEG)			
Bacteria, URN	See comment below		NOSEEN
Not Seen			
Epith Cells_Squamous, URN	**See comment below**	**/LPF**	**LT6**
>5(PRESENT) − A			
Epith Cells_Renal/Trans,URN	See comment below	/HPF	LESS3
<3(NEG)			
Comments for Microscopic, URN	See comment below		NONE
None			
1st Extra Urine Gray Top	See comment below		
Additional collection tube			

(22:40 JDEW)

Measurement	Result	Units	Range
B_Type Natriuretic Peptide Collection DT: Mon Sep 10, 2018 19:42			
B_Type Natriuretic Peptide	84	pg/mL	<101

(22:40 JDEW)

Measurement	Result	Units	Range
Prothrombin Time (NWH) Collection DT: Mon Sep 10, 2018 19:42			
Prothrombin Time Patient (NWH)	**17.4 − H**	**s**	**8.9−12.1**

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht: 54.60 Kg
MedRec: U8170135
AcctNum: 1830020513

Prothrombin INR	**1.9 − H**		**0.8−1.3**

(22:40 JDEW)

Measurement	Result	Units	Range
Troponin_I Collection DT: Mon Sep 10, 2018 19:42			
Troponin_I	<0.03	ng/mL	<0.04
Troponin_I	See comment below	ng/mL	<0.04
A value of 0.04 ng/mL is the 99th percentile for a			
Troponin_I	See comment below	ng/mL	<0.04
healthy population. Consensus guide lines for			
Troponin_I	See comment below	ng/mL	<0.04
interpreting troponin results slightly above the 99th			
Troponin_I	See comment below	ng/mL	<0.04
percentile are available at JACC 2012, 60:2427−63. For			
Troponin_I	See comment below	ng/mL	<0.04
additional information see			
Troponin_I	See comment below	ng/mL	<0.04
http://tests.labmed.washington.edu/TROPIG			
Troponin_I Interpretation	See comment below		
Normal			

(22:40 JDEW)

Measurement	Result	Units	Range
Lab Add On Order, Non−Micro Collection DT: Mon Sep 10, 2018 21:10			
Lab Test Requested	See comment below		
PRONW			
Specimen Type/Description	See comment below		
Blood			
Sample To Use	See comment below		
Information not provided			
Test Request Status	See comment below		
Order Processed			

(22:40 JDEW)

Measurement	Result	Units	Range
Lab Add On Order, Non−Micro Collection DT: Mon Sep 10, 2018 20:57			
Lab Test Requested	See comment below		
TROPIG			
Specimen Type/Description	See comment below		
Blood			
Sample To Use	See comment below		
MOST RECENT			
Test Request Status	See comment below		
Order Processed			

(22:40 JDEW)

Measurement	Result	Units	Range
Lab Add On Order, Non−Micro Collection DT: Mon Sep 10, 2018 20:56			
Lab Test Requested	See comment below		
BNAP			
Specimen Type/Description	See comment below		
Blood			
Sample To Use	See comment below		
MOST RECENT			
Test Request Status	See comment below		
Order Processed			

(22:40 JDEW)

Measurement	Result	Units	Range

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Alcohol (Ethyl) Collection DT: Mon Sep 10, 2018 19:42			
Alcohol (Ethyl)	See comment below	mg/dL	NRN
Negative			

(22:40 JDEW)

Measurement	Result	Units	Range
Comprehensive Metabolic Panel Collection DT: Mon Sep 10, 2018 19:42			
Sodium	135	mEq/L	135−145
Potassium	4.1	mEq/L	3.6−5.2
Chloride	102	mEq/L	98−108
Carbon Dioxide, Total	26	mEq/L	22−32
Anion Gap	7		4−12
Glucose	**131 − H**	**mg/dL**	**62−125**
Urea Nitrogen	**26 − H**	**mg/dL**	**8−21**
Creatinine	0.91	mg/dL	0.38−1.02
Protein (Total)	7.0	g/dL	6.0−8.2
Albumin	3.6	g/dL	3.5−5.2
Bilirubin (Total)	0.3	mg/dL	0.2−1.3
Calcium	8.9	mg/dL	8.9−10.2
AST (GOT)	14	U/L	9−38
Alkaline Phosphatase (Total)	66	U/L	49−199
ALT (GPT)	9	U/L	7−33
eGFR, Calc, European American	**58 − L**	**mL/min/1.73_m2**	**>59**
eGFR, Calc, African American	>60	mL/min/1.73_m2	>59
eGFR, Information	See comment below		
Calculated GFR in mL/min/1.73 m2 by MDRD equation.			
eGFR, Information	See comment below		
Inaccurate with changing renal function. See			
eGFR, Information	See comment below		
eGFR, Information	See comment below		
http://depts.washington.edu/labweb/test/bclim/cGFR.html			

(22:40 JDEW)

Measurement	Result	Units	Range
CBC, Diff/Smear Evaluation Collection DT: Mon Sep 10, 2018 19:42			
WBC	6.24	THOU/uL	4.3−10.0
RBC	**3.69 − L**	**mil/uL**	**3.80−5.00**
Hemoglobin	**10.1 − L**	**g/dL**	**11.5−15.5**
Hematocrit	**32 − L**	**%**	**36−45**
MCV	87	fL	81−98
MCH	27.4	pg	27.3−33.6
MCHC	**31.5 − L**	**g/dL**	**32.2−36.5**
Platelet Count	289	THOU/uL	150−400
RDW−CV	14.0	%	11.6−14.4
% Neutrophils	58	%	
% Lymphocytes	26	%	
% Monocytes	11	%	
% Eosinophils	3	%	
% Basophils	1	%	
% Immature Granulocytes	1	%	
Neutrophils	3.66	THOU/uL	1.80−7.00
Lymphocytes	1.65	THOU/uL	1.00−4.80
Monocytes	0.67	THOU/uL	0.00−0.80
Eosinophils	0.19	THOU/uL	0.00−0.50
Basophils	0.04	THOU/uL	0.00−0.20
Immature Granulocytes	0.03	THOU/uL	0.00−0.05
Nucleated RBC	0.00	THOU/uL	0.00
% Nucleated RBC	0	%	

(22:40 JDEW)

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Measurement	Result	Units	Range
1st Extra Orange Top Collection DT: Mon Sep 10, 2018 19:42			
1st Extra Orange Top	See comment below		
Additional collection tube			

(22:40 JDEW)

Measurement	Result	Units	Range
1st Extra Blue Top Collection DT: Mon Sep 10, 2018 19:42			
1st Extra Blue Top	See comment below		
Additional collection tube			

(22:40 JDEW)

Measurement	Result	Units	Range
Glucose, Finger Stick POC Collection DT: Mon Sep 10, 2018 19:32			
Glucose, Finger Stick POC	**131 − H**	**mg/dL**	**62−125**
Glucose, Finger Stick POC	**See comment below**	**mg/dL**	**62−125**
Fingerstick − H			

(Tue Sep 11, 2018 00:00 JDEW)

Measurement	Result	Units	Range
Procalcitonin (NWH) Collection DT: Mon Sep 10, 2018 19:42			
Procalcitonin	<0.05	ng/mL	0−0.49
Procalcitonin Comment	See comment below		
Sepsis diagnosis in adults:			
Procalcitonin Comment	See comment below		
PCT <0.5 ng/mL Low risk for progression to severe			
Procalcitonin Comment	See comment below		
systemic bacterial infection. Repeat level in 6−24			
Procalcitonin Comment	See comment below		
hours if infection is strongly suspected.			
Procalcitonin Comment	See comment below		
PCT >=0.5 and <2.0 ng/mL Moderate risk for			
Procalcitonin Comment	See comment below		
progression to severe sepsis.			
Procalcitonin Comment	See comment below		
PCT >=2 and <10 ng/mL High risk for progression to			
Procalcitonin Comment	See comment below		
severe sepsis.			
Procalcitonin Comment	See comment below		
PCT >=10 ng/mL High likelihood of severe sepsis or			
Procalcitonin Comment	See comment below		
septic shock.			
Procalcitonin Comment	See comment below		
Procalcitonin Comment	See comment below		
PCT concentrations <0.5 ng/mL do not exclude an			
Procalcitonin Comment	See comment below		
infection, on account of localized infections (without			
Procalcitonin Comment	See comment below		
systemic signs) which can be associated with such low			
Procalcitonin Comment	See comment below		
concentrations, or a systemic infection in its initial			
Procalcitonin Comment	See comment below		
stages (<6 hours).			
Procalcitonin Comment	See comment below		
Furthermore, increased PCT can occur without infection.			
Procalcitonin Comment	See comment below		
PCT concentrations between 0.5 and 2.0 ng/mL should be			
Procalcitonin Comment	See comment below		
interpreted taking into account the patients history.			
Procalcitonin Comment	See comment below		

It is recommended to retest PCT within 6−24 hours if			
Procalcitonin Comment	See comment below		
any concentrations of <2 ng/mL are obtained.			

MEDICATION ADMINISTRATION SUMMARY

Drug Name	Dose Ordered	Route	Status	Time
sodium chloride 0.9 % intravenous	1000 mL	IV Bolus	Given	21:15 9/10/2018

Detailed record available in Medication Service section.

MEDICATION SERVICE

sodium chloride 0.9 % intravenous: Order: sodium chloride 0.9 % intravenous (0.9 % sodium chloride) − **Dose:** 1000 mL : IV Bolus
Ordered by: Jonathan Dewees, MD
Entered by: Jonathan Dewees, MD Mon Sep 10, 2018 21:00 ,
Acknowledged by: Booze, RN Thomas Mon Sep 10, 2018 21:03
Documented as given by: Thomas Booze, RN Mon Sep 10, 2018 21:15
Patient, Medication, Dose, Route, Schedule verified prior to administration., Amount given: 1 L, IV SITE #1 IV fluids established for hydration, IV SITE #1 into right forearm, IV SITE #1 1st bag hung, amount 1 Liter hung, IV SITE #1 bolus of 1000 ml established, IV SITE #1 Rate of bolus, wide open, via gravity tubing, via pump tubing, Connections checked prior to administration, Line traced prior to administration, Catheter placement confirmed via flush prior to administration, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side−effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Call light in reach.

: Follow Up : Response assessment performed, No signs or symptoms of allergic reaction noted, _IV SITE #1:_, IV fluid infusion discontinued, on Mon Sep 10, 2018 23:00, Total fluid hydration time IV site 1 1 hour, 45 minutes, . (23:00 EOHA)

AMBULANCE (19:13 MBEC)

NOTES: Age 93, female, parkridge rehab, 1600 possible syncopal episode, then DLOC, per EMS tired but alert and oriented with no complaints, staff state patient is not acting right, right lung sounds − rales, BG 159, BP: 168, / 80, HR: 84.

AMBULANCE: Ambulance: Mon Sep 10, 2018 19:13, Comment: A65.

TRIAGE (Mon Sep 10, 2018 19:21 JELA)

PATIENT: AGE: 93, GENDER: female, DOB: Tue Jan 06, 1925, TIME OF GREET: Mon Sep 10, 2018 18:55, PREFERRED LANGUAGE: ENGLISH, Zip Code: 98133, KG WEIGHT: 54.6, PHONE: (360)649−5702, MEDICAL RECORD NUMBER: U8170135, ACCOUNT NUMBER: 1830020513, PCP: NEIGHBOR JR, WILLIAM. (Mon Sep 10, 2018 19:21 JELA)
NAME: HOFFMAN, JEANNE LEONIE. (20:43)

COMPLAINT: AMS. (Mon Sep 10, 2018 19:21 JELA)

ADMISSION: URGENCY: 3−ESI III, ADMISSION SOURCE: NURSING HOME/SNF, TRANSPORT: Seattle Fire − BLS, BED: MEDREC. (Mon Sep 10, 2018 19:21 JELA)

TRAVEL SCREENING: Patient has not traveled outside U.S. (20:33 TBOO)

PROVIDERS: TRIAGE NURSE: Jaclyn Elamparo, RN. (Mon Sep 10, 2018 19:21 JELA)

TRIAGE NOTES: Brought by ambulance, patient passed out while walking with FWW but caught by staff. Pt more fatigued/lethargic but responsive enroute. Pt awake & alert on arrival. Pt reports diarrhea in the last couple days. Pt from park ridge. (Mon Sep 10, 2018 19:21 JELA)

DOMESTIC VIOLENCE: Does anyone hurt you or threaten to hurt you? NO, Has anyone tried to keep you from seeing your family, going to school or doing other things that are important to you? NO, Have you ever been forced by someone to have sex when you did not want to? NO.
(19:28 JELA)

Does anyone hurt you or threaten to hurt you? NO, Has anyone tried to keep you from seeing your family, going to school or doing other things that are important to you? NO, Have you ever been forced by someone to have sex when you did not want to? NO. (20:33 TBOO)

SUICIDE ASSESSMENT: In the last 2 weeks, have you had any thoughts that you don't want to live any more? NO, In the last 2 weeks, have you had thoughts of hurting yourself in any way? NO, Do you have a plan to commit suicide? NO, Are you suicidal now? NO. (19:29 JELA)

In the last 2 weeks, have you had any thoughts that you don't want to live any more? NO, In the last 2 weeks, have you had thoughts of hurting yourself in any way? NO, Do you have a plan to commit suicide? NO, Are you suicidal now? NO. (20:33 TBOO)

VITAL SIGNS: BP: 172/77 (Right Arm,), MAP: 103, Resp: 20, Temp: 36.2 (Oral), Pain: 0, O2 sat: 97 on (ra), Time: 9/10/2018 19:18. (19:18 JELA)

PREVIOUS VISIT ALLERGIES: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics). (Mon Sep 10, 2018 19:21 JELA)

adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics). (20:33 TBOO)

EVENTS

TRANSFER: Triage to Emergency Home Med List. (Mon Sep 10, 2018 19:21 JELA)
Emergency Home Med List to Team One 02. (19:22 SBUR)
Emergency Team One 02 to C. (21:21 JELA)
Removed from Emergency Team One C. (Tue Sep 11, 2018 01:08 CFIG)

ADMISSION REQUEST

ENTRY: Disposition Type: Observation
Disposition: Admit to Med/Tele
Condition: 2−GUARDED
Admitting Doctor: Cella, Julie
PCP Doctor: NEIGHBOR JR, WILLIAM
Special Needs: No
View Bed: Fall Risk
Isolation: None
PRIMARY: syncope. (Tue Sep 11, 2018 00:11 JDEW)

UPDATE: Additional Comments: FUF CREATED JJ. (Tue Sep 11, 2018 00:13 JJU)
Admitting Doctor: CELLA, JULIE
Attending Doctor: CELLA, JULIE
Admit Room: ED
Admit Area: ED. (Tue Sep 11, 2018 00:25 SPAR)
Admit Area: 4. (Tue Sep 11, 2018 00:27 VBAN)
Admit Room: 444
Admit Area: 4S
Bed Status: Bed Ready. (Tue Sep 11, 2018 00:28 VBAN)

NURSING ASSESSMENT: HEAD−TO−TOE (19:40 JELA)

CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area, History obtained from patient, Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, via EMS, lifted to cart.

NEURO: GCS eye opening is 4, verbal response is 5, motor response is 6, total GCS is15, Pupils PERRL, Motor strength to all extremities are strong and equal, Patient denies paresthesias, No facial droop noted, Patient denies headache, Patient denies nausea, Patient denies vomiting, Patient's speech is clear and understandable, Pt reports "I'm just really tired and have no energy".

RESPIRATORY/CHEST: Breath sounds clear bilaterally, Equal chest expansion, No complaint of pain, No acute respiratory distress, No intercostal retractions, No supraclavicular retractions, No nasal flaring, No jugular vein distension, No orthopnea, Non productive cough, Pt reports coughing out blood at home.

CARDIOVASCULAR: Patient denies chest pain, Normal sinus rhythm on monitor, No extremity edema noted, Positive peripheral pulses bilaterally, Left radial pulse normal, Right radial pulse normal.
LEFT LOWER EXTREMITY: Dressing to left shin for venous stasis ulcer, c/d/i.

NURSING PROCEDURE: BEDSIDE TESTING (19:27 JTHU)
GLUCOSE: Patient's identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Indications for test: mental status changes, Procedure was performed at 1921, Blood, is capillary, Accucheck results(Normal Range 70−105 mg/dl): 131, Patient tolerated procedure well.

NURSING PROCEDURE: IV (20:30 TBOO)
SITE 1: Patient's identity verified by, patient stating name, patient stating birth date, Indications for procedure: fluid replacement, Procedure performed at 1955, IV established for hydration, 20 gauge catheter inserted, into right forearm, in 1 attempt, Saline lock established, flushed with normal saline, amount 10, ml, After procedure, no swelling noted at site, After procedure, no drainage noted at site, After procedure, no redness, IV line connections checked and properly labeled, IV secured by, 2x3 ensure dressing applied.

IMAGING (19:29 SPAR)
ECG − PRELIM: Image captured from scanner.

ADMIN
DIGITAL SIGNATURE: Thurman, MA, Justin. (19:27 JTHU)
Torrijos, MA−C, Jennifer. (22:26 JTOR)
Dewees, MD, Jonathan. (Tue Sep 11, 2018 02:56 JDEW)
Omura, MD, Travis. (Tue Sep 11, 2018 12:59 TOMU)
MERGE: Ambulance Mon Sep 10, 2018 19:13. (19:22 SBUR)
PATIENT DATA CHANGE: Primary Nurse changed from (none) to Jaclyn Elamparo, RN. (19:26 JELA)
Primary Nurse changed from Jaclyn Elamparo, RN to Thomas Booze, RN. (20:02 TBOO)
Extender changed from (none) to Jennifer Torrijos, MA−C. (20:29 JTOR)
Extender changed from Jennifer Torrijos, MA−C to Ashley Morrison, MA. (20:29 AMO1)
Race: (none). (20:33 TBOO)
A08 116603770 by Interface, Name: HOFFMAN, JEANNE LEONIE, Payment: Medicare. (20:43)
Attending changed from (none) to Jonathan Dewees, MD. (20:49 JDEW)
Primary Nurse changed from Thomas Booze, RN to Emily O Hair, RN. (Tue Sep 11, 2018 00:01 EOHA)
Admitting Doctor: Cella, Julie. (Tue Sep 11, 2018 00:11 JDEW)
A02 116612183 by Interface, Inpatient Area: ED. (Tue Sep 11, 2018 00:13)
A08 116612184 by Interface, Admitting Doctor: CELLA, JULIE, Attending Doctor: CELLA, JULIE. (Tue Sep 11, 2018 00:13)
Admit Room: ED. (Tue Sep 11, 2018 00:25 SPAR)
Admit Area: 4. (Tue Sep 11, 2018 00:27 VBAN)
Admit Room: 444, Admit Area: 4S. (Tue Sep 11, 2018 00:28 VBAN)

Key:
AMO1=Morrison, MA, Ashley CFIG=Figley, RN, Calvin EOHA=O Hair, RN, Emily JDEW=Dewees, MD, Jonathan JELA=Elamparo, RN, Jaclyn JJU=Julius , REG, Jennifer JTHU=Thurman, MA, Justin JTOR=Torrijos, MA−C, Jennifer MBEC=Bechtold, RN, Melanie SBUR=Burden, RN, Sean SPAR=Parker, Sara TBOO=Booze, RN, Thomas TOMU=Omura, MD, Travis VBAN=Banel, Victor

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 09/10/2018 21:29
Accession #: 8592712 **Pt Type:** E
Account #: 1830020513
Pt. Location: 4S RM444 BD 1

CT Head WO Cont

Referring Provider:
Dewees, Jonathan William, MD
1550 N 115th St
Emergency Department A-150
Seattle, WA 98133

EXAMINATION:
CT of the head without contrast

CLINICAL INFORMATION:
Syncope.

COMPARISON STUDY:
3/29/2018

TECHNIQUE:
Images were obtained helically through the head without intravenous contrast. Multiplanar reconstruction was performed. Radiation dose reduction techniques were utilized including automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique.

FINDINGS:
The ventricles and sulci are within normal limits. There is no evidence of acute intracranial hemorrhage mass or midline shift. Incidental note is made of focal areas of calcification in the periventricular white matter tracts posterior to the left ventral horn and right basal ganglia. Smaby associated with cavernous hemangioma and these findings are entirely stable from comparison examination. No acute or prior major segment stroke is seen. No extra-axial mass or fluid collection is present.

The orbits are clear. The visualized paranasal and mastoid sinuses are clear. No acute bony abnormality is seen.

IMPRESSION:
1. No evidence of acute intracranial event. Stable exam.

Dictated and verified by: Michael A Degroot, MD Via Radiology 09/10/2018 21:47

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 09/10/2018 21:07
Accession #: 8592711 **Pt Type:** E
Account #: 1830020513
Pt. Location: 4S RM444 BD 1

XR Chest 2 Views

Referring Provider:
Dewees, Jonathan William, MD
1550 N 115th St
Emergency Department A-150
Seattle, WA 98133

EXAMINATION:
Two-view chest

CLINICAL INFORMATION:
Altered mental status

COMPARISON STUDY:
None

FINDINGS:
The cardiac and mediastinal silhouettes are within normal limits. Focal airspace opacification is identified in the posterior segment of the right upper lobe and may be consistent with cysts subsegmental atelectasis versus pneumonia. A small spiculated area of opacification is seen in the right upper lobe and may be associated with solitary pulmonary nodule. Lung volumes are mildly decreased. No pleural effusion or pneumothorax identified. No acute bony abnormalities are identified.

IMPRESSION:
1. Right lower lobe airspace opacification consistent with atelectasis versus pneumonia.
2. Suspected right upper lobe solitary pulmonary nodule. Recommend comparison to prior examinations if available, otherwise further evaluation with contrast-enhanced CT of the chest recommended.

Dictated and verified by: Michael A Degroot, MD Via Radiology 09/10/2018 22:10

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

Patient and Additional Contact Information (if any)

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

D NON-EMERGENCY MEDICAL TREATMENT PREFERENCES

ANTIBIOTICS:

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

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

- [ ] No medically assisted nutrition by tube.
- [ ] Trial period of medically assisted nutrition by tube. (Goal: _____)
- [x] Long-term medically assisted nutrition by tube.

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

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

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

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

Completing POLST

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

Using POLST

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

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

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

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

SECTIONS A AND B:

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

SECTION D:

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

Reviewing POLST

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

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

Review of this POLST Form

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

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

HOFFMAN, JEANNE L.
DR. CARDIM

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

OVER ►

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

Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial: Hoffman, Jeanne
Date of Birth: 1 6 25
Last 4 #SSN (optional): 4 7 3 6

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

Medical Conditions/Patient Goals:

Agency Info/Sticker

A Check One

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

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

B Check One

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

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

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

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

Discussed with:	PRINT — Physician/ARNP/PA-C Name	Phone Number
[x] Patient [ ] Parent of Minor [ ] Guardian with Health Care Authority [ ] Spouse/Other as authorized by RCW 7.70.065 [ ] Health Care Agent (DPOAHC)	Ibrahima Toure MD	206-744-5415
	X Physician/ARNP/PA-C Signature *(mandatory)*	Date *(mandatory)* 06/06/18
PRINT — Patient or Legal Surrogate Name: Jeanne Hoffman		Phone Number
X Patient or Legal Surrogate Signature *(mandatory)* Jeanne L Hoffman		Date *(mandatory)* 6/4/18

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

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 8/2017

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

WASHINGTON

WSMA | Washington State Medical Association
Physician Driven Patient Focused

Washington State Department of Health

HOFFMAN, JEANNE L.
DR. CARDIM

See back of form for non-emergency preferences ▶

RECORD OF ADMISSION

PARK RIDGE CARE CENTER

Name:	Orig Adm Dt:	Curr Adm Dt / Time:	# of Admits:	Client #	Health Record #
HOFFMAN, JEANNE L	06/04/2018	06/04/2018 02:12 PM	1	3322	4036

Address:	Gender:	Date of Birth:	Age:	Marital Status:	Race/Ethnicity:
282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110	Female	01/06/1925	93	Widowed	
Phone 1: (360) 649-5702 Phone 2:	Religion: Catholic			Citizenship: USA	
	Occupation: NANNY / SELF-EMP			Education: High school	

Pay Type:	Social Security #:	Medicare #:	Primary Language:	English Speaking Ability:
MEDICARE	531-26-4736	131149826D6	English	Excellent

Medicare PartA:	Medicare PartB:	Medicaid Eligible:	State:	Date:	Number:
Y 2/1/1982	Y 2/1/1982	Y	WA	6/4/2018	003181555

Medicare Part D Plan Name:	Medicare Part D Plan Number:	Medicare Part D Plan Effective Date:

Resident Representative:	Next of Kin:
HOFFMAN, JEANNE L. 282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110	LOUIS HOFFMAN 282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110
Home: (360) 649-5702 Office: Cell:	Relationship: Self	Home: Office: Cell: (360) 649-5702	Relationship: Son
Next of Kin:	Next of Kin:
Home: Office: Cell:	Relationship:	Home: Office: Cell:	Relationship:

Primary Physician: ISABELA LINS CARDIM 325 9TH AVE BOX 359755	Office: (206) 744-1891	Fax: (206) 744-9876	Pager: (206) 314-1504
Alternate Physician: IBRAHIMA ,ARNP TOURAY HARBORVIEW LTC SERVICE, 325 9TH AVE BOX 35975	Office: (206) 744-7195	Fax:	Pager:
Dentist:	Office:	Fax:	Other:
Podiatrist:	Office:	Fax:	Pager:
Mortuary: FUNERAL & CREMATION CARE 1400 112th AVE SE	Office: (800) 764-0895 BELLEVUE, WA 98004	Fax:	Other:
Pharmacy: MERCURY PHARMACY SERVICES, INC. 21718 66TH AVE WEST	Office: (425) 673-5200 MOUNTLAKE TERRACE, WA 98043	Fax: (425) 673-5230	Other:

Allergies: PENICILLIN, SULFA, ADHESIVE

Admitting/Subsequent Diagnoses: L03.116 - Cellulitis of left lower limb, I83.029 - Varicose veins of left lower extremity, I87.2 - Venous insufficiency (chronic) (periphe, I82.509 - Chronic embolism and thrombosis of unsp, R26.9 -

Optional Information: UW MRN: (U8170135) HOSP STAY: (NWH (5/31/18 - 6/4/18)) OTHER INS: (MEDICAID) MCD WA #: (100675002WA)

Discharge: **Discharge to:** **Reason:**

Discharge Diagnoses:

Name:	Current Location:	Health Record #:	Client #
HOFFMAN, JEANNE L	155112	4036	3322

recadmitca-65400.rpt

Hoffman, Jeanne Leonie

MRN: H0571976

Progress Notes Encounter Date: 8/14/2018

Touray, Ibrahima, ARNP
Nurse Practitioner
University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also received some IV fluid for dehydration.

Hx Interval:
SNF follow up visit with Jeanne today as she continues to be at Park Ridge Care Center for rehabilitation and wound care management. She has been doing well physically, participating in therapy sessions and ambulates using a walker with minimal assistance. For ling distances she is still wheelchair dependent. Her leg wounds gradually improving with wound dressing by the SNF RN and followed by NW wound NP weekly. She states her "leg pain is more of aching/itching but seems to be less as the wound heals". Appetite/intake improving with improving weight as well (117 lbs today), continues to be on nutritional supplement Prostat to facilitate wound healing in addition to her protein cal malnutrition. Her INR today was 2.7 on 6 mg Coumadin, no s/s of active bleeding per nursing staff.

She reports no new concerns today.

ROS:
Leg pain with activity, Norco has been effective
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SH:
Social History

Social History Narrative

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

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube

DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

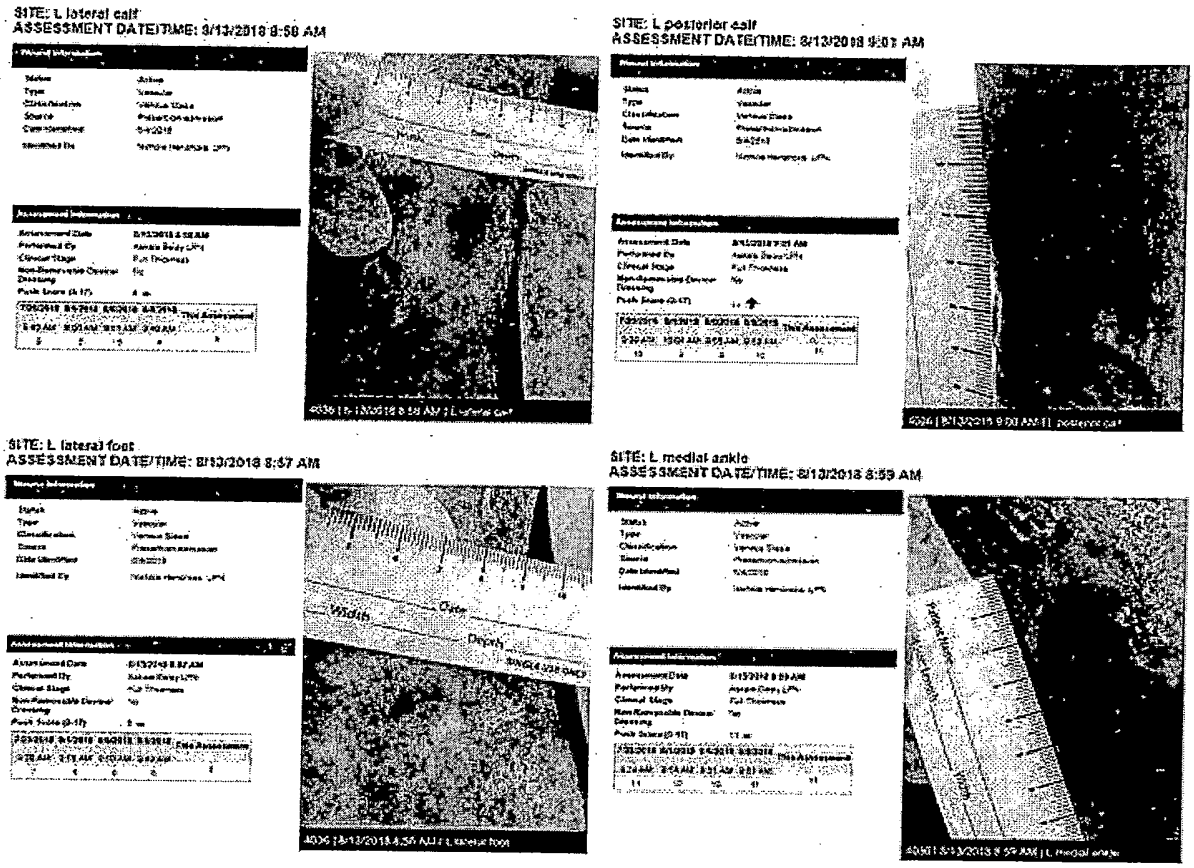
ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Physical Exam:
Pulse 78 | Temp 97.5 °F (36.4 °C) (Tympanic) | Resp 18 | Wt 117 lb 4 oz (53.2 kg) | BMI 21.45 kg/m²
Wt Readings from Last 3 Encounters:

08/14/18	117 lb 4 oz (53.2 kg)
07/25/18	114 lb 12 oz (52.1 kg)
07/06/18	110 lb 12 oz (50.2 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.
PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE wrapped with dressing.
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash



Labs: nursing home labs not done through UW system, please check with the facility.

A/P:

(I73.9) Peripheral vascular disease, unspecified (HCC) (primary encounter diagnosis)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan:
- followed by vascular clinic, s/p venous ablation procedure 7/26/18
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue wound care as ordered
- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan:
- continue chronic anticoagulation with Coumadin, current dose 6 mg po daily
- INR has been at therapeutic, 2.7 today
- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan:
- stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, BP remains at goal with SBP generally below 130
- continue to monitor without meds

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes daily

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - followed by SNF dietician
- continue Prostat 30 cc po daily
- will continue to monitor weight

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency
Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- completed 6 weeks course of high dose Vit D
- continue Vitamin D_3 1000 units po daily

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Outside Care
Encounter on
8/14/2018

Hoffman, Jeanne Leonie

MRN: H0571976

Progress Notes Encounter Date: 7/25/2018

Touray, Ibrahima, ARNP
Nurse Practitioner
University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also received some IV fluid for dehydration.

Hx Interval:
I'm following up with Jeanne today for a routine SNF visit as she continues to be at Park ridge for rehabilitation and wound care. Now she is more active and ambulating more with a walker inside the facility. Her leg wound is still there with routine dressing change by the wound nurse. She stated it hurts sometimes but she thinks the pain has decreased since SNF admission. She is taking Norco pain management as needed. She is scheduled to have surgery tomorrow at NWH, venous ablation procedure.

Her INR has been stable for the past month, maintained on 5 mg Coumadin daily for DVT management, no sign and symptoms of bleeding. Appetite remains fair, weight has been gradually increasing since SNF admission, current weight is 114.5 pounds. She remains continent of bowel and bladder.

She has no new concerns today.

ROS:
Leg pain with activity
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

Hoffman, Jeanne Leonie (MR # H0571976)

Encounter Date: 07/25/2018

PMH:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SH:

Social History

Social History Narrative

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

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").

Hoffman, Jeanne Leonie (MR # H0571976) Encounter Date: 07/25/2018

Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube
DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Physical Exam:
BP 128/64 | Pulse 64 | Temp 98.8 °F (37.1 °C) (Tympanic) | Resp 18 | Wt 114 lb 12 oz (52.1 kg) | BMI 20.99 kg/m²

Wt Readings from Last 3 Encounters:

07/25/18	114 lb 12 oz (52.1 kg)
07/06/18	110 lb 12 oz (50.2 kg)
06/22/18	111 lb 6 oz (50.5 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.
PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE wrapped with dressing.
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash
Labs: nursing home labs not done through UW system, please check with the facility.

A/P:
(I73.9) Peripheral vascular disease, unspecified (HCC) (primary encounter diagnosis)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan: - followed by vascular clinic, planned venous ablation procedure tomorrow
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue wound care as ordered

- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan: - continue chronic anticoagulation with Coumadin, current dose 5 mg po daily
- INR has been at therapeutic for the past month
- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan: - stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, BP remains at goal without meds
- continue to monitor

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg, 2 tabs po prn q 6 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes daily

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - weight is gradually trending up. Appetite has been somewhat fairly good.
- will continue to monitor
- followed by SNF dietician
- Prostat 30 cc po daily

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency
Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- continue Vitamin D_3 50,000 units po week x 6 weeks (thru 7/28/18)
- continue Vitamin D_3 1000 units po daily

Hoffman, Jeanne Leonie (MR # H0571976)

Encounter Date: 07/25/2018

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Outside Care
Encounter on
7/25/2018

Hoffman, Jeanne Leonie

MRN: H0571976
Description: 93 year old female

Progress Notes Encounter Date: 7/6/2018

Touray, Ibrahima, ARNP
Nurse Practitioner

University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: Leg pain, SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also received some IV fluid for dehydration.

Hx Interval:
Jeanne is complaining of leg pain, more like cramps to the calf, more on the right leg than the left. She has no wounds on the right leg. She has stasis ulcer wounds on the left leg which is wrapped with dressing. She states that the cramp-like pain comes and goes, worse in the morning after long rest in bed. She has history of chronic/recurrent DVTs and is currently on chronic anticoagulation coumadin with therapeutic INR for the past month. Pain could also be related to her poor vascular circulation. Her electrolytes are stable and no active clot noted on RLE by duplex.

She is otherwise walking on both legs with one person assist using a walker. Per nursing notes her wounds are gradually healing with current treatment plan. She has no sign of active infection. Appetite fairly stable, remains continent of bowel and bladder. She remains calm and cooperative with care and treatments.

ROS:
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:

Patient Active Problem List

Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
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- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SH:
Social History

Social History Narrative

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William E Neighbor, MD

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Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube

DPOA: Louis (son) 360-649-5702

MEDICATIONS:
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• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Physical Exam:
BP 124/68 | Pulse 70 | Temp 97.2 °F (36.2 °C) (Tympanic) | Resp 18 | Wt 110 lb 12 oz (50.2 kg) | BMI 20.26 kg/m²
Wt Readings from Last 3 Encounters:

07/06/18	110 lb 12 oz (50.2 kg)
06/22/18	111 lb 6 oz (50.5 kg)
06/19/18	110 lb (49.9 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.
PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE in xeroform wrap. RLE calf tenderness with deep palpation
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash
Labs: nursing home labs not done through UW system, please check with the facility.
- CBC, CMP unremarkable
- INR at goal
- RLE duplex free of active clot

A/P:
(M79.604, M79.605) Leg pain, bilateral (primary encounter diagnosis)
Peripheral vascular disease, unspecified (HCC)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan: - pain likely related to her poor circulation

- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain
- continue wound care as ordered
- she will followed by vascular clinic
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan: - continue chronic anticoagulation with Coumadin
- INR has been at therapeutic
- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan: - stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, no longer on meds
- continue to monitor

(D64.9) Normocytic anemia
Plan: - stable

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes BID

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - weight is gradually trending up. Appetite has been somewhat fairly good.
- will continue to monitor
- followed by dietician
- Prostat 30 cc po daily

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency
Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- Vitamin D_3 50,000 units po week x 6 weeks (thru 7/28/18)
- continue Vitamin D_3 1000 units po daily

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Outside Care
Encounter on
7/6/2018

Hoffman, Jeanne Leonie

MRN: H0571976
Description: 93 year old female

gress Notes Encounter Date: 6/7/2018

Ong, Thuan Duc, MD
Internal Medicine

University of Washington Post Acute Care Service

Skilled Nursing Facility (SNF):
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
one: (206) 363-5856
x: (206) 365-0568

ADMIT HISTORY AND PHYSICAL

Date of Admission to SNF: 6/4/18

Date of Encounter: 6/7/2018

Reason for admission to PRCC: s/p hospitalization for worsening stasis ulcers, now admitted to SNF for rehab and wound care.

ary care provider: Neighbor Jr., William E, MD

Interval History:
ID/CC: 93 year old female with with severe peripheral vascular disease both venous and arterial who came in with worsening stasis ulcers on her left lower extremity and cellulitis admitted to NWH from 5/31/18 to 6/4/18.

Her son, Louis, is present for this visit,

Venous stasis ulcers: LLE, multiple, has known PVD as well, using Xeroform with leg wraps but not pressure wraps. She appreciates the care she is receiving here.

Homelessness: pt and son were forced out of their apartment and have been living in a tent for several weeks. n asked what here plans are when her wounds heal up, she states "I am going back to my tent".

Low grade fever: noted last night, 99F, normalized today, stat labs drawn one day prior and noted K+ elevated to 5.6, and H/H went from 11.7/35.5 to 9.8/30 in a single day. Her prior H/H appear to be in the range of 9/30. She denies any localizing sx.

Comprehensive functional assessment:
ADLS: independent prior Hygiene, Dressing, Feeding, Transferring, Toileting, Ambulation
IADLS: requires assistance w/Telephone, Shopping, Food, Housekeeping, Laundry, Transport, Meds, Finances
Memory: no concerns
ow: no concerns
Balance: no recent falls
Assistive devices: walks w/ 4WW
Incontinence: positive for urge UI
Mood: "good"

ROS:
Complete ROS is negative, except for hard of hearing

H/Problem List:
atient Active Problem List

Diagnosis	Date Noted
• Osteoporosis, unspecified	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped

ong term current use of anticoagulant therapy 01/08/2008
Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

• Unspecified vitamin B deficiency 05/01/2007
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

pe 2 diabetes mellitus without complication 03/27/2007
(HCC)
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

• Sensorineural hearing loss, unspecified 11/20/2006
Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

T, recurrent, lower extremity, chronic (HCC) 11/20/2006
Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

• Other and unspecified hyperlipidemia 11/20/2006
On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

• Generalized osteoarthrosis, unspecified site 11/20/2006
LS spine. Bilateral talonavicular arthritis since 1994.

• Essential hypertension, benign 11/20/2006

- Unspecified glaucoma(365.9) 11/20/2006

  4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
  William E Neighbor JR, MD

- Routine general medical examination at a health care facility 11/20/2006

  Td/Tdap (q 10 yr): See immmunizations
  Pneumococcal (65 yoa and high risk x1): See imms
  Blood pressure: Dx hypertension
  Cholesterol: dx hyperlipidemia
  Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
  Pap smear (q2-3 yrs to age 65)--82 years old
  Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
  Tobacco: no
  Alcohol: no
  Drugs: no
  Sexual practice/contraception: Not active
  Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
  Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

- nous ulcer of left leg (HCC) 06/07/2018
- omeless 06/07/2018
- Normocytic anemia 06/07/2018
- Cellulitis of left leg 05/31/2018
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC) 05/17/2018
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC) 05/17/2018
- Peripheral vascular disease, unspecified (HCC) 05/17/2018
- Primary osteoarthritis of both hips 02/01/2017
- Thrombocytopenia (HCC) 11/02/2016
- Imbalance 11/02/2016
- History of recurrent deep vein thrombosis (DVT) 06/02/2016
- er physical therapy 01/22/2015
- Hip joint stiffness 01/06/2015
- Leg weakness, bilateral 01/06/2015
- Weakness of trunk musculature 01/06/2015
- Pseudophakia, both eyes 11/08/2014
- Urine incontinence 08/27/2014

  Uses pads

- Osteoarthritis of lumbar spine 08/30/2013

RGIES: Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other

• Nitrofurantoin		Other
	Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin		Other
	confusion	
Penicillins		Rash
Sulfa Antibiotics		Rash

Medication orders reviewed in MAR: X
Current nursing home medications reviewed on the medical record.
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list.
To obtain current medication list please call the facility and ask for medication administration record to be faxed.

Family History:
Parents died of old age

Social History:
Habits: NONE
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them a couple of months ago (per SW note the son reports they left "willingly".
Social Support: son, Louis, 360-649-5702
POLST completed, in summary - FULL
DPOA: son, Louis

Physical Exam:
118/55 | Pulse 70 | Temp 98.1 °F (36.7 °C) | Resp 20 | Wt 110 lb 2 oz (50 kg) | BMI 20.81 kg/m²
Readings from Last 3 Encounters:

06/07/18	110 lb 2 oz (50 kg)
05/31/18	112 lb (50.8 kg)
05/17/18	109 lb 6.4 oz (49.6 kg)

GEN: appears older stated age, accompanied by son . Appears nourished, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress, HOH
PSYCH: alert and oriented x3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation
HEENT: NCAT, NL external ears, hearing aid in L ear, Poor dentition, moist mucous membranes, oropharynx clear. EOMI and anicteric, corrective lens, R facial droop
CV: RRR, NL S1 and S2, G 1/6 sys murmurs, no r/g, no JVD.
Resp: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA.
EXT: no c/c, LLE in Xeroform wrap, 1+ edema,
NEURO: MAE, no tremors, no focal deficits, normal tone, motor symmetry. AD8=2
SKIN: dry wnl temp and color, no apparent rash

Labs/Imaging: Reviewed in chart:

Upcoming Appointments:
Future Appointments

	Time	Provider	Department	Center
6/[illegible]/2018	3:30 PM	Rollo, Johnathon Curtis, MD	NWSSH	NWH SSHC

Assessment/Plan:

(I83.029) Venous ulcer of left leg (HCC) (primary encounter diagnosis)
Plan: wound care

(I73.9) Peripheral vascular disease, unspecified (HCC)
n: supportive care, cont w/ pentoxifylline

(Z86.718) History of recurrent deep vein thrombosis (DVT)
Plan: appears to be recurrent

(Z79.01) Long term current use of anticoagulant therapy
Plan: INR 2.1 now, LMWH stopped, cont w/ coumadin

(G31.84) Mild cognitive impairment
Plan: AD8 score was a 2, will have SLP assess

9.0) Homeless
an: see below.

(E87.5) Hyperkalemia
Plan: odd, that it would change over the span of a day, she reports she has had this issue previously
-Kayexlate 15g x1
-stop ARB

(I10) Essential hypertension
Plan: SBP in the 110s, ok to liberalize, stop ARB

(D64.9) Normocytic anemia
Plan: stable

8.5) Dyslipidaemia
Plan: stop statin

POLST: FULL

Disposition: she has the capacity to elect to move out w/ her son at any time, though would benefit from a roof over her head. SNF SW working on establishing housing.

The patient's risk is moderate.
Problem category: is new, Moderate problem.
T medical decision making is High.

Thuan D Ong, MD

Please contact the University of Washington Post-Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

de Care Encounter on 6 018 Note shared with patient

Note shared with patient

LabCorp **Patient Report**

Specimen ID: 253-248-0153-0
Control ID: 25324801530

Acct #: 46042490 **Phone:** (206) 363-5856 **Rte:** 00

HOFFMAN, JEANNE

PHS - Park Ridge Wing 5
1250 NE 145th St
Shoreline WA 98155

Patient Details
DOB: 01/06/1925
Age(y/m/d): 093/08/04
Gender: F **SSN:**
Patient ID:

Specimen Details
Date collected: 09/10/2018 0630 Local
Date received: 09/10/2018
Date entered: 09/10/2018
Date reported: 09/10/2018 1411 ET

Physician Details
Ordering: I CARDIM
Referring:
ID:
NPI: 1003196478

General Comments & Additional Information
Alternate Control Number: 25324801530 **Alternate Patient ID:** Not Provided

Ordered Items
Prothrombin Time (PT); Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prothrombin Time (PT)					
INR	1.7	High		0.8 - 1.2	01
Reference interval is for non-anticoagulated patients. Suggested INR therapeutic range for Vitamin K antagonist therapy:					
Standard Dose (moderate intensity therapeutic range):				2.0 - 3.0	
Higher intensity therapeutic range				2.5 - 3.5	
Prothrombin Time	17.4	High	sec	9.1 - 12.0	01

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

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

9/10/18
d/c 5.5mg coumadin
start 6mg coumadin po daily

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08/03/2018 04:14:22 PM FROM:LABCORP LCLS BLK TO: 12063630408 LABCORP PAGE 1 of 1
To: PARK RIDGE WING 3

LabCorp **Patient Report**

Specimen ID: 215-248-0411-0
Control ID: AXF46042370

Acct #: 46042370 **Phone:** (206) 363-5856 **Rte:** 00

HOFFMAN, JEANNE

PARK RIDGE WING 3
1250 NE 145th St
Shoreline WA 98155

Patient Details
DOB: 01/06/1925
Age(y/m/d): 093/06/28
Gender: F **SSN:**
Patient ID:

Specimen Details
Date collected: 08/03/2018 0638 Local
Date received: 08/03/2018
Date entered: 08/03/2018
Date reported: 08/03/2018 1614 ET

Physician Details
Ordering: I CARDIM
Referring:
ID:
NPI:

General Comments & Additional Information
Clinical Info: RM 512-1

Alternate Control Number: AXF46042370 **Alternate Patient ID:** Not Provided

Ordered Items
Basic Metabolic Panel (8); Prothrombin Time (PT); STAT; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Basic Metabolic Panel (8)					
Glucose	**114**	**High**	mg/dL	65 - 99	01
BUN	25		mg/dL	10 - 36	01
Creatinine	0.85		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	**59**	**Low**	mL/min/1.73	>59	
eGFR If Africn Am	68		mL/min/1.73	>59	
BUN/Creatinine Ratio	**29**	**High**		12 - 28	
Sodium	**146**	**High**	mmol/L	134 - 144	01
Potassium	4.6		mmol/L	3.5 - 5.2	01
Chloride	106		mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	20 - 29	01
Calcium	**8.6**	**Low**	mg/dL	8.7 - 10.3	01
Prothrombin Time (PT)					
INR	**2.3**	**High**		0.8 - 1.2	01
Reference interval is for non-anticoagulated patients. Suggested INR therapeutic range for Vitamin K antagonist therapy:					
Standard Dose (moderate intensity therapeutic range):				**2.0 - 3.0**	
Higher intensity therapeutic range				**2.5 - 3.5**	
Prothrombin Time	**23.1**	**High**	sec	9.1 - 12.0	01

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

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

last INR 1.4 on 8/1/18
Current Coumadin 7mg. ↓ 6 mg daily.
Check INR 8/6/18

Date Issued: 08/03/18 1614 ET **FINAL REPORT** Page 1 of 1

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08/02/2018 4:19:48 PM FROM: LABCORP LCLS BLK TO: 2063630408
TO: ATTN:PARK RIDGE WING 3

LabCorp **Patient Report**

Specimen ID: 214-248-0030-0
Control ID: AXT46042370

Acct #: 46042370 **Phone:** (206) 363-5856 **Rte:** 00

HOFFMAN, JEANNE

PARK RIDGE WING 3
1250 NE 145th St
Shoreline WA 98155

Patient Details
DOB: 01/06/1925
Age(y/m/d): 093/06/27
Gender: F **SSN:**
Patient ID:

Specimen Details
Date collected: 08/02/2018 0549 Local
Date received: 08/02/2018
Date entered: 08/02/2018
Date reported: 08/02/2018 1619 ET

Physician Details
Ordering: I CARDIM
Referring:
ID:
NPI:

General Comments & Additional Information
Clinical Info: RM: 512-1

Ordered Items
CBC With Differential/Platelet; Basic Metabolic Panel (8); STAT; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	6.2		x10E3/uL	3.4 - 10.8	01
RBC	3.19	Low	x10E6/uL	3.77 - 5.28	01
Hemoglobin	9.7	Low	g/dL	11.1 - 15.9	01
Hematocrit	29.7	Low	%	34.0 - 46.6	01
MCV	93		fL	79 - 97	01
MCH	30.4		pg	26.6 - 33.0	01
MCHC	32.7		g/dL	31.5 - 35.7	01
RDW	14.2		%	12.3 - 15.4	01
Platelets	283		x10E3/uL	150 - 379	01
Neutrophils	60		%	Not Estab.	01
Lymphs	25		%	Not Estab.	01
Monocytes	9		%	Not Estab.	01
Eos	5		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	3.7		x10E3/uL	1.4 - 7.0	01
Lymphs (Absolute)	1.6		x10E3/uL	0.7 - 3.1	01
Monocytes(Absolute)	0.6		x10E3/uL	0.1 - 0.9	01
Eos (Absolute)	0.3		x10E3/uL	0.0 - 0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0 - 0.1	01
Basic Metabolic Panel (8)					
Glucose	105	High	mg/dL	65 - 99	01
BUN	24		mg/dL	10 - 36	01
Creatinine	0.80		mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	64		mL/min/1.73	>59	
eGFR If Africn Am	73		mL/min/1.73	>59	
BUN/Creatinine Ratio	30	High		12 - 28	
Sodium	145	High	mmol/L	134 - 144	01

Date Issued: 08/02/18 1619 ET **FINAL REPORT** Page 1 of 2

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DT 8/2/18

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ATTN:PARK RIDGE WING 3
PARKRIDGE 3
LABCORP LCLS BLK

LabCorp

Patient Report

Patient: HOFFMAN, JEANNE
DOB: 01/06/1925 **Patient ID:** **Control ID: AXT46042370**
Specimen ID: 214-248-0030-0
Date collected: 08/02/2018 0549 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Potassium	5.4	High	mmol/L	3.5 - 5.2	01
Chloride	107	High	mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	20 - 29	01
Calcium	8.8		mg/dL	8.7 - 10.3	01

01 SE LabCorp Seattle
550 17th Avenue Ste 300, Seattle, WA 98122-5789
Dir: Daniel Towell, MD
For inquiries, the physician may contact Branch: 800-598-3345 Lab: 206-861-7000

Date Issued: 08/02/18 1619 ET

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INR/COUMADIN (W[illegible]ARIN) FLOW SHEET

Directions: Use flow sheet for individual residents and complete each time a INR level is drawn. When completed, file in individual resident clinical record. If lab results are not reported within same day of draw, contact physician to determine if Coumadin (Warfarin) should be given or held. No Aspirin, NSAID, or Plavix to be used unless specifically ordered by the physician.

Resident-Specific INR Goal:

Diagnosis/Clinical Indication for Coumadin:

INR RANGES: 1.8 - 2.2 = Elderly with Atrial Fibrillation; 2.0 - 3.0 = DVT, PE, A-Fib, MI, Mural Thrombus, S/P Joint Replacement; 2.5 - 3.5 = Mechanical Heart Valve

Common drugs which increase INR: Antibiotics; Sulfa; Quinolones (Cipro, Levaquin, and others); Prozac, Paxil, Zoloft; Flagyl; Tylenol and ASA; proton pump inhibitors (Prilosec, Prevacid, Nexium); Cox-2 Inhibitors (Celebrex); NSAIDs; Thyroid Meds; Zocor, Lipitor, Depakote; Allopurinol; Inderal; Vitamin E and some herbs.

Common drugs which decrease INR: Barbiturates; Haldol; Penicillins; Aldactone; Carafate; Vitamin C; Vitamin K; Tazadone; Cortisone.

Common drugs which may increase or decrease INR: Prednisone; Dilantin; Alcohol; Cholestyramine; Zantac

Date/Time	INR Results	Current Coumadin Dose	MD Notified	Dose Change	Next Date INR	Nurse's Signature
8/20/18	2.0	5mg	yes	↑ 5.5mg PO dc'd	8/23/18	[illegible]
8/23/18	2.0	5.5mg	yes	Q A	8/27/18	[illegible]
8/27/18	2.3	5.5mg	yes	Q A	8/30/18	[illegible]
8/30/18	2.6	5.5mg	Yes	dose 5.5mg	9/3/18	[illegible]
9/3/18	2.0	5.5mg	yes	continue 5.5mg PO daily	9/6/18	[illegible]
9/6/18	2.5	5.5mg	yes	Q A	9/10/18	[illegible]
9/10/18	1.7	5.5mg	yes	↑ 6mg PO	9/13/18	Red

Revised: July 2009

RESIDENT NAME: ~~Hoffman~~, Jeanne **PHYSICIAN:** Cardin **RECORD#** _____ **ROOM#** _____

DOCUMENTATION - CH[illegible]ING RECORD

PARK RIDGE CARE CENTER

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
~~08/27/18~~ COUMADIN 5.5 MG PO Q EVENING - DVT (NEXT INR ON 9/[illegible]/18)	1700	W	W	BK	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	✓	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	**
		**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
		**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
06/06/18 DRAW PT/INR EVERY MONDAY AND EVERY THURSDAY	DAYS	**	**	R	**	**	W	**	**	**	W	**	**		**	**	**		**	**		**	**	**		**	**		**	**	**	**
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FOR INR < 3.2: LEAVE LAB RESULT ON PROVIDER`S VOICEMAL GIVE COUMADIN DOSE (DO NOT PAGE-ON CALL PROVIDER)		**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
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FOR INR: > 3.3 LEAVE LAB RESULT ON PROVIDER`S VOICEMAIL HOLD COUMADIN DOSE (DO NOT PAGE ON-CA LL PROVIDER)		**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
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PAGE ON-CALL PROVIDER IF BLEEDING DEVELOPS OR OTHER CONCERNS		**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
Coumadin 6mg po daily. DVT 9/10/18	1700									BB																					

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE
				09/01/2018

NAME	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN		PHY. PHONE		PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195	1

PROGRESS NOTES

HOUR	INITIALS	DATE

DIAGNOSES	L03.116 Cellulitis of left lower limb				ALLERGIES	PENICILLIN-SULFA-ADHESIVE			DATE
NAME	HOFFMAN, JEANNE L	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE	2067441891		09/01/2018
		4036	5-5-512-1	ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195		PAGE 2

PARK RI... CARE CENTER

MEDIC...ON RECORD

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
06/07/18 ENRICH ALL MEALS ✓	INFO																															
																																**
																																**
																																**
06/25/18 DIET: LOW POTASSIUM, REGULAR DIET WITH THIN LIQUIDS; MEDS: WHOLE ✓	INFO	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
WITH LIQUID	ONLY	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**

PARK RIDGE CARE CENTER

MEDICATION RECORD

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
06/04/18	INFO																															
ACETAMINOPHEN: MEDICATIONS CONTAINING																																**
																																**
																																**
ACETAMINOPHEN ARE NTE: 3GM OF ACETAMINOPHEN FROM ALL SOURCES IN 24HRS																																**
																																**
																																**
																																**
06/04/18 PENTOXIFYLLINE ER 400 MG PO Q 8HRS - CHRONIC VENOUS INSUFFICIENCY	0700																															**
	1500																															**
	2300																															**
																																**
																																**
																																**
																																**
06/04/18 DAILY WEIGHTS BEFORE BREAKFAST. NOTIFY PROVIDER OF WEIGHT	DAYS																															**
	WEIGHT																															**
																																**
																																**
INCREASE OR DECREASE OF 3 LBS IN 24HRS OR 5 LBS IN A WEEK.																																**
																																**
																																**
																																**
06/11/18 VITAMIN B-12 1,000 MCG PO DAILY - SUPPLEMENT	0800																															**
																																**
																																**
																																**
07/19/18 FLORASTOR 250 MG PO BID - PROBIOTIC	0700																															**
	1700																															**
																																**
																																**

Advance Directives:

BIRTHDATE 1/6/1925 | AGE 93 | ADMIT DATE 6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE
				09/01/2018

NAME	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN		PHY. PHONE		PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	CARDIM, ISABELA LINS	TOURAY, IBRAHIMA ,ARNP	2067441891	2067447195	2

PARK RIDGE CARE CENTER

MEDICATION RECORD

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
07/31/18 VITAMIN D3 1,000 IU PO DAILY - SUPPLEMENT	0800																															**
																																**
																																**
																																**
07/31/18 TIMOLOL MALEATE 0.5% DROPS, 1 DROP OPHTHALMIC TO BOTH EYES Q AM -	0800																															**
	SBP	110				120	124																									**
	PULSE		70			76	65																									**
																																**
GLAUCOMA (HOLD FOR SBP LESS THAN 100 OR HR LESS THAN 60, NOTIFY PROVIDER)																																**
																																**
																																**
																																**
																																**

PARK RIDGE CARE CENTER

MEDICATION RECORD

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
07/27/18 SCHEDULE	INFO																														
FOLLOW UP WITH WOUND CARE CLINIC IN A WEEK				Completed																											**
																															**
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Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic			ALLERGIES	PENICILLIN-SULFA-ADHESIVE			DATE	09/01/2018
NAME	HOFFMAN, JEANNE L	RECORD NUMBER 4036	Bld/Sta/Rm/Bed 5-5-512-1	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE	2067441891	PAGE	4
				ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195		

PARK RIDGE CARE CENTER

MEDICATION RECORD

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
06/04/18 CALL MD IF TEMP > 99.5	PRN	PRN																														

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic			ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE	09/01/2018
NAME	HOFFMAN, JEANNE L	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE	2067441891
		4036	5-5-512-1	ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195

PAGE 5

PARK RIDGE CARE CENTER

MEDIC[illegible]ON RECORD
09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
06/04/18 IF RESIDENT HAS NOT HAD A BOWEL MOVEMENT FOR TWO CONSECUTIVE DAYS, DAY SHIFT GIVE LACTULOSE 10 GM/15 ML (30 CC) PO ON DAY THREE - CONSTIPATION	PRN	PRN																													
06/04/18 IF NO BM FROM LACTULOSE, GIVE SECOND DOSE OF LACTULOSE 10 GM/15 ML (30 CC) PO ON EVENING SHIFT OF DAY THREE- CONSTIPATION	PRN	PRN																													
06/04/18 IF NO BM FROM SECOND DOSE OF LACTULOSE, GIVE DULCOLAX 10 MG SUPPOSITORY PR ON DAY SHIFT OF DAY FOUR - CONSTIPATION	PRN	PRN																													
06/04/18 IF RESIDENT CONTINUES TO HAVE NO RESULTS WITHIN 6 HOURS OF RECEIVING DULCOLAX SUPPOSITORY NOTIFY PROVIDER	PRN	PRN																													

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic			ALLERGIES	PENICILLIN-SULFA-ADHESIVE			DATE 09/01/2018
NAME	HOFFMAN, JEANNE L	RECORD NUMBER 4036	Bed/Sta/Rm/Bed 5-5-512-1	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE	2067441891	PAGE
				ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195	6

INJECTION S[illegible]IBERS
1. Buttocks ([illegible]. Left
2. Buttocks (Gluteus) Right
3. Arm (Deltoid) Left
4. Arm (Deltoid) Right
5. Thigh (Quadriceps) Left
6. Thigh (Quadriceps) Right

N[illegible]ES MEDICATION NOTES

MEDICATION					RESULTS		
DATE	HOUR	INITIALS	DESCRIBE	REASON	DESCRIBE	HOUR	INITIALS

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic			ALLERGIES	PENICILLIN-SULFA-ADHESIVE			DATE	
NAME	HOFFMAN, JEANNE L	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE	2067441891	09/01/2018	
		4036	5-5-512-1	ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195	PAGE	7

DOCUMENTATION - CH ING RECORD

PARK RIDGE CARE CENTER

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
07/31/18	PRN																															
HYDROCODONE-ACETAMINOP		**				**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
HEN 5 MG - 325 MG		**					**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
TABLETS, GIVE 2 TABS		**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
PO Q 6HRS PRN - PAIN		**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE
				09/01/2018

NAME	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN		PHY. PHONE		PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195	1

PROGRESS NOTES

	HOUR	INITIALS	DATE
	0800	[illegible]	9/1/18 Norco 2tabs Po c/o LLE pain 7/10 effective 0/10 0900 — [illegible]
	0915	[illegible]	9/2/18 Norco 2tabs Po c/o LLE pain 7/10 effective 0/10 1015 — [illegible]
	2020	[illegible]	9/2/18 Norco 2tabs Po c/o LLE pain 7/10 effective 0/10 2130 — [illegible]
	0430	[illegible]	9-3-18 Norco 2 tabs po q6h c/o LLE pain 6/10 — [illegible] — 0430 — [illegible]
	1030	[illegible]	9/3/18 Norco 2tabs Po c/o LLE pain 7/10 effective 8/10 1130 — [illegible]
	1700	[illegible]	9/3/18 norco 2 tabs PO c/o LLE pain 7/10 effective 0/10 1800 — [illegible]
	0900	[illegible]	9/4/18 Norco 2tabs Po c/o LLE pain 7/10 effective 0/10 1000 — [illegible]
	0800	[illegible]	9/4/18 norco 2 tabs c/o LLE pain 7/10 to 4 pm effective 0/10 0830 [illegible]
9/5/18	0745	[illegible]	Norco 2 tabs PO c/o LLE pain —
9/5/18	2300	[illegible]	Norco 2 tabs Po c/o LLE pain 8/10 Helpful Y/n @ 2400 —
9/6/18	1600	[illegible]	norco 2 tabs PO c/o LLE pain 6/10 to 4 pm effective 0/10 1700
9/7/18	1600	[illegible]	norco 2 tabs PO c/o LLE pain 6/10 to 4 pm [illegible]

DIAGNOSES	L03.116 Cellulitis of left lower limb				ALLERGIES	PENICILLIN-SULFA-ADHESIVE		DATE	
NAME	HOFFMAN, JEANNE L	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE	2067441891	09/01/2018	
		4036	5-5-512-1	ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195	PAGE	2

Category: Card/Vasc (w/o internal order)
Date of Service: 09/10/2018 19:25
Document Status:
Title:
Document Version : 2

Encounter Number: 1830020513
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-09-10 18:56:00
Discharge Date Time: 2018-09-19 13:30:00

HOFFMAN, JEANNE ID:U8170135 10-SEP-2018 19:25:48 NORTHWEST HOSPITAL-EMD ROUTINE RECORD

06-JAN-1925 (93 yr)
Female Caucasian

Room:2
Loc:1

Vent. rate	66	BPM
PR interval	204	ms
QRS duration	122	ms
QT/QTc	436/457	ms
P-R-T axes	53 -9	37

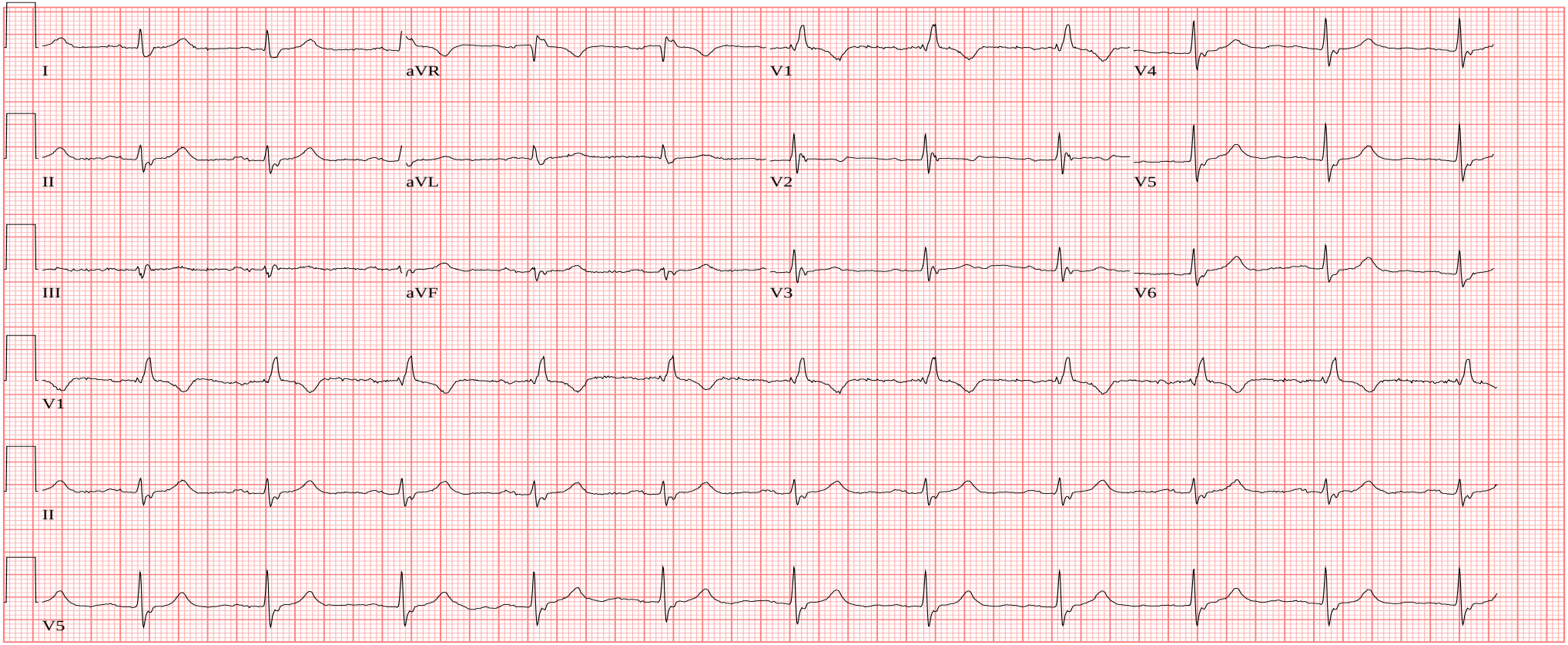
Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 26-JUL-2018 09:39,
Nonspecific T wave abnormality now evident in Anterior leads
Confirmed by Pungoti, Chetan (5012) on 9/11/2018 4:08:27 PM

Technician: AM
Test ind:

Referred by: ER DOC

Confirmed By: Chetan Pungoti

SYMPTOM:AMS SERVICE:STAT



25mm/s 10mm/mV 150Hz 8.0 SP2 12SL 241 CID: 94

EID:5012 EDT: 16:08 11-SEP-2018 ORDER: 20594650 ACCOUNT: 1830020513

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

RECORD OF ADMISSION

PARK RIDGE CARE CENTER

Name:	Orig Adm Dt:	Curr Adm Dt / Time:	# of Admits:	Client #	Health Record #
HOFFMAN, JEANNE L	06/04/2018	06/04/2018 02:12 PM	1	3322	4036

Address:	Gender:	Date of Birth:	Age:	Marital Status:	Race/Ethnicity:
282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110	Female	01/06/1925	93	Widowed	
Phone 1: (360) 649-5702 Phone 2:	Religion: Catholic			Citizenship: USA	
	Occupation: NANNY / SELF-EMP			Education: High school	

Pay Type:	Social Security #:	Medicare #:	Primary Language:	English Speaking Ability:
MEDICARE	531-26-4736	131149826D6	English	Excellent

Medicare PartA:	Medicare PartB:	Medicaid Eligible:	State:	Date:	Number:
Y 2/1/1982	Y 2/1/1982	Y	WA	6/4/2018	003181555

Medicare Part D Plan Name:	Medicare Part D Plan Number:	Medicare Part D Plan Effective Date:

Resident Representative:	Next of Kin:
HOFFMAN, JEANNE L. 282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110	LOUIS HOFFMAN 282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110
Home: (360) 649-5702 Office: Cell:	Relationship: Self	Home: Office: Cell: (360) 649-5702	Relationship: Son
Next of Kin:		Next of Kin:	
Home: Office: Cell:	Relationship:	Home: Office: Cell:	Relationship:

Primary Physician: ISABELA LINS CARDIM 325 9TH AVE BOX 359755	Office: (206) 744-1891	Fax: (206) 744-9876	Pager: (206) 314-1504
Alternate Physician: IBRAHIMA ,ARNP TOURAY HARBORVIEW LTC SERVICE, 325 9TH AVE BOX 35975	Office: (206) 744-7195	Fax:	Pager:
Dentist:	Office:	Fax:	Other:
Podiatrist:	Office:	Fax:	Pager:
Mortuary: FUNERAL & CREMATION CARE 1400 112th AVE SE	Office: (800) 764-0895 BELLEVUE, WA 98004	Fax:	Other:
Pharmacy: MERCURY PHARMACY SERVICES, INC. 21718 66TH AVE WEST	Office: (425) 673-5200 MOUNTLAKE TERRACE, WA 98043	Fax: (425) 673-5230	Other:

Allergies: PENICILLIN, SULFA, ADHESIVE

Admitting/Subsequent Diagnoses: L03.116 - Cellulitis of left lower limb, I83.029 - Varicose veins of left lower extremity, I87.2 - Venous insufficiency (chronic) (periphe, I82.509 - Chronic embolism and thrombosis of unsp, R26.9 -

Optional Information: UW MRN: (U8170135) HOSP STAY: (NWH (5/31/18 - 6/4/18)) OTHER INS: (MEDICAID) MCD WA #: (100675002WA)

Discharge: **Discharge to:** **Reason:**

Discharge Diagnoses:

Name:	Current Location:	Health Record #:	Client #
HOFFMAN, JEANNE L	155112	4036	3322

recadmitca-65400.rpt

MRI INPATIENT SCREENING FORM

FAX COMPLETED FORM TO EXT 1925 – FOR QUESTIONS CALL EXT 4700

Attending RN: SUSAN BAKER NWH RN cell# 3733

NOTE: Sedation or anesthesia should be considered for patients who are uncooperative, anxious, claustrophobic, unable to hold still, or unable to lay flat. Exam time is 30–45 min per body part.

Pre MRI assessment of patient: *This checklist will help to prepare the patient for an MRI exam.*
The form should be completed at the bedside with the patient or family.

Patient weight 51.7 kg. lbs. *(circle)*

YES NO

- ☑ IV access
- ☑ On dialysis. *If yes, dialysis is recommended to follow MRI with contrast.*
- ☑ Severe kidney disease (Stage 5 or GFR <15)
- ☑ Allergic to gadolinium (MRI) contrast
- ☑ On an IV pump. *RN to discontinue or transfer to MRI compatible infusion pump (pump stored in ICU equip room).*
- ☑ Difficulty lying flat or holding still for the duration of exam (30–45min per body part).
- ☑ Claustrophobic, in pain, anxious, etc. Clinician to consider pre-medication, moderate sedation, or general anesthesia.
- ☑ NPO 4–6 hours prior to *abdomen* exams
- ☑ Translator needed and will accompany patient
- ☑ Pregnant, _____ weeks
- ☑ History of cancer, type _____

Faxed @ FAXED SEB

Pre MRI safety screening: *Answer yes or no and circle all that apply*

YES NO

- ☑ Pacemaker (PATIENT MAY NOT HAVE MRI)
- ☑ Programmable shunt (*requires post MRI consult with neurosurgery*)
- ☑ Neurostimulator, i.e., spinal, or DBS
- ☑ Indwelling catheter device or drug infusion (insulin or pain) pump
- ☑ Aneurysm clips
- ☑ Inner eye/ear implant
- ☑ Implanted metal/device, i.e., stent, clips, screws, pins, wires, prosthesis of any kind – Hip screw per son
- ☑ History of shrapnel or metal fragment(s) in eyes or in body, location _____ Midline path
- ☑ Insufficient medical history from patient, family or medical record
- ☑ Patient is metal-free (has no implants, devices or shrapnel in or on his/her body) Removed @ home
- ☑ Removed all jewelry, removable dental work, piercings, medication patches, hearing aids, and personal items. glasses on

Implant/device type: _____ Manufacturer: _____

Date(s) of implantation: _____ Facility/physician: _____

NOTE: Medical implants/devices require documentation. If insufficient patient history is available from patient, family, or medical record to complete this form, MRI staff will coordinate alternative screening procedure.

Signature of person completing the form: Susan S Baker **Date:** 9/17/18

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1830020513 MRN:U8170135
ADM: 09/10/2018
CLASS: IP
SVC: Intern

AS0001

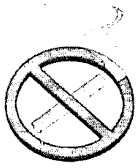
NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MRI INPATIENT SCREENING FORM

M–1893 (11/2017) File Under: Assessments

NORTHWEST HOSPITAL & MEDICAL CENTER — Partners with the Community for Wellness

Our mission is to raise the long–term health status of our community by providing personalized, quality care with compassion, dignity, and respect.

	WHAT TO LOOK FOR?	WHAT TO DO?
HEART FAILURE	**Call your primary care provider for any of the symptoms below:** • Shortness of breath that gets worse or wakes you from sleep • Weight gain above 2lb per day or 3lb per week • Swollen/puffy feet, ankles or legs • Dizziness or light–headedness with standing • Feeling exhausted during routine activity	• Don't smoke! • Take medications on time, to control blood pressure, choles–terol and glucose • Check weight daily • Pace yourself. Slow down or stop when you need to rest • Participate in activities that you can do comfortably and build exercise into your daily routine • Avoid stress • Eat heart healthy diet: reduce salt, fat, cholesterol, and increase fiber • Limit alcohol intake • Follow up regularly with your primary care provider as directed
STROKE "Brain Attack!"	**Call 911 if you have:** • Sudden numbness or weakness of face, arm or leg • Sudden confusion, trouble speaking or understanding • Sudden change in vision in one or both eyes • Sudden difficulty with walking • Sudden dizziness, loss of balance or coordination • Sudden severe headache with un–known cause	**Know the 2 types of stroke** • Ischemic stroke – blocked artery • Hemorrhagic – ruptured artery **How to prevent stroke** • Don't smoke! • Control blood pressure • Take medications as directed • Manage diabetes • Eat a heart healthy diet: reduce salt, fat, cholesterol, and • increase fiber • Incorporate physical activity into your daily routine • Limit alcohol intake • Maintain healthy weight
QUIT SMOKING 	**Did you know?** • Tobacco is the number 1 killer in America today • Second hand smoke is just as harmful to your health • 1/2 million Americans die from smok–ing related disease each year	• Get ready to quit and pick a date to stop smoking • Get support and encouragement from family, friends and co–workers • Do things differently to avoid triggers that make you want to smoke • Consider medication and use it correctly • Be prepared for relapse, it may take several attempts • Join a support group or telephone a quit–line

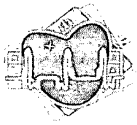
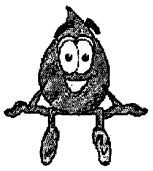
HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **OB**
SVC: **ED**

DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

COMMUNITY WELLNESS EDUCATION

© M–1199 (03/2013) File Under: Discharge Information

HEART ATTACK 	**Call 911 if you have:** • Chest pain or pressure lasting more than a few minutes • Arm, back, neck or jaw discomfort • Shortness of breath • Nausea • Cold sweat • Dizziness	**Heart Attack Prevention** • Don't smoke! • Control blood pressure • Take medications as directed • Eat heart healthy diet: reduce salt, fat, cholesterol, and in–crease fiber • Limit alcohol intake • Control diabetes • Maintain healthy weight • Incorporate physical activity into your daily routine
PNEUMONIA	**Call your primary care provider for any of the symptoms below:** • Fever • Fatigue • Confusion • Shortness of breath • Cough with mucous production	**Pneumonia Prevention** • Don't smoke! • Get pneumonia vaccine • Get influenza vaccine yearly • Avoid contact with others that are sick • Cover your cough • Control asthma and COPD (Chronic Obstructive Pulmonary Disease) • Incorporate physical activity into your daily routine • Practice good hand–washing
DIABETES	**Call your primary care provider for any of the symptoms below:** • Frequent urination • Frequent thirst or hunger • Unusual weight loss • Increased fatigue • Irritability • Blurry vision	**Diabetes Related Risk Prevention** • Don't smoke • Incorporate physical activity into your daily routine • Control blood pressure, cholesterol and weight • Monitor blood glucose as ordered • Eat heart healthy diet: reduce salt, fat, cholesterol, and in–crease fiber • Get influenza vaccine yearly • Regular follow–up with primary care provider
BLOOD CLOT PREVENTION 	**Call your primary care provider for any of the symptoms below:** • Calf pain/tenderness • Calf swelling or redness • Shortness of breath • Sharp chest pain • Rapid heart beat	• Don't smoke! • Maintain healthy weight • Avoid prolonged sitting and bed rest • Walk at least every 2 hours during the day to maintain mobility **If you are taking blood thinners:** • Take blood thinner as directed • Get regular blood level checks (PT/INR) as directed • Eat a consistent amount of foods containing Vitamin K • Diet & Medications can affect PT/INR levels • Do not change dietary habits or notify MD before changing habits • Blood Thinners increase risk of bleeding • Do not start/stop any medication (prescribed/over the counter) unless instructed by your MD

Received Information and Discharged on Date/Time 9/14/18
Patient / Caregiver Signature
Registered Nurse Signature

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **OB**
SVC: **ED**

DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

COMMUNITY WELLNESS EDUCATION

© M–1199 (01/2011) File Under: Discharge Tab

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Discharge Instructions

Allergies: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

VISIT SUMMARY INFORMATION

Discharging Provider	Sonja Ellingson, MD
Primary Diagnosis	Lower extremity wounds.
Other Major Diagnoses	Syncope, Diarrhea, DVTs on Warfarin

ACTIVITY

Activity	Fall precautions.

DIET

Diet Instructions	Resume previous diet
Fluid Intake	Drink 6-8 glasses per day

FOLLOW UP APPOINTMENTS

	Provider Name	Phone#	When to Follow Up
Primary Care Follow up Appt	Neighbor Jr., William E, MD	206-616-9358	Within 7 days, call to schedule appointment.
Follow up Appt	Wound care clinic	206 668-1244	9/24/2018 @ 8:30 AM [Monday]
Follow up Labs	INR on Friday 9/21/2018		
Additional Referral	Kindred Home Health		
Referral Instructions	INR to be checked on Friday 9/21/2018		

ADDITIONAL INSTRUCTIONS

Additional Instructions

1. Be careful with mobility- if you are going for walks with Lou and use fall precaution tips, assistive device/Walker at all times.
2. Follow up with Wound Care Clinic on Monday.
3. INR on Thrusday.
4. Follow up with Dr. Neighbor Jr.

Notify

Notify your Provider if you have any of the following signs or symptoms:
Fever of 100.5 F or higher or chills
Increased/ Excessive Bleeding
Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
Frequency, burning, foul smelling or blood with urination or unable to urinate
Persistent diarrhea or constipation
Pain, redness and swelling in lower legs
Pain unrelieved with medication and rest
Unable to tolerate oral fluids or food
Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
Swelling unrelieved by elevation, rest or ice
Severe leg/calf pain
Chest pain
Shortness of breath
Fatigue
Weight gain of more than 3 pounds in 3 days

DC0001 - DC Info

SPECIAL MEDICATION ADMINISTRATION INSTRUCTIONS

Med Administration Instructions	Whole with thin liquids

Patient Name:	HOFFMAN, JEANNE L	**Account Number:**	1830020513
Date of Birth:	01/06/1925	**Age / Sex:**	93Y/F
Date Admitted:	09/10/2018	**Attending Physician:**	Abbott Klafter, Jesse MD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Discharge Instructions

Allergies: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

VITAL SIGNS

BP	121/62 (9/19/2018 8:58)	**NBP Systolic (mmHg)**	
Respiration	18 (9/19/2018 8:58)	**NBP Diastolic (mmHg)**	
Temperature	36.7 Cel (9/19/2018 8:58)	**HR**	
Pulse	72 (9/19/2018 8:58)	**SpO2**	
O2 Sat(%)	98 (9/19/2018 8:58)	**Temperature**	
		Respiration	

Thank you for entrusting your care to UW Medicine/Northwest Hospital & Medical Center. Your hospital visit summary is available online by clicking the "Request Account" link at this URL:
https://nwh.uwmedicineecare.org/NWH/Patient#

My discharge instructions have been reviewed with me and I have received a copy.

Patient/Representative Signature — 9/19/18 Date/Time

SALEMW RN
Discharging RN (print clearly) — 09-19-18 Date/Time

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

Patient Name:	HOFFMAN, JEANNE L	**Account Number:**	1830020513
Date of Birth:	01/06/1925	**Age / Sex:**	93Y/F
Date Admitted:	09/10/2018	**Attending Physician:**	Abbott Klafter, Jesse MD

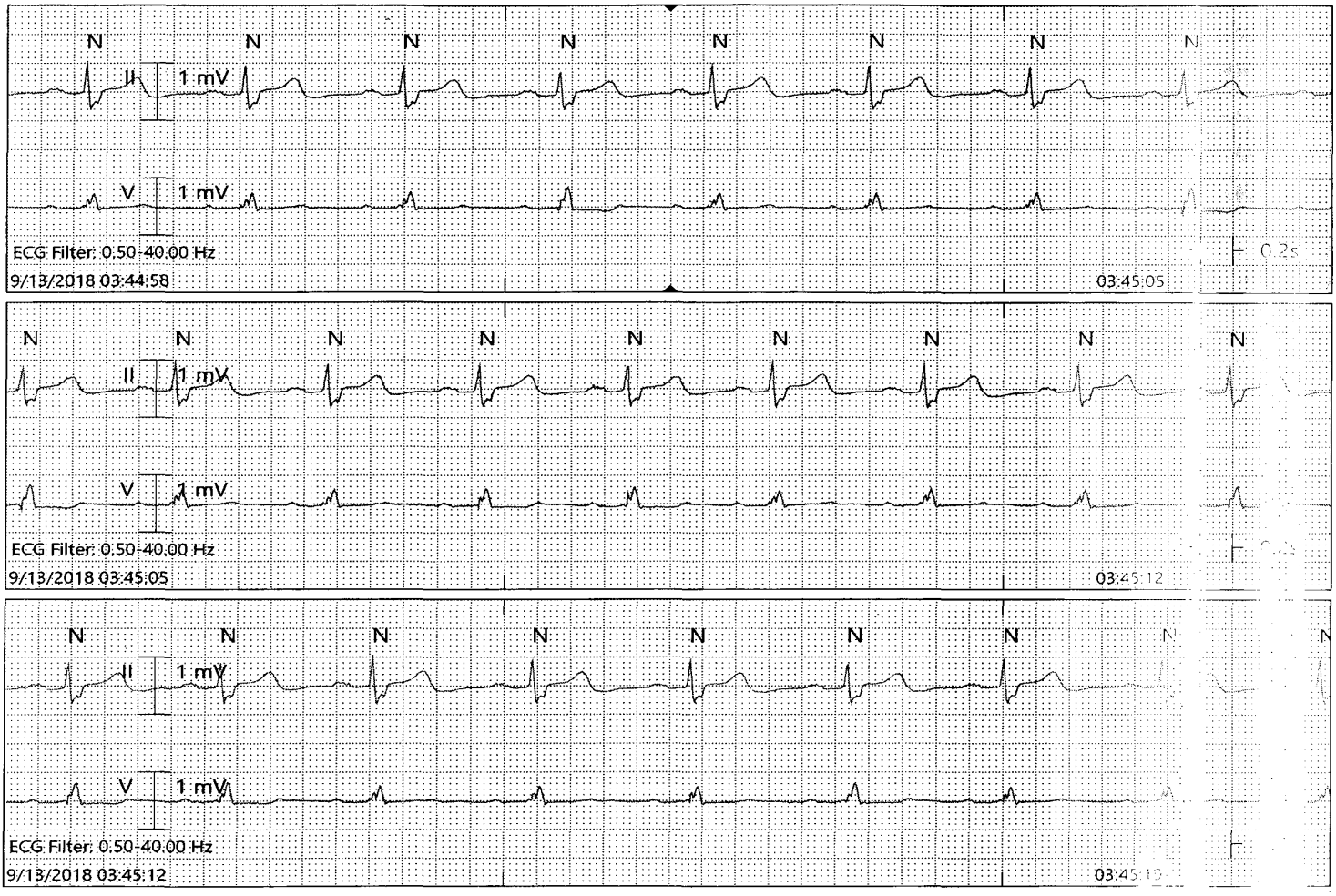
Strip Report Room 444

HOFFMAN, J [redacted] U8170135 [redacted]

Vitals:

HR 63 PVC 0

9/13/2018 03:45:02 Saved strip re-labeled to SINUS RHYTHM WITH A 1°AVB RBBB PR 0.24 QRS 0.12 QT 0.38 QTc 0.39



9/13 07 Sm.

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

DT0020 - Rhythm Strips

Tele Studio | NW Hospital Medical Cent[redacted]

Printed on 9/13/2018 03:46:43 Page of 1

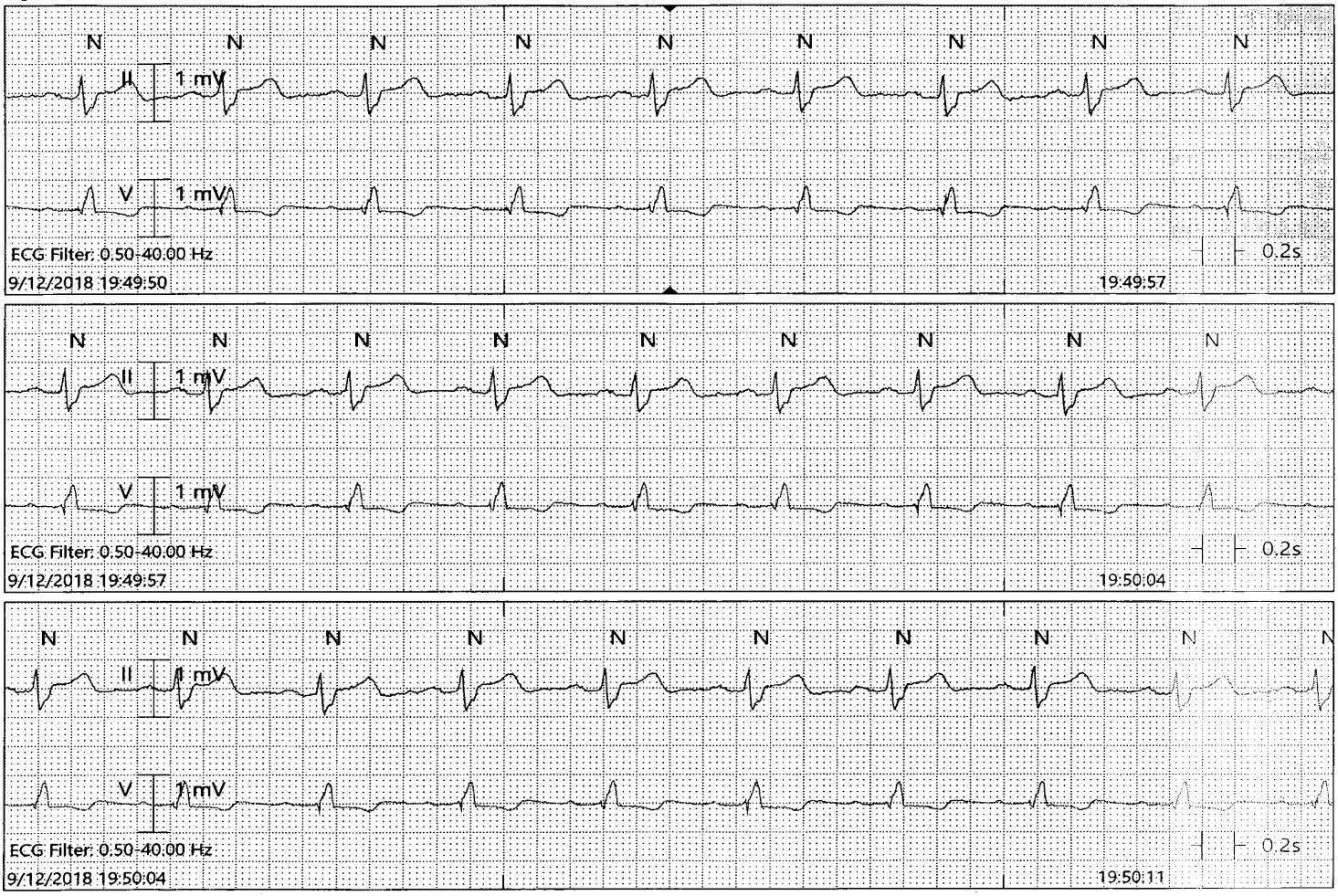
Strip Report Room 444

HOFFMAN, J [redacted] U8170135 [redacted] [redacted] [redacted]

Vitals:

HR 70 PVC 0

9/12/2018 19:49:54 Saved strip re-labeled to SINUS RHYTHM WITH A 1°AVB RBBB PR 0.22 QRS 0.13 RR 0.87 QT 0.41 QTc 0.44



QC

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

	Tele Studio	NW Hospital Medical Center

Printed on 9/12/2018 19:52:16

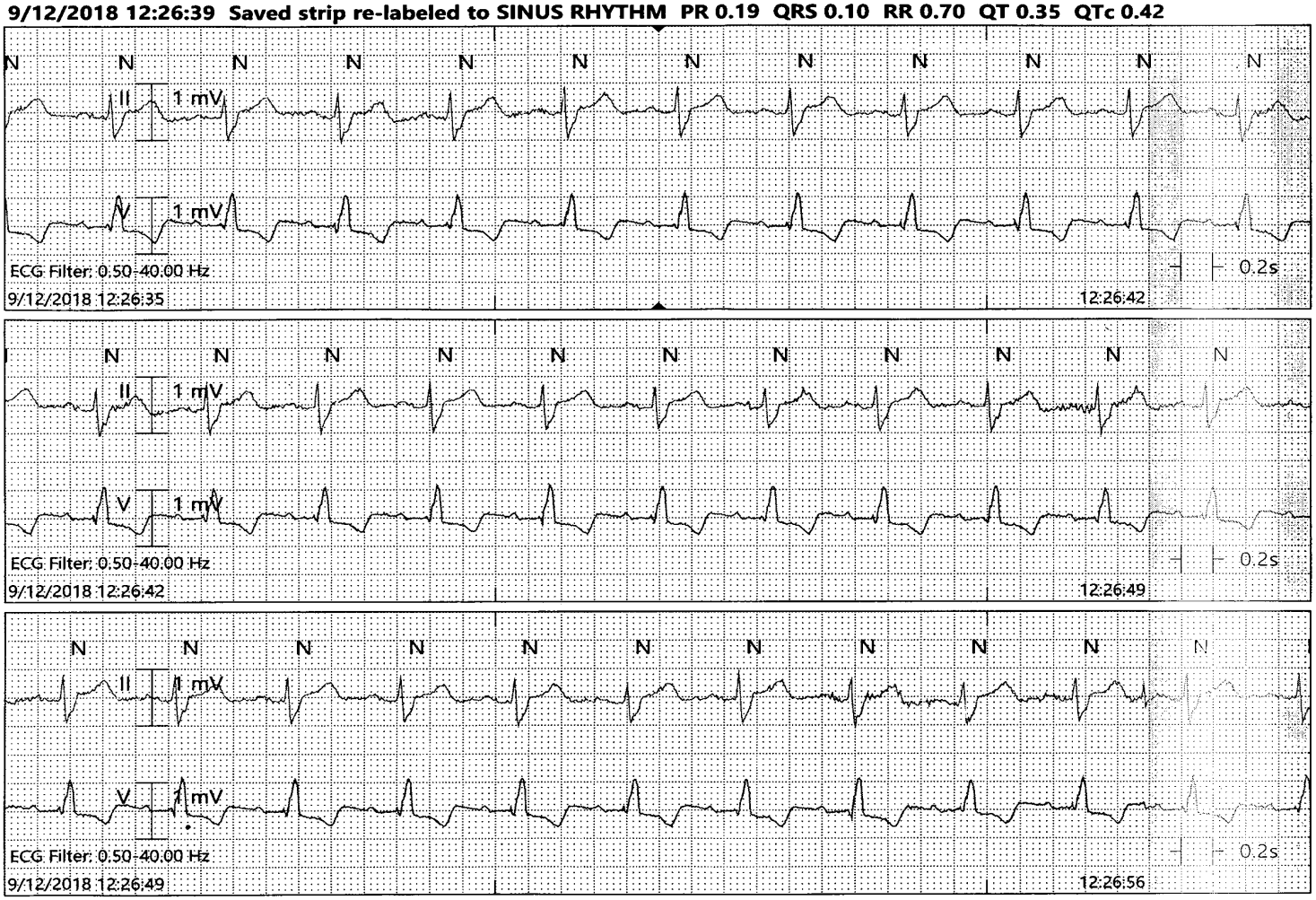
Strip Report Room 444

HOFFMAN, J [redacted] U8170135

Vitals:

HR 88 PVC 0

9/12/2018 12:26:39 Saved strip re-labeled to SINUS RHYTHM PR 0.19 QRS 0.10 RR 0.70 QT 0.35 QTc 0.42



HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

	Tele Studio	NW Hospital Medical Center

Printed on 9/12/2018 12:48:30

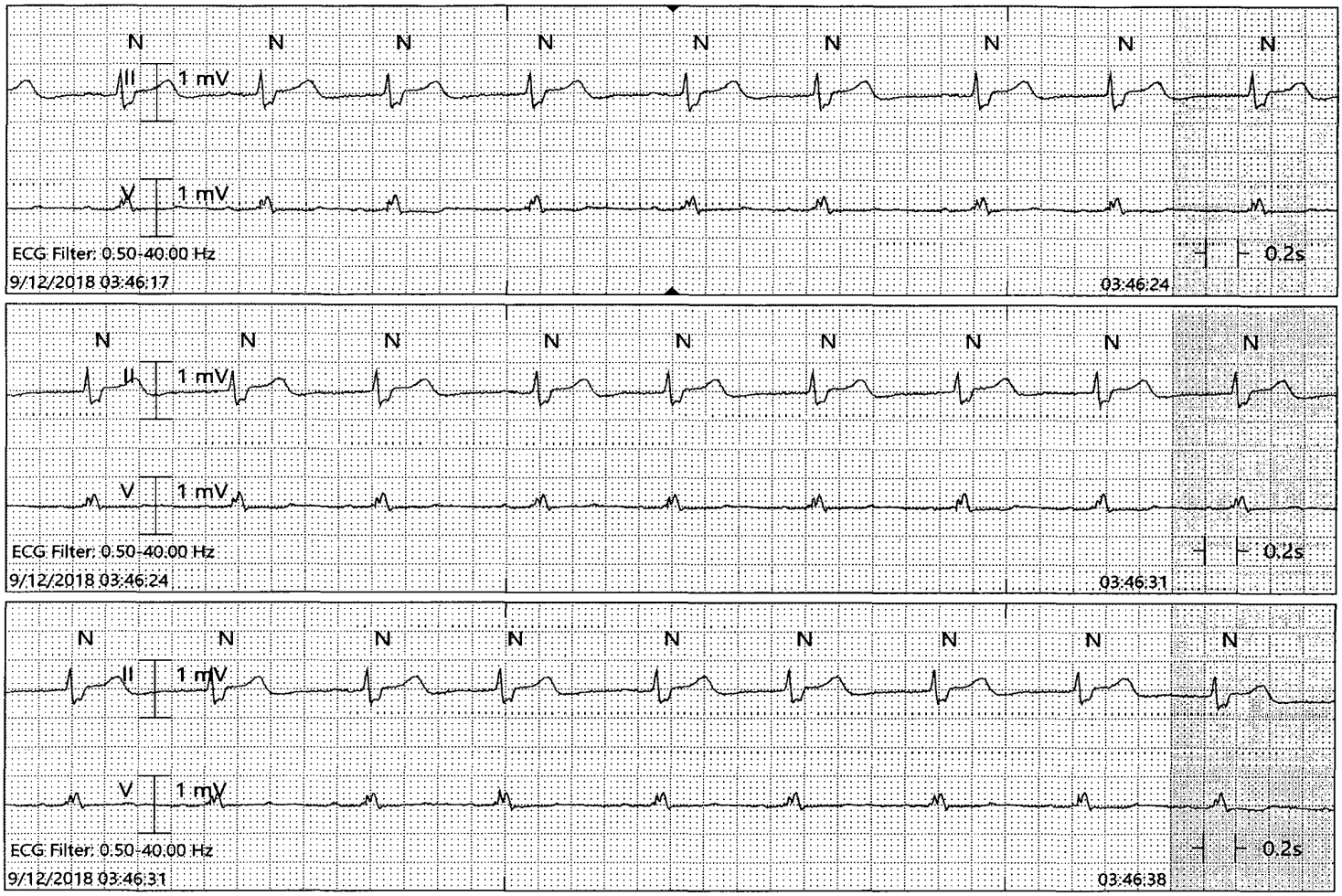
Strip Report Room 444

HOFFMAN, J [redacted] 8170135 [redacted]

Vitals:

HR 73 PVC 0

9/12/2018 03:46:21 Saved strip re-labeled to SINUS RHYTHM WITH A 1°AVB RBBB PR 0.22 QRS 0.12 RR 0.97 QT 0.40 QTc 0.40



HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

	Tele Studio	NW Hospital Medical Center

Printed on 9/12/2018 03:48:14

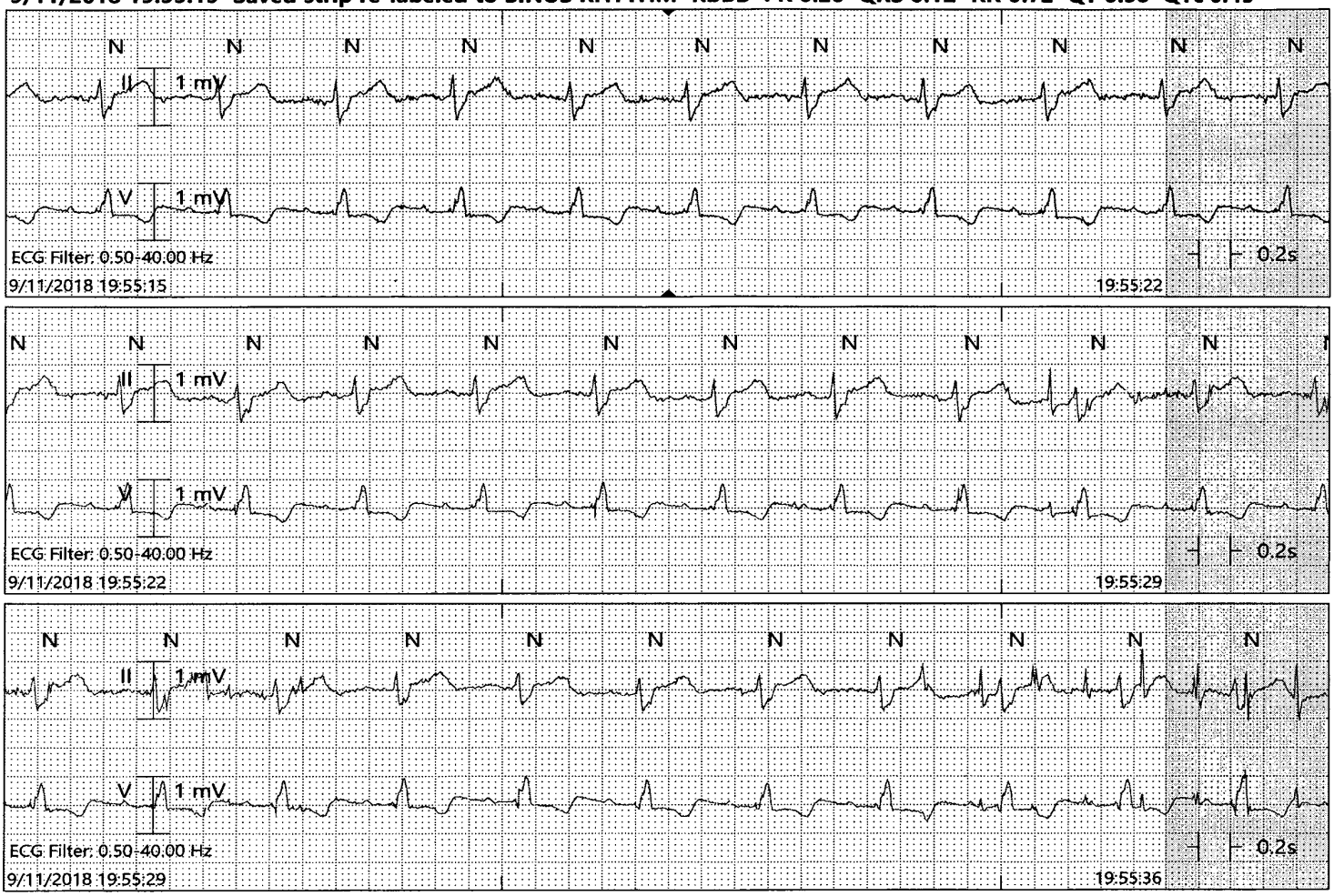
Strip Report Room 444

HOFFMAN, J [redacted] 8170135 [redacted]

Vitals:

HR 84 PVC 0

9/11/2018 19:55:19 Saved strip re-labeled to SINUS RHYTHM RBBB PR 0.20 QRS 0.12 RR 0.72 QT 0.38 QTc 0.45



D. Trudeau 9/11 2130

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

	Tele Studio	NW Hospital Medical Center

Printed on 9/11/2018 19:57:52

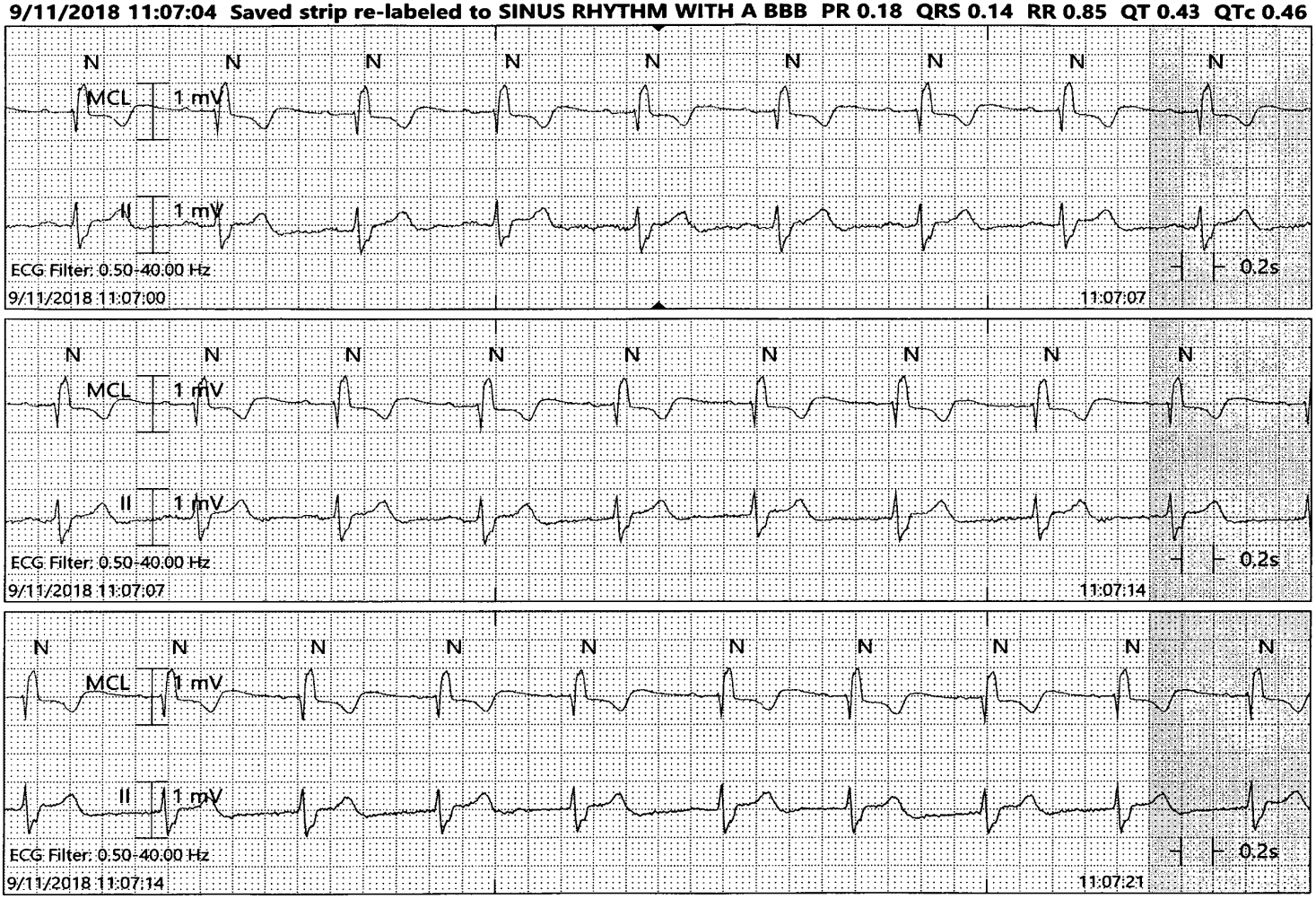
Strip Report Room 444

HOFFMAN, J [redacted] U8170135 [redacted]

Vitals:

HR 70 PVC 0

9/11/2018 11:07:04 Saved strip re-labeled to SINUS RHYTHM WITH A BBB PR 0.18 QRS 0.14 RR 0.85 QT 0.43 QTc 0.46



HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

9/11/18 1620

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Printed on 9/11/2018 11:13:11

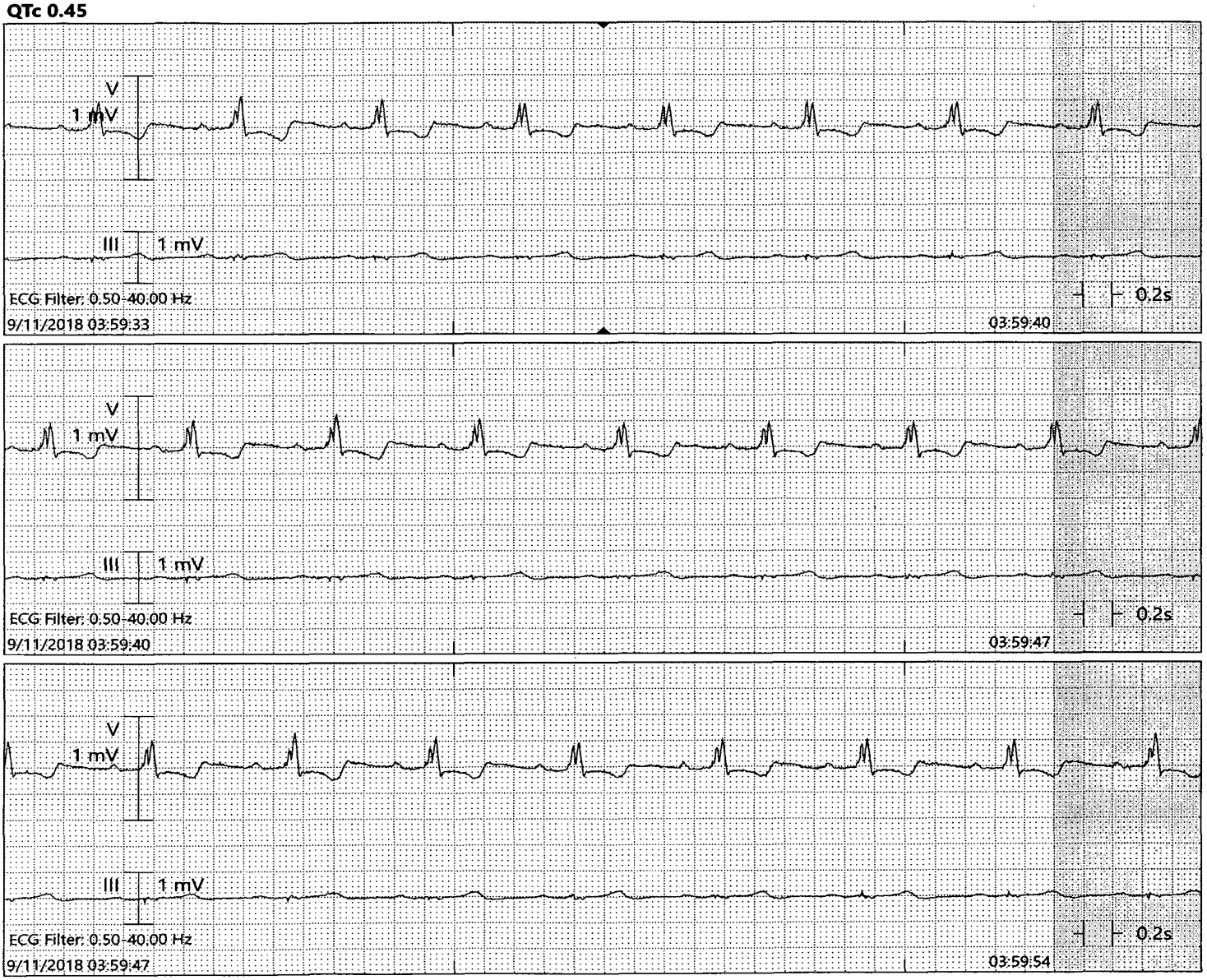
Strip Report Room 444

HOFFMAN, J [redacted] 8170135 [redacted] [redacted] [redacted]

Vitals:

HR 64 PVC -?-

9/11/2018 03:59:37 Saved strip re-labeled to SINUS RHYTHM WITH A 1°AVB BBB PR 0.24 QRS 0.12 RR 1.00 QT 0.45 QTc 0.45



HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y - F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

	Tele Studio	NW Hospital Medical Center

Printed on 9/11/2018 06:06:01

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Medicare Outpatient Observation Notice

Patient name: Hoffman, Jeanne Leonie **Patient number: U8170135**

You're a hospital outpatient receiving observation services. You are not an inpatient because:

Your physician feels that the treatment for your medical condition (Syncope) is corrected within 48 hours from your admission date and time as of 9/11/2018 @00:11.

Being an outpatient may affect what you pay in a hospital:

- When you're a hospital outpatient, your observation stay is covered under Medicare Part B.
- For Part B services, you generally pay:
  - A copayment for each outpatient hospital service you get. Part B copayments may vary by type of service.
  - 20% of the Medicare-approved amount for most doctor services, after the Part B deductible.

Observation services may affect coverage and payment of your care after you leave the hospital:

- If you need skilled nursing facility (SNF) care after you leave the hospital, Medicare Part A will only cover SNF care if you've had a 3-day minimum, medically necessary, inpatient hospital stay for a related illness or injury. An inpatient hospital stay begins the day the hospital admits you as an inpatient based on a doctor's order and doesn't include the day you're discharged.
- If you have Medicaid, a Medicare Advantage plan or other health plan, Medicaid or the plan may have different rules for SNF coverage after you leave the hospital. Check with Medicaid or your plan.

NOTE: Medicare Part A generally doesn't cover outpatient hospital services, like an observation stay. However, Part A will generally cover medically necessary inpatient services if the hospital admits you as an inpatient based on a doctor's order. In most cases, you'll pay a one-time deductible for all of your inpatient hospital services for the first 60 days you're in a hospital.

If you have any questions about your observation services, ask the hospital staff member giving you this notice or the doctor providing your hospital care. You can also ask to speak with someone from the hospital's utilization or discharge planning department.

You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Form CMS 10611-MOON

FS0005 - Medicare Outpatient Observation

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
E CSN: 1830020513 MRN:U8170135
ADM: 09/10/2018
CLASS: ED
SVC: ED

Your costs for medications:

Generally, prescription and over-the-counter drugs, including "self-administered drugs," you get in a hospital outpatient setting (like an emergency department) aren't covered by Part B. "Self-administered drugs" are drugs you'd normally take on your own. For safety reasons, many hospitals don't allow you to take medications brought from home. If you have a Medicare prescription drug plan (Part D), your plan may help you pay for these drugs. You'll likely need to pay out-of- pocket for these drugs and submit a claim to your drug plan for a refund. Contact your drug plan for more information.

If you're enrolled in a Medicare Advantage plan (like an HMO or PPO) or other Medicare health plan (Part C), your costs and coverage may be different. Check with your plan to find out about coverage for outpatient observation services.

If you're a Qualified Medicare Beneficiary through your state Medicaid program, you can't be billed for Part A or Part B deductibles, coinsurance, and copayments.

Additional Information (Optional):

Please sign below to show you received and understand this notice.

9/16/2018 12:00

Signature of Patient or Representative

Date / Time

CMS does not discriminate in its programs and activities. To request this publication in alternative format, please call: 1-800-MEDICARE or email:AltFormatRequest@cms.hhs.gov.

Form CMS 10611-MOON

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1830020513 MRN:U8170135
ADM: 09/10/2018
CLASS: ED
SVC: ED

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Patient Belongings Report

Patient Belongings

Timing of Inventory: Discharge | **Unit Inventory Completed: 4S** | **Room: 444**

	Item	Deposit/Balance	Disposition	With Pt at Transfer /Discharge
Hearing Aids	Left		With Patient	Yes
Glasses/Contacts	glasses		With Patient	Yes
Street Clothes	Pants; Shirt		With Patient	Yes
Comments				

I have received the belongings listed above at the time of discharge.

Date/Time: 9/19/18 @1300 **Patient/Responsible Party Signature** [signature]

Date/Time: 9/19/18 @1300 pm **Staff Signature** Samson

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

FS0010 - Valuables

Patient Name: HOFFMAN JEANNE
Date of Birth: 1/6/1925 00:00
Date Admitted: 9/10/2018 18:55

Account Number: 1830020513
Age/Sex:93Y/F
Attending Physician: Abbott Klafter, Jesse MD

Discharge Medication Instructions

Alrg: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Continue Taking These Home Medications

cholecalciferol (vitamin D3) 1,000 unit Tablet
Directions: 1 tablet oral daily every morning
Additional Instructions:
Last Dose Given Date: 0 Time: _____

timolol maleate 0.5 % Drops
Directions: 1 drop ophthalmic, both eyes daily every morning
Additional Instructions:
Last Dose Given Date: 9/19 Time: 9:21

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

Start Taking These New Medications

acetaminophen 325 mg Tablet
Directions: 2 tablet oral every six hours as needed for MILD PAIN
Additional Instructions: ONLY take if NOT taking norco
Last Dose Given Date: 9/18 Time: 9:40 PM

methocarbamol 500 mg Tablet
Directions: 1 tablet oral every six hours as needed for Neck pain
Additional Instructions:
Last Dose Given Date: 0 Time: _____
ePrescribed and Printed for: SAFEWAY #27-1252

ME0020 - Med Reconciliation

atorvastatin (Lipitor) 10 mg Tablet
Directions: 1 tablet oral daily
Additional Instructions:
Last Dose Given Date: 9/19 Time: 9:21
ePrescribed and Printed for: SAFEWAY #27-1252

LIDOCAINE 4% PATCH (ASPERCREME LIDOCAINE PATCH) 1 PATCH = 1 PATCH Transdermal DAILY First Dose Now,
Clinician Dir:SWITCH TO 4% PER HOSPITAL POLICY PATCH: 12 HOURS ON, 12 HOURS OFF. Buy over the counter.
Last Dose Given Date: 9/19 Time: 9:21
Printed

Electronically signed by: Jesse Abbott Klafter, MD 9/19/2018 11:40:12AM

Discharge Medication Instructions

Alrg: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Make These Changes to Your Home Medications

warfarin (Coumadin) 4 mg Tablet
Directions: 1 tablet oral daily every evening
Additional Instructions: check INR on friday
Last Dose Given Date: _____ Time: _____
ePrescribed and Printed for: SAFEWAY #27-1252

HYDROcodone-acetaminophen 5 mg-325 mg Tablet
Directions: 1-2 tablet oral every six hours as needed for pain
Additional Instructions:
Last Dose Given Date: _____ Time: _____
Printed

Stop Taking These Medications

cyanocobalamin (vitamin B-12) 1,000 mcg Tablet
Directions: 1 tablet oral daily
Reason to Stop:
Date last Given: _____

pentoxifylline 400 mg Tablet Extended Release
Directions: 1 tablet oral every eight hours
Reason to Stop:
Date last Given: _____

lactulose 10 gram/15 mL Solution
Directions: 30 mL oral twice a day
Reason to Stop:
Date last Given: _____

bisacodyl Dulcolax (bisacodyl) 10 mg Suppository
Directions: 1 suppository per rectum daily
Reason to Stop:
Date last Given: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y - F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

SAFEWAY #27-1252
253 HIGH SCHOOL ROAD N.E.
BAINBRIDGE ISLAND, WA 98110
Phone # 2068420127 Fax # 2067800731

Electronically signed by: Jesse Abbott Klafter, MD 9/19/2018 11:40:12AM

NO[redacted]RSIVE: ALL PRES[redacted]PTIONS MUST BE P[redacted]TED WITH LETTERS [redacted]AT ARE NOT CON[redacted]TED.
PROHIBITED ABBREVIATIONS at NWHMC:
OD, QD, QOD, SQ, CC, U, IU, MS, MSO4, MGSO4, µ , TIW, X.0 (TRAILING ZERO), .X (LACK OF LEADING ZERO)

DISCHARGE ORDERS

HOSPITAL PHYSICIANS:
Discharging Physician: Ellingson
Consultants (significant): _____

DEVICES:
☐ Disc. Foley on: _____
☐ Disc. PICC/midline on: _____

EDUCATION:
☐ Materials Provided by MD: _____
☐ RN to provide Krames discharge educational materials of primary diagnosis on Soarian problem list
☐ RN to provide discharge educational materials on: _____

FOLLOW-UP APPOINTMENTS
☐ *Unit Secretary to schedule* ☐ *Family/Patient/SNF to schedule*
Dr. Neighbor within 7 days Monday
Dr. Wound care APRN P within ~~THURS~~ days

Confirmed Follow-up Appointments:
Date: _____ Time: _____
Date: _____ Time: _____

☐ Patient d/c to SNF, follow-up with SNF MD. ☐ Establish care with new PCP within _____ days. Please provide list of PCPs.

DISCHARGE TO: ☒ Home ☐ SNF _____ ☐ ALF/AFH _____ ☒ Other tent

Primary Diagnosis: lower extremity wounds

Other Major Diagnosis: syncope, diarrhea, DVTs on warfarin

Treatment of Primary Diagnosis: _____

Invasive Procedures: _____

MEDICATIONS: For all medications and allergies, see attached Discharge Medication Orders and/or Prescriptions.

POST DISCHARGE SERVICES

* Home Health orders require additional documentation. Please fill out the Addendum to Orders for Home Health Care (M-1364) prior to discharge.

			New	Resume
☒ Home Health*	☒ RN ☒ PT ☒ OT ☐ RT	INR to be	☒	☐
☐ SNF	☒ MSW	checked Friday	☒	☐
☐ Outpatient	☐ Bath Aid	9/21/18	☐	☐
	☐ Speech / Swallow		☐	☐
	☐ Home Oxygen		☐	☐
	☐ Home Infusion		☐	☐
	☐ Hospice		☐	☐
Agency Name: KindredHH	☒ Wound Care		☐	☐

D/C Staples/Sutures on _____

Date: 9/17/2018 *(Required)* **Time:** 0900 *(Required)* **Physician Signature:** [signature] *(Required)*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **OB**
SVC: **ED**

PO0040

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PHYSICIAN DISCHARGE ORDERS

© M-1224 (02/17) File Under: Physician Discharge Orders

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

DIET ☐ RN/SLS/RD to provide educational materials on dietary restrictions
☒ General ☐ Na Restricted_____gm. ☐ No Salt added ☐ ADA/Low Cal____ ☐ AHA low chol./low sat. fat
☐ Pureed ☐ Dysphagia Stimulation ☐ Dysphagia Blenderized ☐ Dysphagia Mechanical ☐ Dysphagia Advanced
☐ NPO ☐ Thin Liquid (normal) ☐ Nectar thick Liquid ☐ Honey thick Liquid ☐ Spoon thick Liquid
☐ 1:1 Supervision ☐ Tube Feeding_____ml/hr ☐ Other _____

MEDICATION ADMINISTRATION
☒ Whole w/ Liquid ☐ One at a time ☐ Whole w/ Puree ☐ Crushed w/ Puree ☐ Alternate Route

MOBILITY & PRECAUTIONS
☐ Up ad lib ☐ Bed Rest ☒ Fall Precautions ☐ Amb w/ Assist
☐ Right ☐ Left
☐ PWB_____% ☐ WBAT ☐ NWB
Hip: ☐ Right ☐ Left ☐ Anterior Hip Precautions ☐ Posterior Hip Precautions ☐ Flexion to ____°
Upper Extremity Limitation (e.g. ROM or Weight Bearing): _____
☐ Sternal Precautions ☐ Other:_____

Notify Provider: ☒ per printed educational materials
☐ Other: _____

Additional Orders/Patient Instructions/Wound Care Orders/Outpatient Studies & Labs:

☒ **Attach wound care instructions from Wound Care RN Note:**

① be careful with mobility - if you're going for walk with Lou and use fall precaution tips, assistive device /walker @ all times
② f/u wound care clinic ~~Tuesday~~ Monday
③ INR ~~Thursday~~ Friday ④ F/u w/ Dr. Neighbor 1 week

Date: 9/17/2018 (Required) **Time:** 0900 (Required) **Physician Signature:** _____ (Required)

If patient is discharging to a SNF, the following section MUST ALSO be completed.

CODE STATUS
☐ Full Code ☒ No Code, Full Medical ☐ Comfort Care ☒ POLST Form Completed
☐ Indicate when/with whom discussed: _____

VITAL SIGNS ☐ Q Shift x 3 days ☐ NH Routine Other:

LAB OR X-RAY Lab/Study INR on ~~Thursday~~ (date) Lab/Study Friday 9/21/18, on _____ (date)

Certification for Skilled Nursing Care

I certify that post hospital Skilled Nursing Care is medically necessary on a continuing basis for any of the conditions for which he/she received care during this hospitalization.

Physician Signature: _____ Date: 9/19/18

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1830020513 MRN:U8170135
ADM: 09/10/2018
CLASS: OB
SVC: ED

PO0040

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PHYSICIAN DISCHARGE ORDERS

© M–1224 (02/17) File Under: Physician Discharge Orders

PARK RIDGE CARE CENTER

DOCUMENTATION - CH ING RECORD

09/01/2018 - 09/30/2018

ORDER TEXT	HOUR	SA 01	SU 02	MO 03	TU 04	WE 05	TH 06	FR 07	SA 08	SU 09	MO 10	TU 11	WE 12	TH 13	FR 14	SA 15	SU 16	MO 17	TU 18	WE 19	TH 20	FR 21	SA 22	SU 23	MO 24	TU 25	WE 26	TH 27	FR 28	SA 29	SU 30	*
~~08/27/18~~ COUMADIN 5.5 MG PO Q EVENING - DVT (NEXT INR ON 9/~~08~~/18)	1700	W	W	G	A	R	G	R	V	V	2.1	1.9																				**
06/06/18 DRAW PT/INR EVERY MONDAY AND EVERY THURSDAY	DAYS			R				9			10																					
FOR INR < 3.2: LEAVE LAB RESULT ON PROVIDER`S VOICEMAL GIVE COUMADIN DOSE (DO NOT PAGE-ON CALL PROVIDER)																																
FOR INR: > 3.3 LEAVE LAB RESULT ON PROVIDER`S VOICEMAIL HOLD COUMADIN DOSE (DO NOT PAGE ON-CA LL PROVIDER)																																
PAGE ON-CALL PROVIDER IF BLEEDING DEVELOPS OR OTHER CONCERNS																																
Coumadin 6mg po daily. DVT 9/10/18	1200									R																						

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1830020513 MRN:U8170135
ADM: 09/10/2018
CLASS: ED
SVC: ED

EX0001 - External Documents

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE 09/01/2018

NAME	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN	PHY. PHONE	PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	CARDIM, ISABELA LINS	2067441891	1
			ALT PHYS: TOURAY, IBRAHIMA ,ARNP	ALT PHONE: 2067447195	

9/2018 08:59AM 2063630408 PARKRIDGE 3 PAGE 03/13

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1830020513** MRN:**U8170135**
ADM: **09/10/2018**
CLASS: **ED**
SVC: **ED**

INR/COUMADIN (WARFARIN) FLOW SHEET

Directions: Use this flow sheet for adjustment of Coumadin dosage. When commencing Coumadin therapy, order daily PT/INR and adjust dose according to the following guidelines. Additional dosage adjustments may be made as clinically appropriate by the physician.

Reason/Specific INR Goal:

Diagnosis/Clinical Indication for Coumadin:

Baseline PT: ____ Baseline INR: ____

Current home medications: ____

Coumadin teaching completed: ____

Patient/family verbalizes understanding of Coumadin therapy: ____

Comments (Special instructions, discharge plans, follow-up appointments, etc.): ____

Date/Time	INR Result	Current Coumadin Dose	INR Notified	Dose Change	Next Date INR	Nurse's Signature
9/2/18	2.0	5mg	yes	↑ 5.5mg PO daily	9/24/18	Nbyalee
9/24/18	2.0	5.5mg	yes	↑ 6mg PO daily	10/2/18	Jean
10/2/18	2.3	5.5mg	yes	↑ 6mg PO daily	10/23/18	Jean
10/30/18	2.6	6mg	yes	decrease 5.5mg PO daily	11/6/18	Rbaw
11/6/18	2.0	5.5mg	yes	continue 5.5mg PO daily	11/20/18	Rbaw
11/20/18	2.5	5.5mg	yes	↑ 6mg PO daily	12/4/18	Rbaw
12/4/18	1.9	6mg	yes	↑ 6mg PO daily	12/18/18	Red

Revised: July 2009

RESIDENT NAME: ~~Hoffman~~ Jeanne PHYSICIAN: Corbin RECORD# ____ ROOM# ____

UW Medicine & Northwest Hospital and Medical Center
1550 N 115th St
Seattle, WA 98133-9733

Outpatient Coding Summary

Patient Name		Sex	Birth Date	Age	MR Number	Account Number
HOFFMAN, JEANNE LEONIE		**FEMALE**	**01/06/1925**	**93**	**U8170135**	**1828465398**
Admit Date	Discharge Date	LOS	Financial Class		Disposition	
07/26/18 08:39 AM	**07/26/18 03:15 PM**	**1**	**Medicare**		**01 - 01 HOME/SELF CARE**	
Attending Physician		Coder			Patient Type	
Rollo,Johnathon Curtis MD		**Darnell Olvena**			**Outpatient**	

Admit Diagnosis

I878 Other specified disorders of veins

Diagnosis Reason for Visit

Primary Diagnosis

I83892 Varicose veins of left lower extremity with other complications

Secondary Diagnosis

I872 Venous insufficiency (chronic) (peripheral)
I878 Other specified disorders of veins
E11622 Type 2 diabetes mellitus with other skin ulcer
L97322 Non-pressure chronic ulcer of left ankle with fat layer exposed
L97222 Non-pressure chronic ulcer of left calf with fat layer exposed
I10 Essential (primary) hypertension
Z86718 Personal history of other venous thrombosis and embolism
G3184 Mild cognitive impairment, so stated
D649 Anemia, unspecified
E785 Hyperlipidemia, unspecified
M160 Bilateral primary osteoarthritis of hip
M47816 Spondylosis without myelopathy or radiculopathy, lumbar region
M6281 Muscle weakness (generalized)
R32 Unspecified urinary incontinence
H409 Unspecified glaucoma
E43 Unspecified severe protein-calorie malnutrition
E539 Vitamin B deficiency, unspecified
E559 Vitamin D deficiency, unspecified
H9190 Unspecified hearing loss, unspecified ear
Z7901 Long term (current) use of anticoagulants

Procedures	Provider	Date

CPT Procedures and Modifiers	Provider	Date
36475 Endoven abltj incmptnt vein xtr rf 1st vein	Rollo,Johnathon Curtis MD	07/26/18
37799 Unlisted procedure vascular surgery	Rollo,Johnathon Curtis MD	07/26/18
97597 Debridement open wound 20 sq cm/<	Rollo,Johnathon Curtis MD	07/26/18

APC	CPT	APC Text	APC Weight	APC Pct	APC Reimb	CMS Reimb
05183	36475	05183 Level 3 Vascular Procedures				
05181	37799	05181 Level 1 Vascular Procedures				
05051	97597	05051 Level 1 Skin Procedures				

APC Total Reimbursement	APC Total Weight	Total CMS Reimbursement

Bill Type **131**	Claim Type	Claim Disposition	Condition Code **None**

08/05/2018 05:10 — UNIVERSITY OF WASHINGTON MEDICAL CENTER — CUMULATIVE SUMMARY
INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NWPACO
Acct: 1828465398 — Dr: Rollo,Johnathon Curtis,MD

********** POINT OF CARE TESTING **********

TEST:	INR	HCT	HGB
UNITS:		%	g/dL
LO-HI:	0.7-1.3	36-46	11.5-15.5
07/26/18			
0935	1.2 (a) {NP}		
0937		30* (a) {NP}	
0937			10.2* (a) {NP}

********** GLUCOSE, POINT OF CARE TESTING **********

TEST:	GLU
UNITS:	mg/dL
LO-HI:	62-125
07/26/18	
0937	124 (a) {NP}

{NP} Testing performed by NWH Point of Care 1550 N 115th St Suite A200, Seattle WA 98133

---FOOTNOTES---
(a) LIP Notified

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Orders Report

Generated from 7/26/2018 8:39:57AM to END

Order Type: Diagnostic Imaging/Order Sub Type: EKG

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 05:00 07/26/18 18:30	LIDOCAINE 1% (XYLOCAINE 1%) 3 MG = 0.3 ML Intradermal PSA for 1 Days, Clinician Dir:X 1 DOSE PRN IN PSA FOR LINE START	Validated	ANESTHESIA, MD	EDDY HO, PHARM D.
07/26/18 11:00 07/26/18 11:00	SODIUM TETRADECYL SULF (SOTRADECOL 3%) 60 MG = 2 ML Intravenous ONCE for 1 Doses, Clinician Dir:SEND TO OR	Discontinue	ROLLO, JOHNATHON	SUZANNE LEE, RPH
07/26/18 10:54 07/26/18 23:59	CEFAZOLIN/D5W 2G INF 50ML Intravenous PSA for 1 Days, Clinician Dir:X 1 DOSE IN PSA	Validated	ROLLO, JOHNATHON	LIV BRAKSTAD, RPH
07/26/18 12:27 07/26/18 20:02	SODIUM CHLORIDE 0.9% (250 ML bag) Intravenous @1500mL/Hour Over 0.17H SYMP. VASOVAGAL REACTION for 1 Days, Clinician Dir:250ML BOLUS OVER 10 MINS MAY REPEAT X1, CALL MD IF REMAINS HEMODYNAMICALLY UNSTABLE	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:27 07/26/18 20:02	ADULT STANDARD CARE ORDERS (NOTE ADULT STANDARD CARE) 1 NOTE = 1 NOTE Miscellaneous complex for 1 Days, Clinician Dir:RN TO ENTER ORDER M1065 AS NEEDED IN SOARIAN	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:27 07/26/18 20:02	ACETAMINOPHEN (TYLENOL) 1000 MG = 2 TAB Oral Q6HP PRN MILD PAIN for 1 Days	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:29 07/26/18 20:02	HYDROCODONE-APAP 5-325 MG (NORCO 5-325MG) 2 TAB = 2 TAB Oral Q6HP PRN PAIN for 1 Days	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:29 07/26/18 20:02	PENTOXIFYLLINE CR (TRENTAL) 400 MG = 1 TAB Oral Q8HWA for 1 Days	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:29	timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:29	warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily NEEDS CLARIFICATION FROM SNF	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 21:31 07/26/18 21:31	TIMOLOL 0.5% MALEATE (TIMOPTIC OPHTH) 1 DROP = 1 DROP Eye-Both BID for 1 Days		OHLSSON, ANNA	CAYCE STROMGREN, PHARM D.
07/26/18 21:31 07/26/18 21:31	COMMUNICATION NOTE 1 NOTE = 1 NOTE Miscellaneous PRN for 1 Days		OHLSSON, ANNA	CAYCE STROMGREN, PHARM D.

Order Type: Medication/IV/Order Sub Type: Injectable

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 7/26/2018 8:39:57AM to END

Order Type: Medication/IV/Order Sub Type: Injectable

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 05:00 07/26/18 18:30	LACTATED RINGERS (1000 ML bag) Intravenous @20mL/Hour Over 50H for 1 Days, Clinician Dir:X 1 DOSE IN PSA	Validated	ANESTHESIA, MD	EDDY HO, PHARM D.

Order Type: Patient Care/Order Sub Type: Activity

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 12:27 07/26/18 12:27	Bedrest with puncture site extremity straight for 1 hour. Then ok to ambulate	Active	Anna Ohlsson, MD	Anna Ohlsson, MD

Instructions: for 1 hour. Then ok to ambulate

Order Type: Patient Care/Order Sub Type: ADT

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 12:27 07/26/18 12:27	Discharge home 60 minutes after ambulation if stable and discharge criteria met	Active	Anna Ohlsson, MD	Anna Ohlsson, MD

Instructions: 60 minutes after ambulation if stable and discharge criteria met

Order Type: Patient Care/Order Sub Type: Communication-PC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 12:27 07/26/18 12:27	Notify provider if SBP greater than 180 or less than 90; DBP greater than 90 or less than 40	Active	Anna Ohlsson, MD	Anna Ohlsson, MD

Instructions: SBP greater than 180 or less than 90; DBP greater than 90 or less than 40

07/26/18 12:27 07/26/18 12:27	Notify provider for marked bleeding/hematoma at puncture site, or change in circulation/sensation to puncture extremity	Active	Anna Ohlsson, MD	Anna Ohlsson, MD

Instructions: for marked bleeding/hematoma at puncture site, or change in circulation/sensation to puncture extremity

07/26/18 12:27 07/26/18 12:27	Advance diet as tolerated	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:27 07/26/18 12:27	Encourage fluids	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
07/26/18 12:27 07/26/18 12:27	Communication to nursing: Patient is to keep dressing on for 2 days. Then go to wound care center to change to a compression wrap. Follow up in wound clinic in 1 week.	Active	Anna Ohlsson, MD	Anna Ohlsson, MD

Instructions: Patient is to keep dressing on for 2 days. Then go to wound care center to change to a compression wrap. Follow up in wound clinic in 1 week.

07/26/18 12:27 07/26/18 12:27	Communication to nursing: Any concerns page Anna Ohlsson MD 2063147215	Active	Anna Ohlsson, MD	Anna Ohlsson, MD

Instructions: Any concerns page Anna Ohlsson MD 2063147215

Order Type: Patient Care/Order Sub Type: Treatments

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 12:27 07/26/18 12:27	Straight catheterization every 6 hours if unable to void and bladder volume greater than 500 mL or uncomfortable	Active	Anna Ohlsson, MD	Anna Ohlsson, MD

Instructions: every 6 hours if unable to void and bladder volume greater than 500 mL or uncomfortable

Orders Report

Generated from 7/26/2018 8:39:57AM to END

Order Type: Patient Care/Order Sub Type: Treatments

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 12:27 07/26/18 12:27	Discontinue IV prior to discharge	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
Instructions: IV prior to discharge				
07/26/18 12:27 07/26/18 12:27	Oxygen therapy 2L per nasal cannula prn prevention/management vasovagal reaction	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
Instructions: 2L per nasal cannula prn prevention/management vasovagal reaction				

Order Type: Patient Care/Order Sub Type: Vital Signs - I&O

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
07/26/18 12:27 07/26/18 12:27	Vital Signs every 15 min x 4, every 30 min x 2, then every 1 hour while sheath in place	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
Instructions: every 15 min x 4, every 30 min x 2, then every 1 hour while sheath in place				
07/26/18 12:27 07/26/18 12:27	I & O every 8 hours	Active	Anna Ohlsson, MD	Anna Ohlsson, MD
Instructions: every 8 hours				

Category: Card/Vasc (w/o internal order)
Date of Service: 07/26/2018 09:39
Document Status:
Title:
Document Version : 2

Encounter Number: 1828465398
Facility: UW Medical Center-Northwest
Encounter Type: Limited Stay
Admit Date Time: 2018-07-26 08:39:00
Discharge Date Time: 2018-07-26 15:15:00

HOFFMAN, JEANNE ID:U8170135 26-JUL-2018 09:39:38 NORTHWEST HOSPITAL-PSA ROUTINE RECORD

06-JAN-1925 (93 yr)
Female Caucasian

Room:PSA
Loc:5

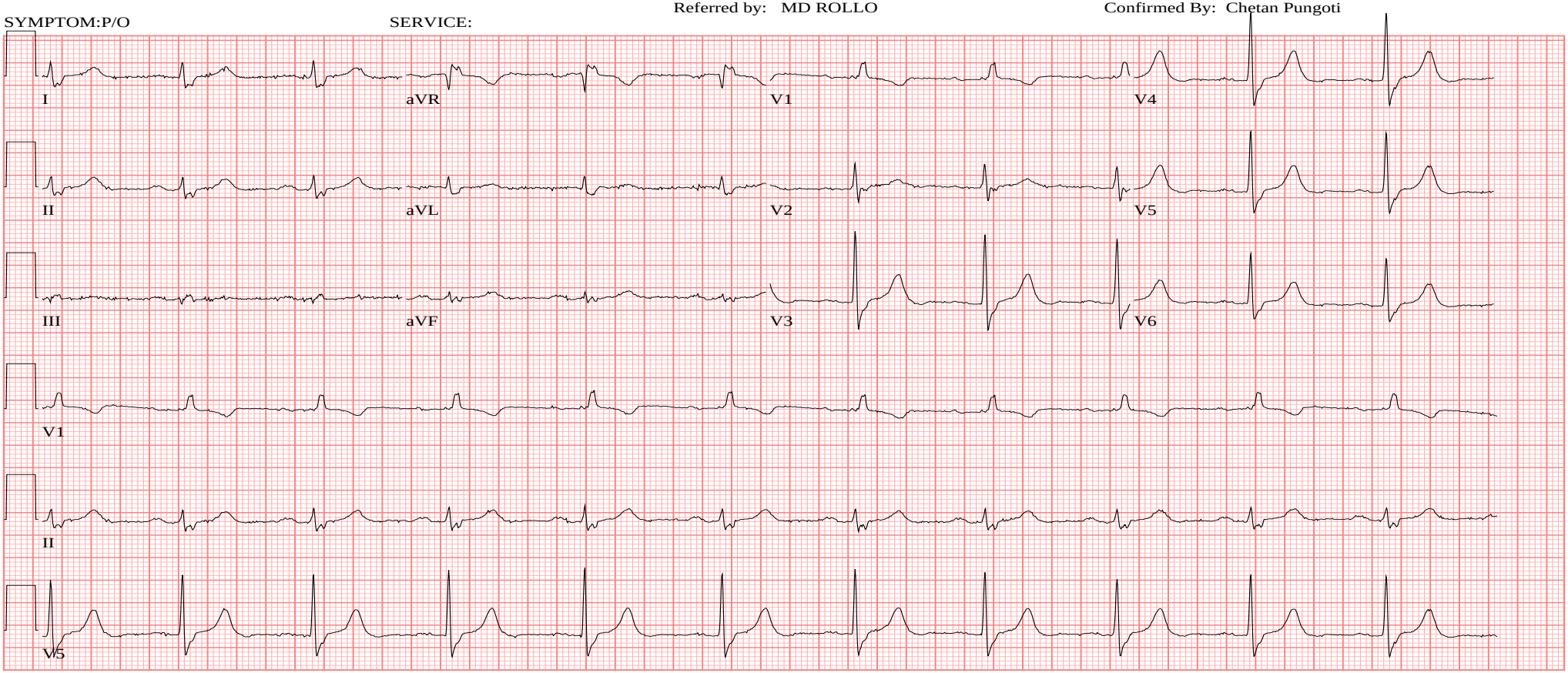
Vent. rate	65	BPM
PR interval	198	ms
QRS duration	122	ms
QT/QTc	428/445	ms
P-R-T axes	62 18	38

Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 29-MAR-2018 13:46,
No significant change was found
Confirmed by Pungoti, Chetan (5012) on 7/26/2018 11:02:06 AM

Technician:JIM LAM
Test ind:

SYMPTOM:P/O SERVICE:

Referred by: MD ROLLO Confirmed By: Chetan Pungoti



25mm/s 10mm/mV 150Hz 8.0 SP2 12SL 241 CID: 91

EID:5012 EDT: 11:02 26-JUL-2018 ORDER: 20358253 ACCOUNT: 1828465398

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

PERIOPERATIVE RECORD

NWH MAIN OR

PHASE 2 RECOVERY RECORD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

PATIENT INFORMATION

TRANSPORTATION HOME: LOUIS-SON
PHONE NUMBER: (360) 649-5702

ANESTHESIA TYPE
MONITORED ANESTHESIA CARE

ALLERGIES

ALLERGEN: SULFA (SULFONAMIDE ANTIBIOTICS)
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:58

ALLERGEN: PENICILLIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:59

ALLERGEN: NITROFURANTOIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: CONFUSION, NAUSEA
REPORTED DATE/TIME: 07/19/2018 10:59
ALLERGY COMMENT:
ABD PAIN & LOSS APPETITE .

ALLERGEN: ASPIRIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 11:01

ALLERGEN: ADHESIVE
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Unconfirmed **ALLERGEN TYPE:** Miscellaneous
REACTION: RASH
REPORTED DATE/TIME: 07/23/2018 15:40

PATIENT ASSESSMENT

HEIGHT: 5 **FT** 2 **IN** 157.48 **CM**
WEIGHT: 114 **LB** 51.71 **KG**
BODY MASS INDEX: 20.9

ADMISSION TO PHASE 2 RECOVERY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

PHASE 2 RECOVERY IN: 07/26/2018 13:30
BAY: SWING 15
TRANSFERRED FROM: PHASE 1
PATIENT IDENTIFICATION: DATE OF BIRTH
NAME
REPORT GIVEN TO: FRY RN, AMY
REPORT GIVEN BY: FRY RN, AMY

SAFETY MEASURES

SAFETY MEASURES
NAME / ALLERGY BANDS CHECKED
BED IN LOW POSITION
BRAKES ON
SIDE RAILS UP

BELONGINGS/DISPOSITION

BELONGING	DISPOSITION	COMMENTS
PERSONAL BELONGINGS	WITH PATIENT	
WHEELCHAIR	WITH PATIENT	
HEARING AIDS	WITH PATIENT	IN LEFT EAR ONLY

PROCEDURES

PRIMARY PROCEDURE: LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY
PRIMARY SURGEON: ROLLO, JOHNATHON C

STAFF

NAME: FRY RN, AMY
ROLE: RN PHASE 2

FAMILY NOTIFICATION

DATE/TIME	SPOKE WITH
07/26/2018 14:00	RN ATTEMPT TO CONTACT PT'S SON, LOU, NO ANSWER, MESSAGE LEFT.

DISCHARGE FROM PHASE 2 RECOVERY

CLINICALLY READY FOR DISCHARGE: 07/26/2018 15:15
DISCHARGE TO: SEE COMMENT
VIA: AMBULANCE
ACCOMPANIED BY: AMR DRIVER

FOLLOW-UP APPOINTMENT CONFIRMED: Yes
PHASE 2 RECOVERY OUT: 07/26/2018 15:15

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

DISCHARGE INSTRUCTIONS

MEDICATION: Coumadin
LAST REVIEWED: 07/26/2018 10:07 **LAST TAKEN:** 7/23
ROUTE: ORALLY / BY MOUTH
FREQUENCY: DAILY
STATUS: Active
SPECIAL INSTRUCTIONS: PER MD INSTRUCTION. I COULD NOT TELL FROM THE MAR THE PATIEN'S DOSE OR IF THIS IS ON HOLD. UNABLE TO REACH THE SNF TO CLARIFY. INSTRUCTIONS FAXED.

MEDICATION: Norco
LAST REVIEWED: 07/26/2018 10:07 **LAST TAKEN:** 7/26 0200; 0730
DOSE: 2
UNITS: TABLET **ROUTE:** ORALLY / BY MOUTH
FREQUENCY: EVERY SIX HOURS **PRN:** Y
STATUS: Active
SPECIAL INSTRUCTIONS: TAKE DOS AS NEEDED. 5-325MG.

MEDICATION: pentoxifylline
LAST REVIEWED: 07/26/2018 10:11 **LAST TAKEN:** 7/26 0600
DOSE: 400
UNITS: MG **ROUTE:** ORALLY / BY MOUTH
FREQUENCY: EVERY EIGHT HOURS
STATUS: Active
SPECIAL INSTRUCTIONS: PER MD INSTRUCTION.

MEDICATION: timolol maleate
LAST REVIEWED: 07/26/2018 10:11 **LAST TAKEN:** 7/25
DOSE: 1
UNITS: DROP **ROUTE:** BOTH EYES
FREQUENCY: TWICE A DAY
STATUS: Active
SPECIAL INSTRUCTIONS: TAKE DOS.

DISCHARGE EDUCATION: DISCHARGE EDUCATION
MATERIALS PROVIDED: Yes
VERBALIZES UNDERSTANDING OF DISCHARGE INSTRUCTIONS: Yes
COMMENTS:
INSTRUCTIONS TO RN AT PARKRIDGE

DISCHARGE EDUCATION: SURGEON CARE INSTRUCTIONS
MATERIALS PROVIDED: Yes
VERBALIZES UNDERSTANDING OF DISCHARGE INSTRUCTIONS: Yes
COMMENTS:
WRITTEN INSTRUCTIONS SENT WITH PT

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

OUTPUT

OUTPUT TYPE: URINE VOIDED (OCCURRENCE)
TIME: 07/26/2018 13:35 **OUTPUT AMT (ML):** 1
[ ]**ESTIMATED** [ ]**ESTIMATED BY SURGEON**

TIME: 07/26/2018 15:00 **OUTPUT AMT (ML):** 1
[ ]**ESTIMATED** [ ]**ESTIMATED BY SURGEON**

TOTAL URINE VOIDED (OCCURRENCE): 2 ml

TOTAL OUTPUT AMOUNT: 2 ml

TUBES, DRAINS, CATHETERS

IV CATH 20G X 1 AUTOGUARD INSYTE WITH BLOOD CONTROL, 20 Gauge, Forearm - Left
IV TYPE: Peripheral **RECORDED BY:** MCCARTNEY RN, ASTRI Z
IV SIZE: 20 Gauge **RECORDED BY:** MCCARTNEY RN, ASTRI Z
IV SITE: Forearm - Left **RECORDED BY:** MCCARTNEY RN, ASTRI Z
INSERT TIME: 09:35 **RECORDED BY:** MCCARTNEY RN, ASTRI Z
INSERTED BY: MCCAAST **RECORDED BY:** MCCARTNEY RN, ASTRI Z
REMOVAL BY: AMY FRY RN **RECORDED BY:** FRY RN, AMY
REMOVAL TIME: 15:00 **RECORDED BY:** FRY RN, AMY
DATE/TIME: 07/26/2018 13:25 **RECORDED BY:** FRY RN, AMY
FINDINGS: Clean, Dry and Intact
STATUS: Infusing
DATE/TIME: 07/26/2018 14:00 **RECORDED BY:** FRY RN, AMY
FINDINGS: Clean, Dry and Intact
STATUS: Infusing
DATE/TIME: 07/26/2018 15:00 **RECORDED BY:** FRY RN, AMY
FINDINGS: Clean, Dry and Intact

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

		PHASE2REC	PHASE2REC	PHASE2REC	PHASE2REC	PHASE2REC
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	07/26/2018
	Total	13:25	13:30	13:35	14:00	15:00
FLOWSHEET NOTES						
NURSES NOTES					[1]	[2]
[1] DIZZINESS THAT PT REPORTED AFTER WALKING AND SITTING IN WHEELCHAIR IS NOW GONE. - 07/26/2018 14:00 by FRY RN, AMY						
[2] PT HAS TOLERATED ONE HOUR IN CHAIR WITH LEGS ELEVATED. NO SIGNS OF BLEEDING TO LEFT LEG. - 07/26/2018 15:00 by FRY RN, AMY						
Patient Limitations		Hard of Hearing				
Vital Signs						
Temperature					36.5 Temporal	
Pulse		61	74	78	69	
Respirations		11			13	
Oxygen Saturation		98 % Room Air			100 % Room Air	
Blood Pressure		135/64	145/68 [3]	160/79 [4]	140/69	
[3] SITTING - 07/26/2018 13:30 by FRY RN, AMY						
[4] STANDING FOR A WHILE AND WAS OKAY, THEN HAD EPIDODE OF NEAR SYNCOPE THAT LASTED ABOUT 10 SECONDS. - 07/26/2018 13:35 by FRY RN, AMY						
Pain Assessment						
Generalized						
Pain Score		0			0	0
Pain Scale		Numeric			Numeric	Numeric
TDC						
IV CATH 20G X 1 AUTOGUARD INSYTE WITH BLOOD CONTROL, 20 Gauge, Forearm - Left						
Findings		Clean, Dry and Intact			Clean, Dry and Intact	Clean, Dry and Intact
Status		Infusing			Infusing	
Respiratory Assessment						
Pattern		Even Full sentences			Even Full sentences	Even Full sentences
Neurological Assessment						
Level of Consciousness		Alert Awake [5]				Alert Awake
[5] ORIENTED TO SELF, NOT TO PLACE "I ACTUALLY DON'T KNOW WHERE I AM." - 07/26/2018 13:25 by FRY RN, AMY						
		FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

		PHASE2REC	PHASE2REC	PHASE2REC	PHASE2REC	PHASE2REC
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	07/26/2018
	Total	13:25	13:30	13:35	14:00	15:00
Emotional Status		Appropriate to Situation				Appropriate to Situation [6]
[6] CHEERFUL, FORGETFUL, COOPERATIVE. - 07/26/2018 15:00 by FRY RN, AMY						
Gastrointestinal Assessment						
GI Symptoms		Absent			Absent	Absent
Diet						
Diet Type		Nothing By Mouth			Regular [7]	Regular
[7] TOLERATING TEA AND CRACKERS. - 07/26/2018 14:00 by FRY RN, AMY						
Pre / Post Patient Positioning						
Position		Supine	Sitting	[8]		Sitting
[8] STANDING, PT TOOK SMALL WALK (ABOUT 12 STEPS) IN THE ROOM USING A WALKER WITH ONE PERSON ASSIST FOR BALANCE AND STRENGTH. - 07/26/2018 13:35 by FRY RN, AMY						
Extremity Assessment						
Extremity Lower - Left						
Color		Normal for ethnicity				Normal for ethnicity
Temperature		Warm				Warm
Capillary Refill		< 3 Seconds				< 3 Seconds
Pulses		[9]				
[9] NOT ACCESSABLE DUE TO DRESSING - 07/26/2018 13:25 by FRY RN, AMY						
Motor		Wiggle Digits				Wiggle Digits
Sensory		Full Sensation				
Dressing Assessment						
Leg - Left						
Condition		Clean Dry and Intact			Clean Dry and Intact	Clean Dry and Intact
Aldrete Scale						
Activity		2 = Able to move 4 extremities			2 = Able to move 4 extremities	2 = Able to move 4 extremities
Respiration		2 = Adequate volume and rate			2 = Adequate volume and rate	2 = Adequate volume and rate
Circulation		2 = BP +/- 20% pre anes level			2 = BP +/- 20% pre anes level	2 = BP +/- 20% pre anes level
Consciousness		2 = Fully awake, return of reflexes			2 = Fully awake, return of reflexes	2 = Fully awake, return of reflexes
		FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

		PHASE2REC	PHASE2REC	PHASE2REC	PHASE2REC	PHASE2REC
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	07/26/2018
	Total	13:25	13:30	13:35	14:00	15:00
Oxygen Saturation		2 = Maintains O2 Sat > 90% on room air			2 = Maintains O2 Sat > 90% on room air	2 = Maintains O2 Sat > 90% on room air
Total		10			10	10
Sequential Compression Devices						
Foot Right						
SCD Unit #		15				
SCD Settings		On	Off		On	Off
Cardiovascular Assessment						
Rhythm		Irregular				
		FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

SIGNATURE

PHASE 2 RECOVERY NURSE FRY RN, AMY

DOCUMENTED BY:

USER	REASON *	FIRST SAVE	LAST SAVE
AMY FRY	Close Case/Phase	07/26/2018 13:54	07/26/2018 15:26

*** See Case User Record or Case User Audit Report for more details.**

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Anesthesia Report

Anesthesia Summary

HOFFMAN, JEANNE

Procedure(s): LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY

LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY

Medical Record Number: U8170135
Account Number: 1828465398
SSN: 531-26-4736

ASA: III
Sex: F
Height: 62 in / 157.5 cm
Weight: 114 lb / 51.7 kg

Date of Birth: 01/06/1925
Age (when performed): 93

Anesthesia Type(s): MAC

Anesthesia Staff Present: LITTLE, P. (Anesthesiologist)

Scheduled Staff: ROLLO, J. (Surgeon); LITTLE, P. (Anesthesiologist)

Final Anesthesia Data

Final Measurements	Value

Final Fluids	Value
IN - Other	
Propofol IV (1000 mg) in Premix Fluid (100 mL)	16.1 mL

Anesthesia Start: 07/26/2018 11:11:36

Anesthesia End: 07/26/2018 12:23:34

[X] Case Completed and Closed

[X] Data Certified for Billing

I, PATRICIA LITTLE, authenticate the record for my portion of anesthe

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Height: **62.0 in / 157.5 cm** Weight: **114.0 lb / 51.7 kg** BMI **20.8** Sex: **F** DOB: **01/06/1925** Age: **93 y**
Diagnosis:
Primary procedure: **LEG RADIO FREQUENCY ABLATION**
Additional Procedures:
Procedure Description: **LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY**
Date: **07/26/2018** Time: **10:50** Location: **Default Org Unit** OR: **NOR06**

Surgeon: **ROLLO, JOHNATHON**
NPO Status Confirmed: **[ ]** Date/Time: Comment:

-

BP
Pulse
Resp
Temp
SaO2

Vitals Comments:

:

Med Hx/Phys Exam

(Sections may be left blank if there is no information relevant to anesthetic management or if relevant data is documented elsewhere)

HSM Comment -- [HSM Medical History: 06-04-18 CBC,CMP ,PT & 03-29-18 EKG IN SORAIAN/CHART. PER GUIDELINES INR ON ADMIT.]

Cardio-Vascular

Abnormal blood pressure

Hypertension — [HSM Medical History - HTN; Duration: ;]

Deep vein thrombosis — [HSM Medical History - DVT; Duration: RECURRENT;]

EENT

Ears

Hearing impaired — [HSM Medical History - HOH; Duration: ;]

Eyes

Glaucoma — [HSM Medical History - GLAUCOMA; Duration: ;]

Eyes/Ears/Nose/Mouth Other — [HSM Medical History - EENMOTH; Duration: PSEUDOPHAKIA, BIL;]

Musculoskeletal

Arthritis (Specify)

Osteoarthritis — [HSM Medical History - OSTEOART; Duration: BOTH HIPS;]

Musculoskeletal Other — [HSM Medical History - MUSCOTH; Duration: LLE CHRONIC ULCER;]

Renal/Urogen

Incontinence — [HSM Medical History - INCONT; Duration: ;]

Metabolic/Endo

Digitally signed by JEFFREY D. MARCHANT on 07/25/2018 08:28

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Diabetes
DM-Adult-onset (Type II) [HSM Medical History - DIAB2; Duration: ;]
Hyperlipidemai [HSM Medical History - HIGHCHOL; Duration: ;]

Hem/Onc
Coagulopathy/Bleeding abnormality (Specify)
Anticoagulation therapy [HSM Medical History - ANTICOAG; Duration: COUMADIN;]
Hematology/Oncology Other [HSM Medical History - HEMONOTH; Duration: THROMBOCYTOPENIA;]

Home Medications

Medication	Dose	Frequency	Last Taken	Route
timolol maleate	**1 DROP**	**TWICE A DAY**		**BOTH EYES**
pentoxifylline	**400 MG**	**EVERY EIGHT HOURS**		**ORALLY / BY MOUTH**
Coumadin		**DAILY**		**ORALLY / BY MOUTH**
Norco	**2 TABLET**	**EVERY SIX HOURS**		**ORALLY / BY MOUTH**
acetaminophen	**650 MG**	**EVERY FOUR HOURS**		**ORALLY / BY MOUTH**

Screened Allergies

Allergy	Reaction	Comment	Status	Deleted
ASPIRIN	**Rash**		**Active**	
NITROFURANTOIN		**CONFUSION, NAUSEA**	**Active**	
PENICILLIN	**Rash**		**Active**	
SULFA (SULFONAMIDE ANTIBIOTICS)	**Rash**		**Active**	

Unscreened Allergies

Allergy	Reaction	Comment	Status	Deleted
ADHESIVE	**Rash**		**Unconfirmed**	

Family Anesthesia Hx: **Unknown**

Anesthesia Type: ASA Class:
Special Monitors:
Airway Management:
PostOp Pain Management:

Anesthesia Plan Comment: Review complete. Dr. Marchant

[ ] Explained the treatment/procedure(s) stated on consent form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

Digitally signed by JEFFREY D. MARCHANT on 07/25/2018 08:28

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Risk Comment:

Previous Versions:

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PRE-ANESTHESIA EVALUATION

Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Height: **62.0 in / 157.5 cm** Weight: **114.0 lb / 51.7 kg** BMI **20.8** Sex: **F** DOB: **01/06/1925** Age: **93 y**
Diagnosis: **Varicose veins of left lower extremity with ulc**
Primary procedure: **LEG RADIO FREQUENCY ABLATION**
Additional Procedures:
Procedure Description: **LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY**
Date: **07/26/2018** Time: **10:20** Location: **Default Org Unit** OR: **NOR06**

Surgeon: **ROLLO, JOHNATHON**
NPO Status Confirmed: **[ ]** Date/Time: **07/25/2018 18:30** Comment: **7/26/18 0730 SIP H2O W/RX**

-

BP	**126/53**	**07/26/2018 09:01**
Pulse	**66**	**07/26/2018 09:01**
Resp	**16**	**07/26/2018 09:01**
Temp	**98.2ºF / 36.78ºC**	**07/26/2018 09:01**
SaO2	**99%**	**07/26/2018 09:01**

Vitals Comments:

:

Med Hx/Phys Exam

(Sections may be left blank if there is no information relevant to anesthetic management or if relevant data is documented elsewhere)

HSM Comment -- [HSM Medical History: 06-04-18 CBC,CMP ,PT & 03-29-18 EKG IN SORAIAN/CHART. PER GUIDELINES INR ON ADMIT. FSBG, H&H, ECG DAY OF SURGER PER DOCA]

Physical Examination

- **Airway**
  - **Airway Class II**
  - **Full ROM head and neck**
  - **Good oral opening**
- **Cardiovascular (Specify)**
  - **Murmur (Specify)**
  - **Normal rate**
  - **Regular rhythm**
- **Grossly intact neurologically**
- **Lungs (Specify)**
  - **Auscultation bilaterally without abnormal sounds**

Cardio-Vascular

- **Abnormal blood pressure**
  - **Hypertension** [HSM Medical History - HTN; Duration: ;]
- **Deep vein thrombosis** [HSM Medical History - DVT; Duration: RECURRENT;]

EENT

- **Ears**
  - **Hearing impaired** [HSM Medical History - HOH; Duration: ;]
- **Eyes**
  - **Glaucoma**

Digitally signed by PATRICIA LITTLE on 07/26/2018 11:38

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

[HSM Medical History - GLAUCOMA; Duration: ;]

Eyes/Ears/Nose/Mouth Other [HSM Medical History - EENMOTH; Duration: PSEUDOPHAKIA, BIL;]

Pulmonary -- Has chronic productive cough, denies fever

Productive cough/recent cold

Neurological

--NA--

Musculoskeletal

Arthritis (Specify)

Osteoarthritis [HSM Medical History - OSTEOART; Duration: BOTH HIPS;]

Musculoskeletal Other [HSM Medical History - MUSCOTH; Duration: LLE CHRONIC ULCER;]

GI/Hepatic

--NA--

Renal/Urogen

Incontinence [HSM Medical History - INCONT; Duration: ;]

Metabolic/Endo -- diet-controlled

Diabetes

DM-Adult-onset (Type II) [HSM Medical History - DIAB2; Duration: ;]

Hyperlipidemai [HSM Medical History - HIGHCHOL; Duration: ;]

Hem/Onc -- for h/o DVT

Coagulopathy/Bleeding abnormality (Specify)

Anticoagulation therapy [HSM Medical History - ANTICOAG; Duration: COUMADIN;]

Hematology/Oncology Other [HSM Medical History - HEMONOTH; Duration: THROMBOCYTOPENIA;]

Anesthesia Hx

--NA--

Home Medications

Medication	Dose	Frequency	Last Taken	Route
timolol maleate	**1 DROP**	**TWICE A DAY**	**7/25**	**BOTH EYES**
pentoxifylline	**400 MG**	**EVERY EIGHT HOURS**	**7/26 0600**	**ORALLY / BY MOUTH**
Coumadin		**DAILY**	**7/23**	**ORALLY / BY MOUTH**
Norco	**2 TABLET**	**EVERY SIX HOURS**	**7/26 0200; 0730**	**ORALLY / BY MOUTH**

Digitally signed by PATRICIA LITTLE on 07/26/2018 11:38

PRE-ANESTHESIA EVALUATION

Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Screened Allergies

Allergy	Reaction	Comment	Status	Deleted
ASPIRIN	**Rash**		**Active**	
NITROFURANTOIN		**CONFUSION, NAUSEA**	**Active**	
PENICILLIN	**Rash**		**Active**	
SULFA (SULFONAMIDE ANTIBIOTICS)	**Rash**		**Active**	

Unscreened Allergies

Allergy	Reaction	Comment	Status	Deleted
ADHESIVE	**Rash**		**Unconfirmed**	

Family Anesthesia Hx: **Unknown**

Anesthesia Type: **MAC** ASA Class: **III**
Special Monitors:
Airway Management: **Mask**
PostOp Pain Management: **IV analgesics, PO analgesics**

Anesthesia Plan Comment: Review complete. Dr. Marchant

[X] Explained the treatment/procedure(s) stated on consent form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

Risk Comment:

Previous Versions: 07/25/2018 08:28 JEFFREY D MARCHANT

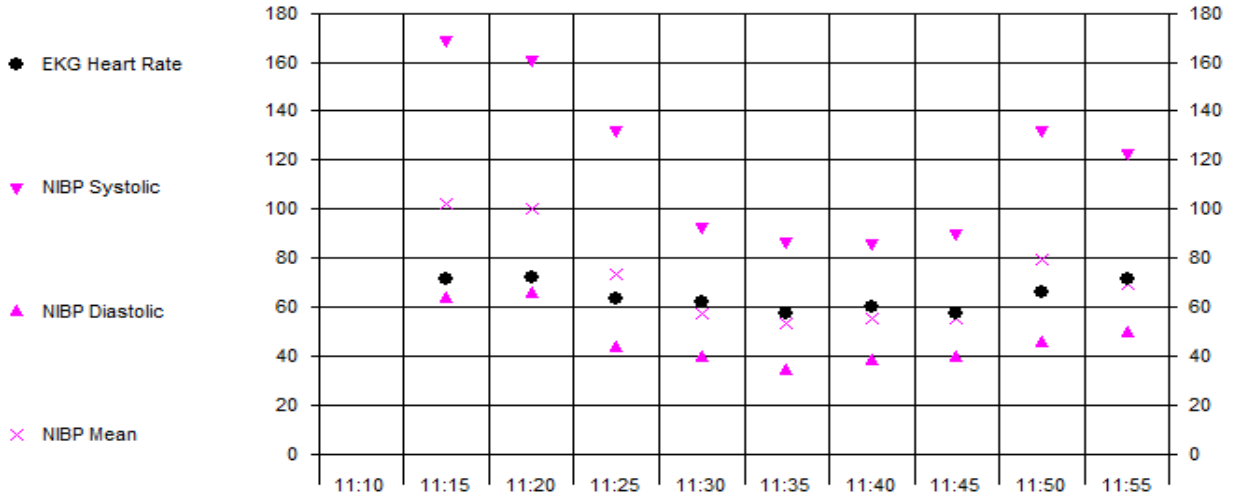
Digitally signed by PATRICIA LITTLE on 07/26/2018 11:38

Patient: HOFFMAN, JEANNE L. (Acct: 1828465...	Age: 93	Sex: F	Surgeon(s): ROLLO,...	Loc: NOR06
Weight: 114.0 lb / 51.7...	Height: 62.0 in / 157.5...	BMI: 20.8	ASA: III	Start: 07/26/2018 11...	Stop: 07/26/2018 12:23

Procedure: LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY

Diagnosis: Varicose veins of left lower extremity with ulc | **Allergies:** (4)

		11:10	11:15	11:20	11:25	11:30	11:35	11:40	11:45	11:50	11:55	TOTALS
DRUGS	Cefazolin IV (20 mg/mL)			2000								2000 mg
	Fentanyl IV (50 mcg/mL)		25	25	25							100 mcg
	Phenylephrine IV (10000 mcg/mL)						100	100				200 mcg
	ePHEDrine IV (50 mg/mL)								25			25 mg
	Lidocaine IV (20 mg/mL)	2										2 mL
	Morphine IV (10 mg/mL)											2.5 mg
FLUIDS	Propofol IV (1000 mg) in Premix Fluid (100 mL)				75	75	75	75 ... 50	50	50	50	mcg/kg/min
DATA	Air Flow	0	0	0	0	0	0	0	0	0	0	L/min
	N2O Flow	0	0	0	0	0	0	0	0	0	0	L/min
	O2 Flow	0	0	0	0	0	0	0	0	0	0	L/min
	EtCO2		15	14	5	10	9	1	16	18	10	mmHg
	End Tidal N2O		0	0	0	0	0	0	0	0	0	%
	SpO2		100	100	100	100	99	100	100	100	100	%
	EKG		NSR	NSR	NSR	NSR	SBRA_	NSR	SBRA_	freq p_	Freq_	



11:11 In Room Time
11:11 LITTLE, PATRICIA - Doing Case
11:13 All Patient Mini Checks Complete:_
11:22 Temperature Management Note: A_
11:30 Anesthesia Ready.
11:33 Surgery Begun.

11:11 Anesthesia Start Time
11:13 Begin Monitoring.
11:22 Beta Blocker Note: Patient took be_
11:30 Patient fully reassessed for anesth_
11:30 Patient Position: supine Head sup_

11:11 I - LITTLE, PATRICIA, have assu_
11:13 All Equipment Checks Complete:_
11:22 Glucose Management NOT initiate_
11:30 MONITORED ANESTHESIA CAR_
11:30 SCOAP Step 1: Briefing (Patient id_

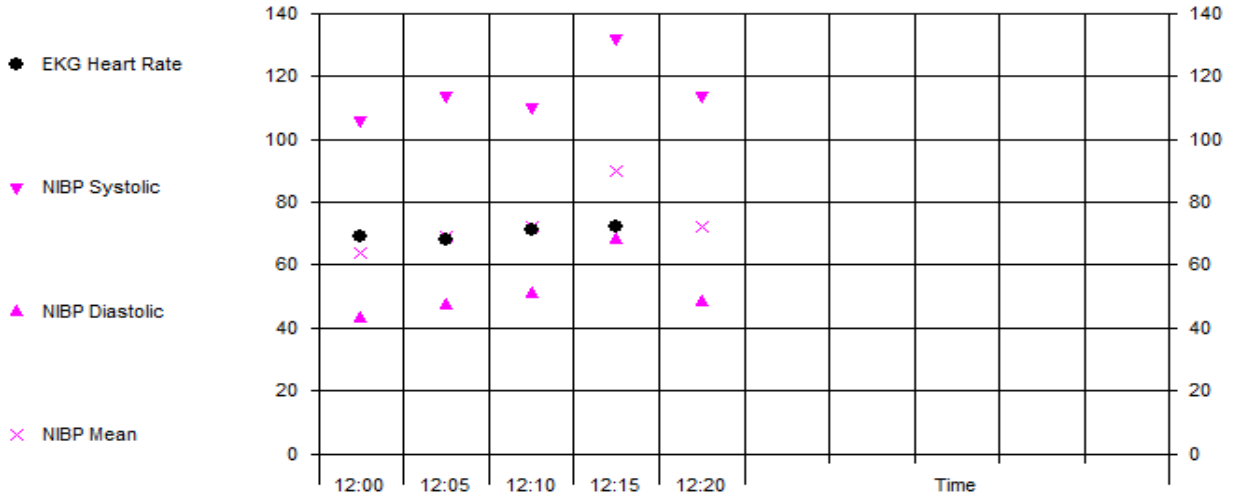
Resident(s):	Anesthetist(s)	Anesthesiologist(s) LITTLE,...	Page 1 of 2

Patient: HOFFMAN, JEANNE L. (Acct: 1828465...	Age: 93	Sex: F	Surgeon(s): ROLLO,...	Loc: NOR06
Weight: 114.0 lb / 51.7...	Height: 62.0 in / 157.5...	BMI: 20.8	ASA: III	Start: 07/26/2018 11...	Stop: 07/26/2018 12:23

Procedure: LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY

Diagnosis: Varicose veins of left lower extremity with ulc | **Allergies:** (4)

		12:00	12:05	12:10	12:15	12:20						TOTALS
DRUGS	Cefazolin IV (20 mg/mL)											2000 mg
	Fentanyl IV (50 mcg/mL)	25										100 mcg
	Phenylephrine IV (10000 mcg/mL)											200 mcg
	ePHEDrine IV (50 mg/mL)											25 mg
	Lidocaine IV (20 mg/mL)											2 mL
	Morphine IV (10 mg/mL)			2.5								2.5 mg
FLUIDS	Propofol IV (1000 mg) in Premix Fluid (100 mL)	50	50	50	50	50 ... 0						mcg/kg/min
DATA	Air Flow	0	0	0	0	0						L/min
	N2O Flow	0	0	0	0	0						L/min
	O2 Flow	0	0	0	0	0						L/min
	EtCO2	20	2	8	12	0						mmHg
	End Tidal N2O	0	0	0	0	0						%
	SpO2	100	100	100	100	100						%
	EKG	NSR	NSR	NSR	NSR							



12:16 Surgery Finished.
12:21 EMERGENCE: Technique: Not ap...
12:23 Transport to Recovery.
12:23 Anesthesia End Time. Completed t...
12:24 Antibiotic Note: Administered PRI...
12:24 Recovery room vitals: Comments...
12:24 Recovery room data: ---MISC---...
12:24 Stopping Monitors.
12:24 Surgery Finished.
12:24 All attending providers authenticat...
12:24 I, LITTLE, PATRICIA, authenticate...

Resident(s):	Anesthetist(s)	Anesthesiologist(s) LITTLE,...	Page 2 of 2

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Anesthesia Report

Procedure Comments

HOFFMAN, JEANNE

Procedure(s): **LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY**

Procedure Date:	07/26/2018	Admission Classification:	
Medical Record Number:	U8170135	Date of Birth:	01/06/1925
Account Number:	1828465398	I, PATRICIA LITTLE, authenticate the record for my portion of anesthe	

Timestamp:	Comment:
07/26/2018 11:11:00	In Room Time
07/26/2018 11:11:36	Anesthesia Start Time
07/26/2018 11:11:36	I - LITTLE, PATRICIA, have assumed responsibility for the case. I am now the Attending Anesthesiologist
07/26/2018 11:11:36	LITTLE, PATRICIA - Doing Case
07/26/2018 11:13:36	Begin Monitoring.
07/26/2018 11:13:44	All Equipment Checks Complete: Circuit Patency Check, Airway Equipment Ready, Suction Ready, Monitors and Alarms Functioning, Drugs Ready
07/26/2018 11:13:48	All Patient Mini Checks Complete: Patient ID Confirmed, NPO status acceptable, PAE Reviewed, Risks of anesthetic plan discussed, Surgical Consent Reviewed
07/26/2018 11:22:09	Beta Blocker Note: Patient took beta-blocker PRIOR to SURGERY. (See medication information in the current note) PRE-surgical Beta Blocker: [+++] Date:[+++] Time: [+++] Comments: (none)
07/26/2018 11:22:16	Glucose Management NOT initiated - Patient does not require glucose management. Starting algorithm: [++++]
07/26/2018 11:22:26	Temperature Management Note: Active Over-Body Warming: USED for maintaining normothermia.Support of thermal stability: forced air upper body blanket Comments: (none)
07/26/2018 11:30:04	Patient fully reassessed for anesthesia plan.Induction/BlockBegun.
07/26/2018 11:30:24	MONITORED ANESTHESIA CARE (MAC):Supplemental oxygen: via face mask MAC Medicare billing justifiers: G8: Deep, complex or markedly invasive procedure on the face, head, neck, posterior trunk, breast or genitalia.Patient/Surgeon request / Patient anxietyComments: (none)
07/26/2018 11:30:26	Anesthesia Ready.

Procedure Comments

HOFFMAN, JEANNE

Timestamp:	Comment:
07/26/2018 11:30:49	Patient Position: supine Head support: Pillow , Gel Ring Arm position: pressure points/ nerves additionally padded, left arm abducted < 90 degrees, right arm abducted < 90 degrees Bed position: [+++]
07/26/2018 11:30:56	SCOAP Step 1: Briefing (Patient identified, personnel identified, procedure confirmed, allergies reviewed, equipment issues reviewed, risk of blood loss, sharp management plan) and Process management (Image display, antibiotics, active warming, glucose control, beta-blocker, DVT/PE prevention): Completed
07/26/2018 11:33:00	Surgery Begun.
07/26/2018 12:16:00	Surgery Finished.
07/26/2018 12:21:10	EMERGENCE: Technique: Not applicable Supplemental airway: [+++] Complications: [+++]
07/26/2018 12:23:00	Transport to Recovery.
07/26/2018 12:23:34	Anesthesia End Time. Completed transfer of anesthesia care.
07/26/2018 12:24:06	Antibiotic Note: Administered PRIOR to incision by anesthesia team.. Comments: (none)
07/26/2018 12:24:30	Recovery room vitals: Comments=_____ Systolic BP=_____ Diastolic BP=_____ Pulse Rate (BPM)=_____ Resp. Rate (BPM)=_____ Temp. Mode=_____ Temp (C)=_____ % O2 Sat=_____ L/min O2 Setting=_____
07/26/2018 12:24:30	Recovery room data: ---MISC--- Admission Time=_____ ---IN FLUIDS--- Crystalloid=_____ Colloid=_____ PRBC=_____
07/26/2018 12:24:31	Stopping Monitors.
07/26/2018 12:24:31	Surgery Finished.
07/26/2018 12:24:31	All attending providers authenticated their portions of the anesthetic record.

Procedure Comments

HOFFMAN, JEANNE

Timestamp:	Comment:
07/26/2018 12:24:31	I, LITTLE, PATRICIA, authenticate the record for my portion of anesthesia care and close the chart.

Admission Medication Reconciliation Report

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Admission Rec marked Complete on: 7/26/2018 12:29 **By:** Anna Ohlsson, MD

Home Medications

Status: In Progress Collected On: 7/23/2018 17:13 By: Frances L Connor, RN
Comments:

HYDROcodone-acetaminophen (Norco) 5 mg-325 mg Tablet 2 tablet oral every six hours as needed for pain

Action Taken: Continued and Create Order
Medication Status: active
Last Taken Date/Time: 7/26/18 0200 & 0730
Confirmed Source: MAR

pentoxifylline 400 mg Tablet Extended Release 1 tablet oral every eight hours

Action Taken: Continued and Create Order
Medication Status: active
Last Taken Date/Time: 7/26/18 0600
Confirmed Source: MAR

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day

Action Taken: Continued and Create Order
Medication Status: active
Last Taken Date/Time: 7/25/18
Confirmed Source: MAR

warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily NEEDS CLARIFICATION FROM SNF

Action Taken: Continued and Create Order
Medication Status: active
Last Taken Date/Time: 7/23/18

Admission Medication Reconciliation Report

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Current Orders

Medication Name	Dose	Route	Frequency
acetaminophen Oral (500 mg)		oral	every six hours
CEFAZOLIN/D5W 2G INF 50ML Intravenous PSA for 1 Days, Clinician Dir:X 1 DOSE IN PSA			
LACTATED RINGERS (1000 ML bag) Intravenous @20mL/Hour Over 50H for 1 Days, Clinician Dir:X 1 DOSE IN PSA			
lidocaine injection (10 mg/mL (1 %))	0.3 mL	ID	PSA Daily
Physician Standard Care Orders Adult, M1065 1 note = 1 note Miscellaneous Q30D Q30D, RN TO ENTER ORDER M1065 AS NEEDED IN SOARIAN			
Sodium Chloride 0.9 % (250 mL bag) Intravenous @ 1500 mL/hr PRN Symp. Vasovagal Reaction 250ML BOLUS OVER 10 MINS MAY REPEAT X1, CALL MD IF REMAINS HEMODYNAMICALLY UNSTABLE			
sodium chloride 0.9 % injection (0.9 %)	10 mL	intravenous	daily

Admission Medication Reconciliation Report

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Current Orders

Medication Name	Dose	Route	Frequency
sodium chloride 0.9 % injection (0.9 %)	10 mL	intravenous	PRN Daily
sodium chloride 0.9 % injection (0.9 %)	10 mL	intravenous	daily

Planned Orders

HYDROcodone-acetaminophen (Norco) 5 mg-325 mg Tablet 2 tablet oral every six hours as needed for pain
pentoxifylline 400 mg Tablet Extended Release 1 tablet oral every eight hours
timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily NEEDS CLARIFICATION FROM SNF

Discharge Medication Instructions

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Take These Medications

HYDROcodone-acetaminophen (Norco) 5 mg-325 mg Tablet
Directions: 2 tablet oral every six hours as needed for pain
Additional Instructions:
Last Dose Given Date: _____ Time: _____

pentoxifylline 400 mg Tablet Extended Release
Directions: 1 tablet oral every eight hours
Additional Instructions:
Last Dose Given Date: _____ Time: _____

timolol maleate 0.5 % Drops
Directions: 1 drop ophthalmic, both eyes twice a day
Additional Instructions:
Last Dose Given Date: _____ Time: _____

warfarin (Coumadin) 5 mg Tablet
Directions: 1 tablet oral daily NEEDS CLARIFICATION FROM SNF
Additional Instructions:
Last Dose Given Date: _____ Time: _____

acetaminophen (Pain and Fever) 500 mg Tablet
Directions: 1 tablet oral every six hours as needed for Mild Pain
Additional Instructions: Do not exceed 4 grams per day
Last Dose Given Date: _____ Time: _____
Printed

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PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Height: **62.0 in / 157.5 cm** Weight: **114.0 lb / 51.7 kg** BMI **20.8** Sex: **F** DOB: **01/06/1925** Age: **93 y**
Diagnosis: **Varicose veins of left lower extremity with ulc**
Primary procedure: **LEG RADIO FREQUENCY ABLATION**
Additional Procedures:
Procedure Description: **LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY**
Date: **07/26/2018** Time: **10:20** Location: **Default Org Unit** OR: **NOR06**

Surgeon: **ROLLO, JOHNATHON**
NPO Status Confirmed: **[ ]** Date/Time: **07/25/2018 18:30** Comment: **7/26/18 0730 SIP H2O W/RX**

-

BP	**126/53**	**07/26/2018 09:01**
Pulse	**66**	**07/26/2018 09:01**
Resp	**16**	**07/26/2018 09:01**
Temp	**98.2ºF / 36.78ºC**	**07/26/2018 09:01**
SaO2	**99%**	**07/26/2018 09:01**

Vitals Comments:

:

Med Hx/Phys Exam

(Sections may be left blank if there is no information relevant to anesthetic management or if relevant data is documented elsewhere)

HSM Comment -- [HSM Medical History: 06-04-18 CBC,CMP ,PT & 03-29-18 EKG IN SORAIAN/CHART. PER GUIDELINES INR ON ADMIT. FSBG, H&H, ECG DAY OF SURGER PER DOCA]

Physical Examination

- **Airway**
  - **Airway Class II**
  - **Full ROM head and neck**
  - **Good oral opening**
- **Cardiovascular (Specify)**
  - **Murmur (Specify)**
  - **Normal rate**
  - **Regular rhythm**
- **Grossly intact neurologically**
- **Lungs (Specify)**
  - **Auscultation bilaterally without abnormal sounds**

Cardio-Vascular

- **Abnormal blood pressure**
  - **Hypertension** [HSM Medical History - HTN; Duration: ;]
- **Deep vein thrombosis** [HSM Medical History - DVT; Duration: RECURRENT;]

EENT

- **Ears**
  - **Hearing impaired** [HSM Medical History - HOH; Duration: ;]
- **Eyes**
  - **Glaucoma**

Digitally signed by PATRICIA LITTLE on 07/26/2018 11:38

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

[HSM Medical History - GLAUCOMA; Duration: ;]

Eyes/Ears/Nose/Mouth Other [HSM Medical History - EENMOTH; Duration: PSEUDOPHAKIA, BIL;]

Pulmonary -- Has chronic productive cough, denies fever

Productive cough/recent cold

Neurological

--NA--

Musculoskeletal

Arthritis (Specify)

Osteoarthritis [HSM Medical History - OSTEOART; Duration: BOTH HIPS;]

Musculoskeletal Other [HSM Medical History - MUSCOTH; Duration: LLE CHRONIC ULCER;]

GI/Hepatic

--NA--

Renal/Urogen

Incontinence [HSM Medical History - INCONT; Duration: ;]

Metabolic/Endo -- diet-controlled

Diabetes

DM-Adult-onset (Type II) [HSM Medical History - DIAB2; Duration: ;]

Hyperlipidemai [HSM Medical History - HIGHCHOL; Duration: ;]

Hem/Onc -- for h/o DVT

Coagulopathy/Bleeding abnormality (Specify)

Anticoagulation therapy [HSM Medical History - ANTICOAG; Duration: COUMADIN;]

Hematology/Oncology Other [HSM Medical History - HEMONOTH; Duration: THROMBOCYTOPENIA;]

Anesthesia Hx

--NA--

Home Medications

Medication	Dose	Frequency	Last Taken	Route
timolol maleate	**1 DROP**	**TWICE A DAY**	**7/25**	**BOTH EYES**
pentoxifylline	**400 MG**	**EVERY EIGHT HOURS**	**7/26 0600**	**ORALLY / BY MOUTH**
Coumadin		**DAILY**	**7/23**	**ORALLY / BY MOUTH**
Norco	**2 TABLET**	**EVERY SIX HOURS**	**7/26 0200; 0730**	**ORALLY / BY MOUTH**

Digitally signed by PATRICIA LITTLE on 07/26/2018 11:38

PRE-ANESTHESIA EVALUATION

Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Screened Allergies

Allergy	Reaction	Comment	Status	Deleted
ASPIRIN	**Rash**		**Active**	
NITROFURANTOIN		**CONFUSION, NAUSEA**	**Active**	
PENICILLIN	**Rash**		**Active**	
SULFA (SULFONAMIDE ANTIBIOTICS)	**Rash**		**Active**	

Unscreened Allergies

Allergy	Reaction	Comment	Status	Deleted
ADHESIVE	**Rash**		**Unconfirmed**	

Family Anesthesia Hx: **Unknown**

Anesthesia Type: **MAC** ASA Class: **III**
Special Monitors:
Airway Management: **Mask**
PostOp Pain Management: **IV analgesics, PO analgesics**

Anesthesia Plan Comment: Review complete. Dr. Marchant

[X] Explained the treatment/procedure(s) stated on consent form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

Risk Comment:

Previous Versions: 07/25/2018 08:28 JEFFREY D MARCHANT

Digitally signed by PATRICIA LITTLE on 07/26/2018 11:38

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 07/26/2018 **Acct#:** 1828465398
Date of Discharge:
Dictating Physician: Rollo, MD, Johnathon

DATE OF SERVICE: 07/26/2018

SURGEON:
Johnathon Rollo, MD

ASSISTANT:
Anna Ohlsson, MD, resident

PREOPERATIVE DIAGNOSES:
1. LEFT LOWER EXTREMITY VENOUS STASIS ULCERATION.
2. LEG SWELLING.
3. CHRONIC VENOUS INSUFFICIENCY WITH SAPHENOFEMORAL REFLUX.

POSTOPERATIVE DIAGNOSES:
1. LEFT LOWER EXTREMITY VENOUS STASIS ULCERATION.
2. LEG SWELLING.
3. CHRONIC VENOUS INSUFFICIENCY WITH SAPHENOFEMORAL REFLUX.

OPERATION:
1. Ultrasound-guided left greater saphenous vein access.
2. Radiofrequency ablation of left greater saphenous vein.
3. Microphlebectomy of varicose veins with six separate stab incisions.
4. Debridement of the lateral ankle ulcer 1.2 x 1 cm to fat layer exposed.
5. Debridement of the medial calf ulcer 2.5 x 3 cm to fat layer exposed.
6. Debridement of the medial ankle ulcer 3 x 2.5 cm to fat layer exposed.
7. All debridements were performed sharp excisional debridement.

ANESTHESIA:
MAC local.

INDICATIONS:
The patient is a 93-year-old female who resides in a nursing home, who has chronic nonhealing left lower extremity wounds and venous stasis ulcerations for greater than six months, for which she has been undergoing wound care therapy and compression. She underwent a venous duplex reflux study which revealed greater saphenous vein reflux and large perforating collaterals of the greater saphenous vein, which are contributing to her ulcer formation. We discussed the risks, benefits and alternatives of saphenous vein ablation and microphlebectomy as well as debridement of her ulcers, which are very painful.

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 07/26/2018 **Acct#:** 1828465398
Date of Discharge:
Dictating Physician: Rollo, MD, Johnathon

She agreed to proceed with the operation.

FINDINGS:
I performed ultrasound-guided left greater saphenous vein access, radiofrequency ablation of the left greater saphenous vein, microphlebectomy with six separate stab incisions, debridement of left leg ulcers using sharp excisional debridement, lateral ankle, medial calf and medial ankle wounds.

DESCRIPTION OF PROCEDURE IN DETAIL:
The patient was brought to the OR. A time-out was performed confirming patient, operation, antibiotics, prophylaxis, placed on the OR table. The left leg was prepped and draped in the usual sterile fashion. Ultrasound was used to identify the greater saphenous vein in the thigh. The greater saphenous vein left the fascia early at approximately the mid thigh and gave off large tortuous collaterals throughout the lower thigh. I accessed the greater saphenous vein under ultrasound guidance after instilling lidocaine in the skin. I saved an image to the chart after I watched the needle enter the vein. I passed the micropuncture wire followed by a 7-French RFA sheath. I then inserted the RFA catheter into the greater saphenous vein under ultrasound guidance and I watched as it approached 2 cm before the saphenofemoral junction. I then marked the catheter and instilled tumescence around the catheter throughout its length, such as is greater than 2 cm from the skin edge and surrounded by tumescent solution and the catheter tip was 22 degrees centigrade. I then performed radiofrequency ablation after rechecking the catheter position. It was indeed 2 cm from the saphenofemoral junction. I performed radiofrequency ablation of the left greater saphenous vein, a total of 4 cycles for a minute and 20 seconds, moving the catheter back to premarked locations according to manufacture guidelines. I then performed a microphlebectomy of the left greater saphenous vein using marking veins identified under ultrasound, which were feeding her ulcers. I ligated the veins using 3-0 silk. I made a 2 to 3 mm incision using 11 blade. I pulled the veins out with a nerve hook, and then ligated them with 3 0 silk or pulled them until they broke and then held pressure for hemostasis. Steri-Strips were

applied to the wound. This was performed in six separate stab incisions on the left lower leg, particularly medial calf and lateral calf. I then performed debridement of her left leg ulcers. I debrided her lateral ankle ulcer measuring l.2 x 1 cm to fat layer exposed using sharp excisional debridement. I debrided her medial calf measuring 2.5 x 3 cm and medial ankle measuring 3 x 2.5 cm. All of these wounds were debrided to fat layer exposed with sharp excisional debridement, debriding fat, slough, debris and dead skin until bleeding healthy tissue was encountered using a curette. Manual pressure was

held for hemostasis. Xeroform dressings were applied. The leg was wrapped with Ace wrap, ABD pads up to the thigh and elevated. The patient tolerated the procedure well.

COMPLICATIONS:
None.

SPECIMEN:
None.

ESTIMATED BLOOD LOSS:
30 mL.

I was present for the entirety of the operation.

MLS: 296388
D: 07/26/2018 13:45:23
T: 07/26/2018 15:35:25
48705829 [ID1: 2092291]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 07/26/2018 0 DOB: 01/06/1925

Physician: Johnathon Rollo, MD

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 07/26/2018
Date of Discharge:
Dictating Physician: Rollo, MD, Johnathon

MR#: U8170135
Acct#: 1828465398

Signed by Rollo, M.D.Johnathan on 29-Jul-2018 15:25:35 -04:00

Rollo, MD, Johnathon

CC:

D: 07/26/2018 13:45 T: 07/26/2018 15:35 JOB: 48705829 MLS: 296388

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1828465398	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Limited Stay Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	General Surgery
Isolation:		Complaint:	Varicose veins of left lower extremity with ulcer of unspecified		
Admit D/T:	7/26/2018 08:39	Discharge D/T:	7/26/2018 15:15	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Admitting:	Johnathon Rollo, MD	2092291	Vascular Surgery	(206)668-1070	(206)668-1410
Attending:	Johnathon Rollo, MD	2092291	Vascular Surgery	(206)668-1070	(206)668-1410
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone: Work Phone:	(360)6495702
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE		Plan: 35	Status:	
Contact:			Group No:	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE		Birth Date : 01/06/1925	Sub Relation:	
	HOMELESS			Sub SSN:	531264736
	SEATTLE	WA	98133	Sub Phone:	

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

Northwest Hospital (NWH) will make reasonable efforts to safeguard the personal property of patients. However, property is generally the responsibility of patients and their families, and NWH cannot guarantee the security of personal property.
To minimize potential harm to personal property including lost, misplaced, stolen or damaged items, the following two (2) options are available:

1	Place nonessential items in one of the NWH Safes located in Admitting and the Geropsychiatric Unit. This choice involves NWH placing small valuables (examples: watch, jewelry, currency) in a secure locked safe. This option utilizes a witnessed (2 person) property check–in/out process with access during regular business hours.
2	Keep personal belongings with you in your room. The patient/family is generally responsible for these items. NWH will provide limited unsecured storage spaces for patient storage of personal property in the hospital room during hospitalization.

- Patients are strongly encouraged to leave and/or send all nonessential belongings and valuables home.
- Prohibited items are firearms and other dangerous weapons, illegal drugs, marijuana, drug paraphernalia, and alcohol.
- Biohazards or severely damaged clothing are generally discarded immediately unless required for forensic evidence. (Biohazards means: clothing or other items are contaminated in the judgment of medical staff and presents a health risk.)
- NWH will dispose of unclaimed patient belongings as allowed by law after proper notice and time period for retrieval of items. When patient belongings are not claimed after 30 days, items are disposed of as allowed by law.
- Further information about NWH's property policies and procedures will be provided as needed or requested to the patient or patient's authorized representative.

For ITA Patients Only

I authorize the following relative/person_____to inspect my personal belongings and take non–essential items home. Relationship to patient:_____

Patient's Personal Property Liability Agreement

I, the undersigned, have read or have been informed about the above policy. I/patient understand that I/patient am responsible for all property brought to Northwest Hospital. I/patient understand that the hospital recommends all nonessential items be left at home or be sent home with family or friends.

I/patient understand that the hospital provides a safe for important personal property and that access to this area is limited to regular business hours.

I/patient agree to hold the hospital and its employees harmless from liability for my/patient's property if it is lost, misplaced, stolen or damaged when such property is not placed in the hospital safe or otherwise under the direct control of the hospital. I/patient further acknowledge the potential harm to property maintained by the hospital due to circumstances beyond the hospital's control (e.g., fire, earthquake) and hereby release the hospital from any liability in such circumstances.

Patient Signature: X Jeanne L Hoffman Date/Time: 7.26.18 0833

Witness Signature [signature] Printed Name of Witness [signature]

Valuables Sent to Admitting Safe **Valuables Bag #**_____

Item	Item

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

FS0010

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

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

© UH0951 (5/18) File Under: Admitting Financial Valuables
Page 1 of 1

NORTHWEST HOSPITAL & MEDICAL CENTER

Foreign Travel Questionnaire

In the last 4 weeks, have you traveled or been in contact with anyone that has traveled *outside* of the United States and Canada?

Yes [ ] **No [X]**

If you answered Yes, please list the countries you have visited in the last 4 weeks:

1. 4.
2. 5.
3. 6.

Please return this form to the front desk representative

SPANISH VERSION

Cuestionario para personas que viajaron al exterior

¿En las últimas 4 semanas, ha viajado o ha estado en contacto con alguna persona que haya viajado afuera de los Estados Unidos y Canadá?

Sí [ ] **No [ ]**

Si contestó Sí, por favor enliste los países que ha visitado en las últimas 4 semanas:

1. 4.
2. 5.
3. 6.

Por favor entregue este formulario al personal de recepción

***THE FOLLOWING SECTION IS FOR STAFF ONLY ***

Date: 7.26.18

Department: admitting

Receiving Staff: [signature]

Please place patient's label here.
Alternatively, please write the patient's name down:

_____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

TRAVEL QUESTIONNAIRE

M–1899 (09/17) File Under: Assessments

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

(DIAGNOSTIC & SURGICAL PROCEDURES & OTHER INVASIVE PROCEDURES)

The law in Washington gives you the right and the responsibility to make decisions about your health care. Health care professionals can give you information and advice. You or your legal representative must be part of the decision–making. This consent form:

- Proves that you had a part in making decisions about your health care.
- Shows that you gave permission for the treatment recommended by your health care professionals.

The words "I", "my", etc., in this form mean the patient, no matter whether the patient or the patient's representative is signing the form. The term "health care professional" may mean the attending physician, but in addition may mean a different doctor (including a resident), nurse practitioner, registered nurse, or physician's assistant, who orders, performs all or part of, or is involved in explaining the procedure.

I give permission to my health care professional(s) who are listed on the back of this form as the performing provider(s), to do the procedure(s) listed on the back of this form, with anesthesia and/or sedation if that is needed. Anesthesia or sedation medicine will be given by the health care professional, anesthesiologist, or other trained health care staff who work under appropriate supervision.

I understand that the attending physician may need to perform other urgent procedures due to an emergency that may occur while I am sedated or otherwise not able to give consent. The attending physician or designee will talk with my legally authorized representative if possible.

I understand that the attending physician may choose assistants, including other health care professionals and residents *(physicians who have finished medical school, but are getting more training)*, to be part of the team performing my procedure. The assistants may suture; harvest grafts; dissect, remove or alter tissue; implant devices; or do other tasks that the attending physician has deemed appropriate. If known, the attending physician has discussed with me whether there will be assistants and whom he/she expects the assistants to be. I understand that during the procedure, the attending physician may need to choose different assistants or have them do different tasks. I understand that for some kinds of medical equipment used during procedures, a representative from the equipment manufacturer may be there, doing things like providing consultation or running checks on the equipment.

I understand the attending physician may participate in care involving overlapping procedures or oversee other urgent medical responsibilities and may not be present in the room at all times. During this time, the skilled team of assistants may perform portions of my procedure which the attending physician has determined they are proficient to perform. If an overlap is anticipated or planned, I will be notified prior to surgery. The attending physician will be present for the key and critical portions of the procedure, and either he/she or a designated attending physician will be available to the procedure team at all times.

The hospital or health care professional will dispose of any removed tissues or parts.

I understand what procedure(s) will be done. I have been told about the risks and benefits. I have been told about other treatment choices and about their risks and benefits, including not having the procedure. I have been told about what results to expect, which includes information about the chances for the expected results. I know that results cannot be guaranteed. I have been told about potential problems that may occur during recuperation.

I understand that there are risks for all kinds of surgery and for "invasive procedures" *(procedures where a blood vessel, body cavity, or other internal tissue is entered with a needle, tube, or similar device)*. These risks, which can be serious, include bleeding, infection, and damage to nearby tissues, vessels, nerves, or organs. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I have received this added detailed information and/or patient information materials about the procedure(s):

_____

_____

Print added information or title of information materials

I understand whether I will receive either anesthesia or sedation medicine, or both. I have been told about my choices for anesthesia and sedation and about their risks and benefits. I have been told about side effects of the medicine(s) and problems they may cause with recovery.

I understand that anesthesia and sedation medicines used for procedures involve risks. These risks can be serious.

Continued on page 2

They may include damage to vital organs such as the brain, heart, lungs, liver, and kidneys. They may even result in paralysis, cardiac arrest, brain damage, and/or death.

I understand that the anesthesia equipment may damage my teeth or cause other dental damage.

I understand that nerve damage may occur from how anesthesia equipment is placed or how my body must be positioned during a procedure.

I understand that I am free to refuse consent to any proposed procedure.

BLOOD: I have been told whether I am having a procedure where blood or blood components *(products)* may need to be used *(also known as transfused)*. **If I am having this kind of procedure**, I have been told about side effects, risks and other choices about transfusion, including **not** getting a transfusion.

I give permission to receive blood and/or blood components if the health care team decides it is needed. I understand that use of blood and blood components involves risks. The risks may include reactions, including allergic reactions, fever, hives, lung injury, and in rare cases, infectious diseases such as hepatitis and HIV/AIDS. I know that the blood bank screens donors and matches blood for transfusions to help lower risks.

OR *(Please initial)*
_____ **I refuse** ***(or partially refuse)*** **permission for blood and blood components.** *(You will be asked to sign another form, Form UH2063).*

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

Giving Consent

By signing below, I confirm that I have read the sections above and that I have had 1) each item explained to me; 2) a chance to ask questions; and 3) all of my questions answered.

FULL NAME OF PROCEDURE(S)	LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY / Wound debridement
Health Care Professional(s) Performing Procedure	ROLLO, JOHNATHON C

SIGNATURE *(PATIENT OR PATIENT?S AUTHORIZED REPRESENTATIVE)*	PRINT NAME	DATE	TIME
X Jeanne L Hoffman	Jeanne L Hoffman	7/26/18	1030

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

☐ **1.** Court-appointed Guardian ☐ **2.** Durable Healthcare Power of Attorney ☐ **3.** Spouse/registered domestic partner
☐ **4.** Adult Child(ren) ☐ **5.** Parent(s) ☐ **6.** Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

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

HEALTH CARE PROFESSIONAL'S STATEMENT

I explained the treatment/procedure(s) stated on this form, including the possible risks, complications, alternative treatments *(including non-treatment)* and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

If only the patient has signed this form, in my clinical opinion, the patient is capable of making his/her own health care decisions. If in my clinical opinion, the *(adult)* patient has questionable ability to make his/her own health care decisions, I discussed the above with the patient and with the patient's legally authorized representative.

HEALTH CARE PROFESSIONAL SIGNATURE	PRINT NAME & TITLE	NPI *(IF APPLICABLE)*	DATE	TIME
	Rollo MD		7/26/18	1630

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

C00030

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center
University of Washington Physicians
Seattle, Washington

SPECIAL CONSENT FOR PROCEDURAL TREATMENT

UH0173 (04/17) File Under: Consent

*update @ 1445- Wound care center not open Saturday Dr. Rollo would like Jeanne to be seen late morning afternoon @ wound care center for dressing change- Call for appointment.

Activity
You may be up and about as tolerated or as directed by your physician. Avoid prolonged standing and sitting with feet down; elevate feet when sitting.

Incisions and Dressings:
Leave dressings in place unless instructed otherwise by your doctor. Ace wraps may be rewrapped as needed. Check the color of your foot before you start to wrap the ace bandage, be sure your foot stays that color after you are done. Check to see that you have no numbness or tingling in your foot. Check with your surgeon to find out when you may begin showering and/or tub bathing. Expect some bruising, from a minimal to significant amount.

but leave on 2 days-
may shower Saturday!
*Resume compression stockings once ace wraps removed on Saturday.

Pain
Take pain medication as prescribed. Do not let the pain become severe before taking medication. As the pain becomes milder, you may be able to switch to other medications such as Ibuprofen, Tylenol, etc.

Symptoms to report to your surgeon
– Watch for signs of infection or inflammation of the vein.
– Temperature greater than 100.5 degrees for more than 24 hours.
  - Check your temperature twice daily for the first week or until you see your physician.
– Increased pain not relieved by pain medication.
– Sudden onset of acute pain in the leg not relieved with pain medication.
– Sudden feeling of shortness of breath.

Name	Monograph given		Summary of what it is and precautions*
Per Pharmacy Labeling	☐ yes	☐ no	
	☐ yes	☐ no	
	☐ yes	☐ no	

* If monograph not available.

Special Instructions –
Patient must have dressings changed in 2 days by wound care center. call 206-668-1244 call for appt.

I have read and understand the above instructions.

Physician Phone Number 206-668-1070

Follow –up visit 1 week in wound care clinic

given to Cheryl F, RN @ Parkridge Care Center
Patient/Escort Signature

Nurse Signature

7/26/18 1445
Date / Time

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
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DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

VEIN LIGATION/STRIPPING DISCHARGE INSTRUCTIONS

© M–766 (3/99) File Under: Discharge Information

Procedure Date/Time: 7-26-18
Procedure: L leg ablation, Phlebectomy

How are you doing after your procedure? _____

Are you having any problems or concerns? ❑ Yes ❑ No

Circle issues discussed:

Fever	Redness	Swelling	Tenderness	Drainage	Constipation
Vomiting	Nausea	Urinating	Bleeding	Pain	Dressings

Other: _____

Is pain being adequately managed with post–op medication regimen? ❑ Yes ❑ No

❑ Patient referred to MD for any stated complications/concerns
❑ Patient instructed on S/S of infection
Other Advice Given: _____

Did pt make follow up provider appointment? ❑ Yes ❑ No
Able to obtain prescriptions? ❑ Yes ❑ No
Understands discharge instructions? ❑ Yes ❑ No

Service

Overall, how was your care? _____

Recognize any providers, nurses or hospital staff? _____

Comments

360-649-5702
No answer
Left Message

RN Signature: Mary-a McNaughton RN Date: 7-27-18 Time: 1120

DOB:
CSN:
ADM: //
CLASS:
SVC:
MRN: U8170135 BD:1/6/1925 93YF
HOFFMAN
JEANNE
LEONIE
NW PSA
DOS:7/26/2018 ROLLO, JOHNATHON CURT:
Enc:1828465398 RES:

DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

POST DISCHARGE CALL DOCUMENTATION

© M–1892 (12/13) File Under: Discharge Information

❑ Local without Sedation

You may return to all your normal activities except those specifically mentioned by your doctor. If you are not experiencing any nausea or vomiting, you may progress to your normal diet.

☒ Local with Monitored Anesthesia Care (Local with Sedation)

Go home and rest today. Have someone help you get up the first couple of times to make sure you are steady on your feet. Do not drive, operate machinery, sign any legal documents or make any important decisions for 12 hours after surgery. Resume your normal activities tomorrow, as you are able. If you are not experiencing nausea or vomiting you may gradually resume your normal diet.

❑ Regional Anesthesia

Go home and rest today. Have someone help you get up the first couple of times to make sure you are steady on your feet. Do not drive, operate machinery, sign any legal documents or make any important decisions for 12 hours after surgery. Resume your normal activities tomorrow, as you are able. If you are not experiencing nausea or vomiting then gradually resume your normal diet.

❑ Spinal Block / Epidural Block Patients If you are unable to empty your bladder in 8 hours, or if you are experiencing discomfort from a full bladder, or if you have a severe headache or backache unrelieved by Tylenol or pain medication, call your doctor or go to an emergency room.

❑ Nerve Block Patients Support and protect your affected arm / leg until the numbness is gone. You may wear a sling to protect your arm. Avoid contact with hot objects, as you may not feel the heat in the affected arm / leg.

☒ General Anesthesia

Go home and rest. General Anesthesia may stay in your body for up to 24 hours. It is normal to feel sleepy and weak today. Avoid vigorous activity or exercise. Do not drive, operate machinery, sign any important documents or make any important decisions for 24 hours after surgery. For your own safety and comfort have a responsible adult stay with you today and through the night. Do not drink any alcoholic beverages. Do not smoke for 24 hours without supervision. If nausea or inability to drink lasts 8 hours after discharge call your doctor. Take only prescribed medications. It is important that you drink plenty of fluids today (i.e., juice, water, soda, tea, Gatorade). Gradually progress to your normal diet. Begin with clear liquids, dry toast, crackers, soup then progress to regular foods.

SPECIAL INSTRUCTIONS instructions given to

PATIENT / ESCORT SIGNATURE given to Cheryl F, RN Park Ridge Care Center

NURSE SIGNATURE Lakelle D. Burks RN

DOB:
CSN:
ADM: //
CLASS:
SVC:

MRN: U8170135 BD:1/6/1925 93YF
HOFFMAN
JEANNE
LEONIE
NW PSA
DOS:7/26/2018 ROLLO, JOHNATHON CURT:
Enc:1828465398 RES:

DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

ADULT ANESTHESIA DISCHARGE INSTRUCTIONS

© M-762 (03/99) File Under: Discharge Information Tab

NO[redacted]RSIVE: ALL PRESC[redacted]TIONS MUST BE PR[redacted]ED WITH LETTERS[redacted]T ARE NOT CONN[redacted]ED.
PROHIBITED ABBREVIATIONS at NWHMC:
OD, QD, QOD, SQ, CC, U, IU, MS, MSO4, MGSO4, µ, TIW, X.0 (TRAILING ZERO), .X (LACK OF LEADING ZERO)
***** THESE ORDERS ARE TO BE USED IN THE PERI–OPERATIVE SETTING ONLY *****

ALLERGIES: PCN, Sulfa, nitrofurantoin

POST–OP ORDERS:
☑ Lactated ringers at 50 mL/hr, if no post–operative IV fluid orders by surgeon ☐ Other:_____

OXYGEN
☑ 2 L/min nasal prongs prn SpO_2 less than or equal to 92%
☐ _____ L/min mask prn SpO_2 less than or equal to 92%
☑ May discharge to floor or Phase II with 1–2 L nasal prongs if room air saturation less than or equal to 92%

MEDICATIONS

1. Intravenous Analgesia: if multiple agents ordered, use in the order listed unless otherwise specified

Order Of Use	Medication:
X	☐ Fentanyl 25–50 mcg IV every 5 min prn to maximum of 50 mcg
_____	☐ Morphine 2–5 mg IV every 10 min prn to maximum of _____ mg
X	☐ Hydromorphone 0.2–0.5 mg IV every 10 min prn to maximum of 1 mg
_____	☐ DSU ONLY: Fentanyl 25–50 mcg IV every 5 min prn to maximum of 100 mcg
_____	☐ DSU ONLY: Hydromorphone 0.2–0.5 mg IV every 10 min prn to maximum of 1 mg

2. Oral Analgesia: if multiple agents ordered, use in the order listed unless otherwise specified

Order Of Use	Medication:
_____	☐ Oxycodone/acetaminophen 5/325 mg (Percocet®) 1–2 tabs PO every 3 hr prn pain
_____	☐ Hydrocodone/acetaminophen 5/325 mg (Vicodin®) 1–2 tabs PO every 3 hr prn pain
_____	☐ Codeine/acetaminophen 30/300 mg (Tylenol #3®) 1–2 tabs PO every 3 hr prn pain

3. Other Medications:
☐ Ketorolac (Toradol®) ☐ 15 mg IV x 1 dose ☐ 30 mg IV x 1 dose
☐ Labetalol 5–10 mg IV every 10 minutes prn SBP above _____ mmHg or DBP above _____ mmHg
☐ Albuterol Neb x 1 prn wheezing. Call physician if not effective
☑ May administer surgeon ordered analgesia prn
☐ Other:_____

4. Shivering
☐ Meperidine 12.5 mg IV prn, MR x 1
☑ Warming device: use to warm patient with temperature less than or equal to 35.6 ℃ (96.0 ℉)

5. Nausea/vomiting: if multiple agents ordered, use in the order listed unless otherwise specified

Order of Use	Medication:
_____	☐ Ondansetron (Zofran®) 4 mg IV, may repeat x 1
_____	☐ Metoclopramide (Reglan®) 5–10 mg IV slowly prn, may repeat x 1

6. Emergencies
☑ Atropine 0.5 mg IV (to a maximum of 1 mg) for heart rate below 40 with hypotension if slow pulse unusual for patient
☑ Respiratory Depression: Dilute 1 mL naloxone (0.4 mg/mL) with 9 mL normal saline (making 40 mcg/mL). Give 1 mL for RR less than 10 every 5 minutes while phoning the anesthesiologist

LAB ☐ HCT ☐ FSBG _____
☐ OTHER: _____
☐ OTHER: _____

DISCHARGE:
- Patient may transition from Perioperative Anesthesia Orders to Discharge Medication Orders when discharge criteria met.
- May discharge patient from PACU to floor or Phase II when discharge criteria are satisfied.
- May discharge patient from Phase II to home when discharge criteria are satisfied.

Date: 7/26/18 (Required) **Time:** 1130 (Required) **Physician Signature:** _____ (Required)

JUL 26 2018

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

P00001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PERI–OPERATIVE ANESTHESIA ORDERS FOR USE IN PACU,DSU,OSC, CBC ONLY

© M–833 (02/18) File Under: Physician Orders

Page 1 of 1

NO C[redacted]IVE: ALL PRESCR[redacted]ONS MUST BE PRIN[redacted] WITH LETTERS T[redacted] ARE NOT CONNEC[redacted].

PROHIBITED ABBREVIATIONS at NWHMC:
OD, QD, QOD, SQ, CC, U, IU, MS, MSO4, MGSO4, µ, TIW, X.0 (TRAILING ZERO), .X (LACK OF LEADING ZERO)

Patient Name: _____ **Height:** 5'2" **Weight:** 51.3 kg **Serum Creatinine:** _____

Allergies: PCN (rash) Sulfa (rash) ASA, adhesive, Nitrofurantoin

☒ If not otherwise ordered, initiate Anesthesia Pre–Op Orders (M–1442) and implement IV Therapy Maintenance Orders (M–1026).

☐ Pre–op antibiotic is **NOT INDICATED** due to (**MUST** list reason): ☐ Eye Surgery ☐ Other: _____

☐ **Vancomycin given in addition to the pre–op antibiotic below for the following MRSA risk factors (MUST check/list reason):**
☐ History of MRSA colonization or infection within the last year (refer to "Pre–surgical *Staphylococcus aureus* (SA) Screening Protocol")
☐ Other: _____

Service	Procedure	Preferred Antibiotic(s)	Penicillin/Beta–Lactam Allergy
Cardiac/Thoracic	Pacemaker or AICD	☐ Cefazolin 2 g IV	☐ Vancomycin IV
ENT	Ear, Nose, Throat Surgery	☐ Cefazolin 2 g IV **OR** ☐ Ceftriaxone 1g IV	☐ Clindamycin 900 mg IV
GI	Abdominal Surgery, Colorectal (excluding anal procedures), and Appendectomy (non–perforated)	☐ Cefazolin 2 g IV **and** Metronidazole 500 mg IV	☐ Ciprofloxacin 400 mg IV **and** Metronidazole 500 mg IV
	Contaminated Surgery, Ruptured Viscus, Anal procedures, Appendectomy (perforated)	☐ Ceftriaxone 1g IV **and** Metronidazole 500 mg IV	☐ Ciprofloxacin 400 mg IV **and** Metronidazole 500 mg IV
	Esophageal, Gastroduodenal, Biliary	☐ Cefazolin 2 g IV	☐ Ciprofloxacin 400 mg IV
GU	GU tract only: Cystoscopic Procedures, Cystourethroscopy, Lithotripsy, Ureteroscopy	☐ Ceftriaxone 1 g IV	☐ Ciprofloxacin 400 mg IV **OR** ☐ Gentamicin 5 mg/kg IV
	GU tract + skin: Percutaneous Nephrolithotomy	☐ Ceftriaxone 1 g IV **OR** ☐ Ampicillin 2 g IV **and** Gentamicin 5 mg/kg IV	☐ Gentamicin 5 mg/kg IV **and** Vancomycin IV
	Skin: Epididymis Surgery	☐ Cefazolin 2 g IV	☐ Vancomycin IV
	Penile Prosthesis	☐ Cefazolin 2 g IV **and** Gentamicin 5 mg/kg IV	☐ Gentamicin 5 mg/kg IV **and** Vancomycin IV
	Transrectal Prostate Biopsy	☐ Ceftriaxone 1 g IV	☐ Gentamicin 5 mg/kg IV
GYN/OB	Dilation and Evacuation	☐ Doxycycline 100 mg IV	☐ Metronidazole 500 mg IV (if allergic to doxycycline)
	Caesarean Section, Hysterectomy, Routine Laparotomy, Synthetic Pubovaginal Sling	☐ Cefazolin 2 g IV	☐ Ciprofloxacin 400 mg IV
Neurosurgery	All Procedures	☐ Cefazolin 2 g IV	☐ Vancomycin IV
Ortho	All Procedures	☐ Cefazolin 2 g IV	☐ Vancomycin IV
Plastics, Skin/Soft Tissue	All Procedures	☐ Cefazolin 2 g IV	☐ Vancomycin IV
Vascular	Neck, Chest, Upper Extremities	☐ Cefazolin 2 g IV	☐ Vancomycin IV
	Abdomen, Groin, Lower Extremities	☐ Cefazolin 2 g IV	☐ Ciprofloxacin 400 mg IV **and** Vancomycin IV

SCANNED

1045 7/26/18 QMF ok

☒ **For patients weighing more than 120 kg, increase antibiotic dose to:** ☐ Ceftriaxone 2 g IV ☐ Cefazolin 3g IV

☒ Vancomycin dosing: ☐ Weights ≤ 70 kg: Vancomycin 1 g IV infused over 60 minutes
☐ Weights 71–100 kg: Vancomycin 1.5 g IV infused over 90 minutes
☐ Weights > 100 kg: Vancomycin 2 g IV infused over 120 minutes

☒ Gentamicin dosing: ☒ If total body weight is > 20% of ideal body weight, use adjusted body weight: AdjBW = IBW + 0.4 (TBW–IBW).
☐ Reduce dose to gentamicin 2 mg/kg IV in patients with severe renal insufficiency.

☒ If needed, CALL PHARMACY for antibiotic alternatives or for patient with renal insufficiency/SCr greater than 1.5

Date: JUL 26 2018 *(Required)* **Time:** _____ *(Required)* **Physician Signature:** _____ *(Required)*

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN: U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PRE–OP ANTIBIOTIC ORDERS

© M–1015 (12/17) File Under: Physician Orders

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

Patient Care

- ☒ Peripheral Line, Insert
- ☐ Use micro-drip tubing for dialysis patients
- ☐ Obtain Cardiology notes

Medications

- ☒ Lidocaine 1% 0.3 mL Sub-dermal prn for IV start

IV

- ☒ Lactated Ringers 1000 mL IV 20 mL/hr (if medication incompatibilities exist, change to NS)
- ☐ NS 0.9% 1000 mL 20 mL/hr

SCANNED

Labs

- ☐ Obtain POCT per Anesthesia Testing Guidelines (unless otherwise noted):
  - ☒ FSBG
  - Basic Metabolic Panel
  - Electrolytes
  - Prothrombin Time (INR)
  - ☒ Hct and Hgb
- ☐ CBC, Diff/Smear Evaluation: Stat
- ☐ Hepatic Function Panel: Stat
- ☐ Partial Thromboplastin Time (PTT): Stat
- ☐ Pregnancy Test, URN: Stat
- ☐ Pregnancy (HCG), SRM: Stat

Cardiac Diagnostics

- ☒ ECG 12 Lead (to compare to previous)

Radiology

- ☐ Chest 1 View for 1 Times

~~Other~~ Communication Assist functional status

7/26/18 AMC 0925

Date: 7/21/17 (Required) **Time:** 0811 (Required) **Physician Signature:** _____ (Required)

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y - F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
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SVC: **Gen Sr**

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

ANESTHESIA PRE-OP ORDERS

© M-1442 (03/18) File Under: Physician Orders

Page 1 of 1

❑ A. TYPE 1 DIABETES – ON INSULIN

1. On day of surgery, prior to admission--no insulin. If taking insulin glargine, have patient take evening dose prior to surgery.
2. On arrival: check FSBG. Start IV with LR @TKO. (If patient has renal insufficiency, use NS.)
3. Piggyback: D5LR @ 1.5 mL/kg/hr up to max of 100 mL/hr. (If patient has renal insufficiency, use D5NS.)
4. If FSBG is less than 70, administer 25 mL Dextrose 50% IV and follow IV insulin protocol (see Item E, below)

❑ IF SURGERY TO END BEFORE NOON AND PATIENT TO RESUME P.O. FEEDING AFTER SURGERY	❑ IF SURGERY WILL NOT END BEFORE NOON OR PT. IS EXPECTED TO REMAIN NPO AFTER SURGERY
5. Administer subcutaneous insulin as follows: a. If pt uses UltraLente, give full usual dose: _____ units b. If pt uses NPH or Lente, give 1/2 of usual dose: _____units	5. Piggy back IV insulin drip (100 units regular insulin in 100 mL Normal Saline; see Item E, below)

❑ B. TYPE 1 DIABETES – ON INSULIN PUMP

1. Have patient continue basal pump rate
2. On Arrival: check FSBG; repeat every 4 hours.
3. Refer to preop orders for *Type 1 Diabetes – On Insulin* (see Item A above)
   – When subcutaneous insulin dose is required, patient may administer dose through insulin pump.
   – Continue insulin pump at basal rate during surgery. If pump interferes with surgery, discontinue pump after subcutaneous bolus is given.
   – If IV insulin drip is required, discontinue pump.

SCANNED

diet controlled

❑ C. TYPE 2 DIABETES – ON INSULIN

1. On day of surgery, prior to admission–no insulin
2. On Arrival: check FSBG; repeat every 4 hours.
3. If FSBG less than 70: administer 25 mL Dextrose 50% and follow IV insulin protocol (see Item E)
4. Start IV: LR @ TKO rate. (If patient has renal insufficiency, substitute NS)

❑ OPERATIVE TIME LESS THAN 2 HOURS AND "NON–MAJOR" (e.g., noncavitary, not total hip, no potential for large blood loss)	❑ OPERATIVE TIME GREATER THAN 2 HOURS OR "MAJOR" SURGERY (e.g., intracavitary, total hip, potential for large blood loss)
5. If arrival FSBG is greater than 120: Administer 1/2 of usual dose of NPH insulin subcutaneously: (_____ units)	5. Piggyback D5LR @ 1.5 mL/kg/hr up to a maximum of 100 mL/hr (D5NS if patient has renal insufficiency) 6. Piggyback IV insulin drip (100 units regular insulin in 100 mL NS)

❑ D. TYPE 2 DIABETES – ON ORAL HYPOGLYCEMIC AGENTS

1. On the night before surgery, hold extended release oral glycemic agents; on the morning of surgery, hold all oral glycemic agents
2. On arrival: check FSBG.
3. If FSBG is less than 70, administer 25 mL Dextrose 50% IV and follow IV insulin protocol (see Item E below)
4. Start IV of LR @ TKO rate. (If patient has renal insufficiency, substitute NS)

❑ OPERATIVE TIME LESS THAN 2 HOURS AND "NON–MAJOR" (e.g., noncavitary, not total hip, no potential for large blood loss)	❑ OPERATIVE TIME GREATER THAN 2 HOURS OR "MAJOR" SURGERY (e.g., intracavitary, total hip, potential for large blood loss)
5. Resume oral hypoglycemics with meal postop except metformin or metformin XR, which should be resumed when renal function is determined to be normal (serum creatine 1.5 or less). If receiving contrast, hold metformin 48 hours after procedure.	5. Piggyback D5LR @ 1.5 mL/kg/hr up to a maximum of 100 mL/hr (D5NS if patient has renal insufficiency) 6. Piggyback IV insulin drip (100 units regular insulin in 100 mL NS)

E. REGULAR INSULIN IV INFUSION PROTOCOL (for standard infusion, dilution is 1u/1mL)

Start at 0.5 units/hr if usual dose under 10 units/day; 1 unit/hr if 20–50 units/day; 1.5 units/hr if more than 50 units/day. Adjust rate according to FSBG as follows:

FSBG less than 70	Turn off drip for 30 minutes and give 25 mL D50 IV. Recheck glucose every 30 minutes and restart drip @ 1u/hr when glucose greater than 100.
70 – 120	Decrease rate by 0.3u/hr (0.3mL/hr*)
121 – 180	No Change
181 – 240	Increase rate by 0.3 units/hr (0.3mL/hr*)
241 – 300	Increase rate by 0.6 units/hr (0.6mLl/hr*)
Greater than 300	Increase rate by 1 unit/hr (1.0mLl/hr*) & check urinary ketones if Type 1

OBTAIN FSBG EVERY HOUR FOR 6–8 HOURS, THEN EVERY 2 HOURS

NOTIFY PHYSICIAN FOR BLOOD GLUCOSE CHANGE OVER 100 MG/DL OR FOR BLOOD GLUCOSE OVER 300.

Date: 7/25/18 *(Required)* **Time:** 0817 *(Required)* **Physician Signature:** _____ *(Required)*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

P00001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PRE– AND INTRA–OP DIABETES ORDERS

© M–885 (08/2013) File Under: Physician Orders

Jul. 16. 2018 9:31AM NWH SSHC No. 3672 P. 2/2

7/26

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

Attending: _____ Procedure: _____ Surgery Date: _____

Allergies ☐ NKDA ☐ Latex ☑ Other: Clavit

☐ Colorectal ERAS Pathway ☐ Hernia ERAS Pathway

PATIENT STATUS

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

PREOPERATIVE (PSA)

Patient Care

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

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

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

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

7/26/18 0973

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

Other _____

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

Other _____

SCANNED

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

Other _____

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

Other _____

Xray _____

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

1E MI XX – F
U8170135 BD:1/6/1925 93YF IRN:0123456789
HOFFMAN
JEANNE
LEONIE
NW PSA
DOS:7/26/2018 ROLLO, JOHNATHON CUR
Enc:1828465398 RES:

P00001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

STANDARD SURGERY PERIOPERATIVE

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

Page 1 of 1

Allergies _____

PRE-OP ORDERS

1. Admit to ❑ Day Surgery for: _____
   ❑ Outpatient Surgery Center
2. Laboratory Studies: ❑ per anesthesia protocol
   ❑ Other: _____
3. IV per Anesthesia Protocol
4. Pre-op Medications: _____

DATE ▶ | PHYSICIAN SIGNATURE ▶

POST-OP ORDERS

1. Routine care per unit protocol.
2. Post-Op Medications / Treatment: PT may transition from perioperative anesthesia orders to discharge medication orders when discharge criteria are met. Keep patient on bedrest for 1 hr postop, then ok to get up + ambulate prior to dc. Keep leg elevated on pillow!
3. Special Discharge Instructions Keep ACE wrap on for 2 days, then ok to remove and shower. Resume compression stockings. Seek medical attention for worsening pain, swelling or redness
4. Follow-Up Visit: 1 week in wound care clinic. Patient must have dressing changed in 2 days by wound care center. *
5. Discontinue IV per Anesthesia Protocol.
6. Discharge with instructions when discharge criteria met.

MEDICATION ORDERS: ▲ TEAR OFF THIS BOTTOM SECTION FOR PRESCRIPTION ▲ | ALLERGIES / SENSITIVITIES

- ❑ Percocet (Oxycodone 5mg/APAP 325mg) 1 to 2 PO every ____ hrs prn pain, disp #____
- ❑ Demerol (Meperidine) 50mg 1 to 2 PO every ____ hrs prn pain, disp #:____
- ❑ Tylenol #3 (Codeine 30mg /APAP 300mg) 1 to 2 PO every ____ hrs prn pain, disp #____
- ❑ Norco (Hydrocodone 5mg/APAP 325mg) 1 to 2 PO every ____ hrs prn pain, disp #____
- ❑ Ibuprofen ____ mg PO every ____ hrs prn pain, disp #____
- ☒ Other ~~Tylenol 1000mg q6hrs prn pain; dispense 60 tabs~~ Tylenol 500 mg q6hrs prn pain; 60 tabs

* PHYSICIAN SIGNATURE	PHYSICIAN SIGNATURE	DATE:	TIME	PHONE NO:	DEA NO.
Anna Ohlsson	Anna Ohlsson MD	7/26/18	10:50		
IF MEDICATION ORDER, SUBSTITUTION PERMITTED	IF MEDICATION ORDER, DISPENSE AS WRITTEN	PRESCRIPTION AREA HAS VOID COPY BACKGROUND. CONTAINS MULTIPLE SECURITY FEATURES			

HOFFMAN, JEANNE LEONIE
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NORTHWEST HOSPITAL & MEDICAL CENTER
1550 North 115th Street • Seattle, WA 98133-9733

PRE and POSTOPERATIVE ORDERS
DAY SURGERY

©NWH M-876 (08/13)

Hoffman, Jeanne Leonie

MRN: H0571976
Description: 93 year old female

gress Notes Encounter Date: 6/7/2018

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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Ong, Thuan Duc, MD
Internal Medicine
University of Washington Post Acute Care Service

Skilled Nursing Facility (SNF):
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
one: (206) 363-5856
: (206) 365-0568

ADMIT HISTORY AND PHYSICAL

EX0001 - External Documents

Date of Admission to SNF: 6/4/18

Date of Encounter: 6/7/2018

Reason for admission to PRCC: s/p hospitalization for worsening stasis ulcers, now admitted to SNF for rehab and wound care.

ary care provider: Neighbor Jr., William E, MD

Interval History:
ID/CC: 93 year old female with with severe peripheral vascular disease both venous and arterial who came in with worsening stasis ulcers on her left lower extremity and cellulitis admitted to NWH from 5/31/18 to 6/4/18.

Her son, Louis, is present for this visit,

Venous stasis ulcers: LLE, multiple, has known PVD as well, using Xeroform with leg wraps but not pressure wraps. She appreciates the care she is receiving here.

Homelessness: pt and son were forced out of their apartment and have been living in a tent for several weeks. n asked what here plans are when her wounds heal up, she states "I am going back to my tent".

Low grade fever: noted last night, 99F, normalized today, stat labs drawn one day prior and noted K+ elevated to 5.6, and H/H went from 11.7/35.5 to 9.8/30 in a single day. Her prior H/H appear to be in the range of 9/30. She denies any localizing sx.

Comprehensive functional assessment:
ADLS: independent prior Hygiene, Dressing, Feeding, Transferring, Toileting, Ambulation
IADLS: requires assistance w/Telephone, Shopping, Food, Housekeeping, Laundry, Transport, Meds, Finances
Memory: no concerns
ow: no concerns
Balance: no recent falls
Assistive devices: walks w/ 4WW
Incontinence: positive for urge UI
Mood: "good"

ROS:
Complete ROS is negative, except for hard of hearing

HOFFMAN, JEANNE LEONIE 093 Y – F
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H/Problem List:
atient Active Problem List

Diagnosis	Date Noted
• Osteoporosis, unspecified	03/04/2008

T spine X ray 3/4/2008 showed ostepenia and compression wedging of vertebra. Summer 2008 Vit D 25 total 20.5. Advised Vitamin D 800 IU daily. Began fosamax spring 2008. Continued for five years, then stopped

ong term current use of anticoagulant therapy 01/08/2008
Reason for anticoagulation: Recurrent dvts
Duration of anticoagulation: life
INR goal: 2.-3 (lower end of this range desired because of age)

• Unspecified vitamin B deficiency 05/01/2007
Vitamin B12 217 in February 2007; however methylmalonic acid and homocysteine levels normal ruling out diagnosis of B12 deficiency

pe 2 diabetes mellitus without complication 03/27/2007
(HCC)
Year onset: Dx March 2007
Metformin discontinued 2011 as A1c in target range without it.
Diet and weight controlled.

• Sensorineural hearing loss, unspecified 11/20/2006
Has bilateral hearing aids.
6/3/2008 hearing worse. Ears clean. Advise follow with audiology.

VT, recurrent, lower extremity, chronic (HCC) 11/20/2006
Recurrent DVT and phlebitis since 1982
Per Vascular Surgery note 5/9/2006: continue warfarin
3/9/2010 Lower extremity arterial vascular ultrasound studies normal

• Other and unspecified hyperlipidemia 11/20/2006
On lipitor. Tried discontinuing but LDL cholesterol markedly increase. Now low dose effective.

• Generalized osteoarthrosis, unspecified site 11/20/2006
LS spine. Bilateral talonavicular arthritis since 1994.

• Essential hypertension, benign 11/20/2006

- Unspecified glaucoma(365.9) 11/20/2006

4/1/2014 refilled timolol but do not seen recent eye clinic visit. Patient to be seen in eye clinic.
William E Neighbor JR, MD

- Routine general medical examination at a health care facility 11/20/2006

Td/Tdap (q 10 yr): See immmunizations
Pneumococcal (65 yoa and high risk x1): See imms
Blood pressure: Dx hypertension
Cholesterol: dx hyperlipidemia
Mammogram (q 1 yr begin at age 40-50 yrs): neg spring 2011
Pap smear (q2-3 yrs to age 65)--82 years old
Colorectal cancer screening: Sig to 30 cm in May 2001. Previoiusly had refused studies. Heme neg 2008. 4/29/2010 heme x 3 neg.
Tobacco: no
Alcohol: no
Drugs: no
Sexual practice/contraception: Not active
Advanced directives: Yes/ 9/21/2016 POLST forms signed. Scanned to record.
Advised osteoporosis prevention in 2005. Vit D 25 20 on 4/3/2008 . Advise Vit D 800 IU daily.

nous ulcer of left leg (HCC)	06/07/2018
Homeless	06/07/2018
• Normocytic anemia	06/07/2018
• Cellulitis of left leg	05/31/2018
• Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)	05/17/2018
• Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)	05/17/2018
• Peripheral vascular disease, unspecified (HCC)	05/17/2018
• Primary osteoarthritis of both hips	02/01/2017
• Thrombocytopenia (HCC)	11/02/2016
• Imbalance	11/02/2016
• History of recurrent deep vein thrombosis (DVT)	06/02/2016
er physical therapy	01/22/2015
• Hip joint stiffness	01/06/2015
• Leg weakness, bilateral	01/06/2015
• Weakness of trunk musculature	01/06/2015
• Pseudophakia, both eyes	11/08/2014
• Urine incontinence Uses pads	08/27/2014
• Osteoarthritis of lumbar spine	08/30/2013

ALLERGIES: Review of patient's allergies indicates:

Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other

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• Nitrofurantoin	Other	
Confusion, loss of appetitie, nausea, abdominal pain		
• Nitrofurantoin	Other	
confusion		
Penicillins	Rash	
Sulfa Antibiotics	Rash	

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Medication orders reviewed in MAR: X
Current nursing home medications reviewed on the medical record.
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list.
To obtain current medication list please call the facility and ask for medication administration record to be faxed.

Family History:
Parents died of old age

Social History:
Habits: NONE
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them a couple of months ago (per SW note the son reports they left "willingly".
Social Support: son, Louis, 360-649-5702
POLST completed, in summary - FULL
DPOA: son, Louis

Physical Exam:
118/55 | Pulse 70 | Temp 98.1 °F (36.7 °C) | Resp 20 | Wt 110 lb 2 oz (50 kg) | BMI 20.81 kg/m²
Readings from Last 3 Encounters:
06/07/18 110 lb 2 oz (50 kg)
05/31/18 112 lb (50.8 kg)
05/17/18 109 lb 6.4 oz (49.6 kg)

GEN: appears older stated age, accompanied by son . Appears nourished, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress, HOH
PSYCH: alert and oriented x3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation
HEENT: NCAT, NL external ears, hearing aid in L ear, Poor dentition, moist mucous membranes, oropharynx clear. EOMI and anicteric, corrective lens, R facial droop
CV: RRR, NL S1 and S2, G 1/6 sys murmurs, no r/g, no JVD.
RESP: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA.
EXT: no c/c, LLE in Xeroform wrap, 1+ edema,
NEURO: MAE, no tremors, no focal deficits, normal tone, motor symmetry. AD8=2
SKIN: dry wnl temp and color, no apparent rash

Labs/Imaging: Reviewed in chart:

Upcoming Appointments:
Future Appointments

	Time	Provider	Department	Center
6/[illegible]/2018	3:30 PM	Rollo, Johnathon Curtis, MD	NWSSH	NWH SSHC

Assessment/Plan:

(I83.029) Venous ulcer of left leg (HCC) (primary encounter diagnosis)
Plan: wound care

(I73.9) Peripheral vascular disease, unspecified (HCC)
n: supportive care, cont w/ pentoxifylline

(Z86.718) History of recurrent deep vein thrombosis (DVT)
Plan: appears to be recurrent

(Z79.01) Long term current use of anticoagulant therapy
Plan: INR 2.1 now, LMWH stopped, cont w/ coumadin

(G31.84) Mild cognitive impairment
Plan: AD8 score was a 2, will have SLP assess

9.0) Homeless
an: see below.

(E87.5) Hyperkalemia
Plan: odd, that it would change over the span of a day, she reports she has had this issue previously
-Kayexlate 15g x1
-stop ARB

(I10) Essential hypertension
Plan: SBP in the 110s, ok to liberalize, stop ARB

(D64.9) Normocytic anemia
Plan: stable

8.5) Dyslipidaemia
Plan: stop statin

POLST: FULL

Disposition: she has the capacity to elect to move out w/ her son at any time, though would benefit from a roof over her head. SNF SW working on establishing housing.

The patient's risk is moderate.
Problem category: is new, Moderate problem.
T- - medical decision making is High.

Thuan D Ong, MD

Please contact the University of Washington Post-Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

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de Care Encounter on 6, 018 Note shared with patient

Note shared with patient

07/24/2018 11:17AM 2063630408 PARKRIDGE 3 PAGE 13/24

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

Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial: Hoffman, Jeanne
Date of Birth: 1 6 25
Last 4 #SSN (optional): 4 7 3 6

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

Medical Conditions/Patient Goals:

Agency Info/Sticker

A Check One

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

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

B Check One

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

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

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

C

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

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

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

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

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

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

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

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 8/2017

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

HOFFMAN, JEANNE LEONIE
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WashingtonState Medical Association
Physician Driven Patient Focused

Washington State Department of Health

HOFFMAN, JEANNE L.
DR. CARDIM

See back of form for non-emergency preferences ▶

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

Patient and Additional Contact Information (if any)

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

D NON-EMERGENCY MEDICAL TREATMENT PREFERENCES

HOFFMAN, JEANNE LEONIE
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ANTIBIOTICS:

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

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

- [ ] No medically assisted nutrition by tube.
- [ ] Trial period of medically assisted nutrition by tube. (Goal: _____)
- [x] Long-term medically assisted nutrition by tube.

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

✘ Physician/ARNP/PA-C Signature	Date 06/06/18
✘ Patient or Legal Surrogate Signature Jeanne L Hoffman	Date 6/6/2018

DIRECTIONS FOR HEALTH CARE PROFESSIONALS

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

Completing POLST

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

Using POLST

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

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

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

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

SECTIONS A AND B:

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

SECTION D:

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

Reviewing POLST

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

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

Review of this POLST Form

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

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

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

OVER ►

HOFFMAN, JEANNE L.
DR. CARDIM

Laboratory Results

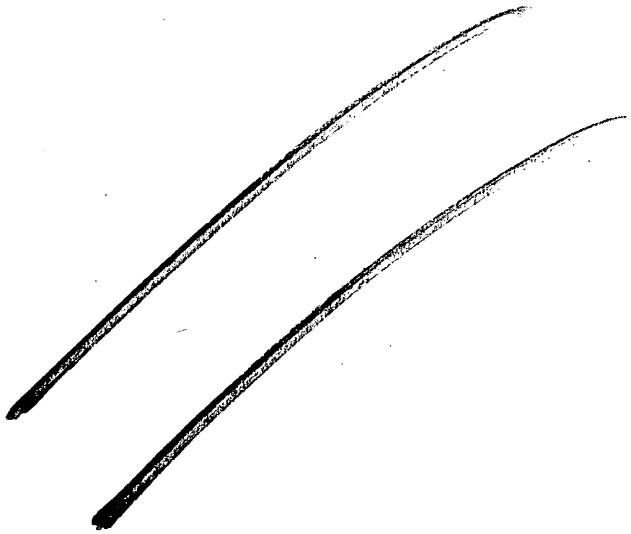
	Latest Ref Rng & Units	6/3/2018
WBC	4.3 - 10.0 10*3/uL	
RBC	3.80 - 5.00 10*6/uL	
Hemoglobin	11.5 - 15.5 g/dL	
Hematocrit	36 - 45 %	
MCV	81 - 98 fL	
MCH	27.3 - 33.6 pg	
MCHC	32.2 - 36.5 g/dL	
Platelet Count	150 - 400 10*3/uL	
RDW-CV	11.6 - 14.4 %	
% Neutrophils	%	
% Lymphocytes	%	
% Monocytes	%	
% Eosinophils	%	
% Basophils	%	
% Immature Granulocytes	%	
Neutrophils	1.80 - 7.00 10*3/uL	
Absolute Lymphocyte Count	1.00 - 4.80 10*3/uL	
Monocytes	0.00 - 0.80 10*3/uL	
Absolute Eosinophil Count	0.00 - 0.50 10*3/uL	
Basophils	0.00 - 0.20 10*3/uL	
Immature Granulocytes	0.00 - 0.05 10*3/uL	
Nucleated RBC	0.00 10*3/uL	
% Nucleated RBC	%	
Sodium	135 - 145 meq/L	145
Potassium	3.6 - 5.2 meq/L	3.7
Chloride	98 - 108 meq/L	112(H)
Carbon Dioxide, Total	22 - 32 meq/L	25
Anion Gap	4 - 12	8
Glucose	62 - 125 mg/dL	143(H)
Urea Nitrogen	8 - 21 mg/dL	12
Creatinine	0.38 - 1.02 mg/dL	0.80
Protein (Total)	6.0 - 8.2 g/dL	6.1
Albumin	3.5 - 5.2 g/dL	3.2(L)
Bilirubin (Total)	0.2 - 1.3 mg/dL	0.3
Calcium	8.9 - 10.2 mg/dL	8.5(L)
AST (GOT)	9 - 38 U/L	43(H)
Alkaline Phosphatase (Total)	49 - 199 U/L	81
ALT (GPT)	7 - 33 U/L	26
GFR, Calc, European American	>59 mL/min/{1.73:m2}	>60
GFR, Calc, African American	>59 mL/min/{1.73:m2}	>60
GFR, Information		Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.wash
Prothrombin Time Patient, NWH	8.9 - 12.1 s	
Prothrombin INR	0.8 - 1.3	

	Latest Ref Rng & Units	6/4/2018
WBC	4.3 - 10.0 10*3/uL	4.22(L)
RBC	3.80 - 5.00 10*6/uL	3.25(L)
Hemoglobin	11.5 - 15.5 g/dL	9.9(L)
Hematocrit	36 - 45 %	32(L)
MCV	81 - 98 fL	98
MCH	27.3 - 33.6 pg	30.5
MCHC	32.2 - 36.5 g/dL	31.0(L)
Platelet Count	150 - 400 10*3/uL	203
RDW-CV	11.6 - 14.4 %	15.0(H)
% Neutrophils	%	49
% Lymphocytes	%	32
% Monocytes	%	15
% Eosinophils	%	3
% Basophils	%	1
% Immature Granulocytes	%	0
Neutrophils	1.80 - 7.00 10*3/uL	2.05
Absolute Lymphocyte Count	1.00 - 4.80 10*3/uL	1.36
Monocytes	0.00 - 0.80 10*3/uL	0.65
Absolute Eosinophil Count	0.00 - 0.50 10*3/uL	0.12
Basophils	0.00 - 0.20 10*3/uL	0.03

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

	Latest Ref Rng & Units	6/4/2018
Immature Granulocytes	0.00 - 0.05 10*3/uL	0.01
Nucleated RBC	0.00 10*3/uL	0.00
% Nucleated RBC	%	0
Sodium	135 - 145 meq/L	
Potassium	3.6 - 5.2 meq/L	
Chloride	98 - 108 meq/L	
Carbon Dioxide, Total	22 - 32 meq/L	
Anion Gap	4 - 12	
Glucose	62 - 125 mg/dL	
Urea Nitrogen	8 - 21 mg/dL	
Creatinine	0.38 - 1.02 mg/dL	
Protein (Total)	6.0 - 8.2 g/dL	
Albumin	3.5 - 5.2 g/dL	
Bilirubin (Total)	0.2 - 1.3 mg/dL	
Calcium	8.9 - 10.2 mg/dL	
AST (GOT)	9 - 38 U/L	
Alkaline Phosphatase (Total)	49 - 199 U/L	
ALT (GPT)	7 - 33 U/L	
GFR, Calc, European American	>59 mL/min/{1.73:m2}	
GFR, Calc, African American	>59 mL/min/{1.73:m2}	
GFR, Information		
Prothrombin Time Patient, NWH	8.9 - 12.1 s	13.4(H)
Prothrombin INR	0.8 - 1.3	1.4(H)

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**



RECEIVED 07/23/2018 11:10AM 2063630408 PARKRIDGE 3
07/23/2018 03:12:28 PM FROM:LABCORP LCLS BLK TO: 12063630408 LABCORP PAGE 1 of 1 P
To: PARK RIDGE WING 5

LabCorp **Patient Report**

Specimen ID: 204-248-0104-0
Control ID: 01061925H0F

Acct #: 46042490 **Phone:** (206) 363-5856 **Rte:** 00

HOFFMAN, JEANNE

PARK RIDGE WING 5
1250 NE 145th St
Shoreline WA 98155

Patient Details
DOB: 01/06/1925
Age(y/m/d): 093/06/17
Gender: F **SSN:**
Patient ID:

Specimen Details
Date collected: 07/23/2018 0603 Local
Date received: 07/23/2018
Date entered: 07/23/2018
Date reported: 07/23/2018 1512 ET

Physician Details
Ordering: I CARDIM
Referring:
ID:
NPI: 1003196478

Ordered Items
Prothrombin Time (PT); Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prothrombin Time (PT)					
INR	2.5	High		0.8 - 1.2	01
Reference interval is for non-anticoagulated patients. Suggested INR therapeutic range for Vitamin K antagonist therapy:					
Standard Dose (moderate intensity therapeutic range):				2.0 - 3.0	
Higher intensity therapeutic range				2.5 - 3.5	
Prothrombin Time	24.4	High	sec	9.1 - 12.0	01

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

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

Continue same dose
7/23/18

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

Date Issued: 07/23/18 1512 ET **FINAL REPORT** Page 1 of 1

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LabCorp **Patient Report**

Specimen ID: 199-248-0136-0
Control ID: AUY46042370

Acct #: 46042370 **Phone:** (206) 363-5856 **Rte:** 00

HOFFMAN, JEANNE

PARK RIDGE WING 3
1250 NE 145th St
Shoreline WA 98155

Patient Details
DOB: 01/06/1925
Age(y/m/d): 093/06/12
Gender: F **SSN:**
Patient ID:

Specimen Details
Date collected: 07/18/2018 0450 Local
Date received: 07/18/2018
Date entered: 07/18/2018
Date reported: 07/18/2018 1808 ET

Physician Details
Ordering:
Referring:
ID:
NPI: 1003196478

Ordered Items
CBC, Platelet, No Differential; Basic Metabolic Panel (8); Venipuncture; STAT

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC, Platelet, No Differential					
WBC	5.2		x10E3/uL	3.4 - 10.8	01
RBC	**3.09**	**Low**	x10E6/uL	3.77 - 5.28	01
Hemoglobin	**9.5**	**Low**	g/dL	11.1 - 15.9	01
Hematocrit	**29.1**	**Low**	%	34.0 - 46.6	01
MCV	94		fL	79 - 97	01
MCH	30.7		pg	26.6 - 33.0	01
MCHC	32.6		g/dL	31.5 - 35.7	01
RDW	14.5		%	12.3 - 15.4	01
Platelets	248		x10E3/uL	150 - 379	01
Basic Metabolic Panel (8)					
Glucose	**102**	**High**	mg/dL	65 - 99	01
BUN	28		mg/dL	10 - 36	01
Creatinine	**1.05**	**High**	mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	**46**	**Low**	mL/min/1.73	>59	
eGFR If Africn Am	**53**	**Low**	mL/min/1.73	>59	
BUN/Creatinine Ratio	27			12 - 28	
Sodium	142		mmol/L	134 - 144	01
Potassium	4.5		mmol/L	3.5 - 5.2	01
Chloride	104		mmol/L	96 - 106	01
Carbon Dioxide, Total	22		mmol/L	20 - 29	01
Calcium	8.7		mg/dL	8.7 - 10.3	01

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

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

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

I.T 7/19/18

Date Issued: 07/18/18 1808 ET **FINAL REPORT** Page 1 of 1

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46042370 (206) 363-5856
Park Ridge Skilled Nursing Ctr
1250 Ne 145th St
Shoreline WA 98155

LABORATORY REPORT

LabCorp

LABCORP SEATTLE
21903 68th Ave S , Kent WA 98032
(206) 861-7000 Director: DIRECTOR: Carolyn Kitchell MD

Patient Name	Sex	Age
HOFFMAN, JEANNE	F	93

Patient ID/Hospital ID	Patient Birth Date	Patient SSN	Patient Phone Number	Physician
	1/6/1925			

Page	Requisition No.	Accession No.	Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS
1	AUY46042370	19924801360	7/18/2018 4:50 AM	7/18/2018	7/18/2018 2:14 PM	PARTIAL

TEST	IN RANGE	OUT OF RANGE	REFERENCE RANGE	UNITS	SITE CODE
CBC, Platelet, No Differential					
WBC	5.2		3.4-10.8	x10E3/uL	SE
RBC		L 3.09	3.77-5.28	x10E6/uL	SE
Hemoglobin		L 9.5	11.1-15.9	g/dL	SE
Hematocrit		L 29.1	34.0-46.6	%	SE
MCV	94		79-97	fL	SE
MCH	30.7		26.6-33.0	pg	SE
MCHC	32.6		31.5-35.7	g/dL	SE
RDW	14.5		12.3-15.4	%	SE
Platelets	248		150-379	x10E3/uL	SE
NRBC					SE
Test Cancelled					
Basic Metabolic Panel (8)					
Glucose					
BUN					SE
Creatinine					SE
eGFR If NonAfricn Am					SE
eGFR If Africn Am					SE
BUN/Creatinine Ratio					SE
Sodium					SE
Potassium					SE
Chloride					SE
Carbon Dioxide, Total					SE
Calcium					SE

7/18/18

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

>> REPORT CONTINUED ON NEXT PAGE <<

46042370 (206) 363-5856 LABORATORY REPORT LabCorp

Park Ridge Skilled Nursing Ctr
Shoreline WA 98155

LABCORP SEATTLE
21903 68th Ave S , Kent WA 98032
(206) 861-7000 Director: DIRECTOR: Carolyn Kitchell MD

Patient Name	Sex	Age
HOFFMAN, JEANNE	F	93

Patient ID/Hospital ID	Patient Birth Date	Patient SSN	Patient Phone Number	Physician
	1/6/1925			

Page	Requisition No.	Accession No.	Collection Date & Time	Log-in Date & Time	Report Date & Time	REPORT STATUS
2	AUY46042370	19924801360	7/18/2018 4:50 AM	7/18/2018	7/18/2018 2:14 PM	PARTIAL

TEST	IN RANGE	OUT OF RANGE	REFERENCE RANGE	UNITS	SITE CODE

NOTE:

'SE' refers to site: LabCorp Seattle
550 17th Avenue Ste 300
Seattle WA 981225789
Director: Daniel L Toweill MD

>> END REPORT <<

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

RECORD OF ADMISSION

PARK RIDGE CARE CENTER

Name:	Orig Adm Dt:	Curr Adm Dt / Time:	# of Admits:	Client #	Health Record #
HOFFMAN, JEANNE L	06/04/2018	06/04/2018 02:12 PM	1	3322	4036

Address:	Gender:	Date of Birth:	Age:	Marital Status:	Race/Ethnicity:
282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110	Female	01/06/1925	93	Widowed	
	Religion: Catholic			Citizenship: USA	
Phone 1: (360) 649-5702 Phone 2:	Occupation: NANNY / SELF-EMP			Education: High school	

Pay Type:	Social Security #:	Medicare #:	Primary Language:	English Speaking Ability:
MEDICARE	531-26-4736	131149826D6	English	Excellent

Medicare PartA:	Medicare PartB:	Medicaid Eligible:	State:	Date:	Number:
Y 2/1/1982	Y 2/1/1982	Y	WA	6/4/2018	003181555

Medicare Part D Plan Name:	Medicare Part D Plan Number:	Medicare Part D Plan Effective Date:

Resident Representative:		Next of Kin:	
HOFFMAN, JEANNE L. 282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110		LOUIS HOFFMAN 282 KNECHTEL WAY N.E. BAINBRIDGE ISLAND, WA 98110	
Home: (360) 649-5702 Office: Cell:	Relationship: Self	Home: Office: Cell: (360) 649-5702	Relationship: Son

Next of Kin:		Next of Kin:	
Home: Office: Cell:	Relationship:	Home: Office: Cell:	Relationship:

Primary Physician: ISABELA LINS CARDIM 325 9TH AVE BOX 359755	Office: (206) 744-1891	Fax: (206) 744-9876	Pager: (206) 314-1504
Alternate Physician: IBRAHIMA ,ARNP TOURAY HARBORVIEW LTC SERVICE, 325 9TH AVE BOX 35975	Office: (206) 744-7195	Fax:	Pager:
Dentist:	Office:	Fax:	Other:
Podiatrist:	Office:	Fax:	Pager:
Mortuary: FUNERAL & CREMATION CARE 1400 112th AVE SE	Office: (800) 764-0895 BELLEVUE, WA 98004	Fax:	Other:
Pharmacy: MERCURY PHARMACY SERVICES, INC. 21718 66TH AVE WEST	Office: (425) 673-5200 MOUNTLAKE TERRACE, WA 98043	Fax: (425) 673-5230	Other:

Allergies: PENICILLIN, SULFA, ADHESIVE

Admitting/Subsequent Diagnoses:

Optional Information: UW MRN: (U8170135) HOSP STAY: (NWH (5/31/18 - 6/4/18)) OTHER INS: (MEDICAID) MCD WA #: (100675002WA)

Discharge: Discharge to: Reason:

Discharge Diagnoses:

Name:	Current Location:	Health Record #:	Client #
HOFFMAN, JEANNE L	121	4036	3322

recadmitca-65400.rpt

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

07/24/2018 11:17AM 2063630408 PAGE 07/24

Client Diagnosis Report

PARK RIDGE CARE CENTER

Resident: HOFFMAN, JEANNE L
Location: FC34-1-5-512-1

Health Record #: 4036
Physician: CARDIM, ISABELA LINS

Visit Ref #	Diagnosis	ICD-10 Code	-- Type -- P	A	C	D	Rank	Onset Date	Resolved Date
2	Cellulitis of left lower limb	L03.116	X		X		001	06/04/2018	
2	Varicose veins of left lower extremity with ulcer of unspecified site	I83.029	X		X		002	06/04/2018	
2	Venous insufficiency (chronic) (peripheral)	I87.2	X		X		003	06/04/2018	
2	Chronic embolism and thrombosis of unspecified deep veins of unspecified lower extremity	I82.509	X		X		004	06/04/2018	
2	Unspecified abnormalities of gait and mobility	R26.9	X		X		005	06/04/2018	
2	Muscle weakness (generalized)	M62.81	X		X		006	06/04/2018	
2	Dysphagia, oropharyngeal phase	R13.12	X		X		007	06/04/2018	
2	Spondylosis without myelopathy or radiculopathy, lumbar region	M47.816	X		X		008	06/04/2018	
2	Homelessness	Z59.0	X		X		009	06/04/2018	
2	Anemia, unspecified	D64.9	X		X		010	06/04/2018	
2	Age-related osteoporosis without current pathological fracture	M81.0	X		X		011	06/04/2018	
2	Essential (primary) hypertension	I10.	X		X		012	06/04/2018	
2	Unspecified glaucoma	H40.9	X		X		013	06/04/2018	
2	Hyperlipidemia, unspecified	E78.5	X		X		014	06/04/2018	
2	Unspecified severe protein-calorie malnutrition	E43.	X		X		015	06/04/2018	
2	Non-pressure chronic ulcer of unspecified part of left lower leg limited to breakdown of skin	L97.921	X		X		999	06/04/2018	
2	Need for assistance with personal care	Z74.1	X		X		999	06/04/2018	
2	Long term (current) use of anticoagulants	Z79.01	X		X		999	07/17/2018	

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

Criteria:						
	Sort:	Location	Facility:	FC34	Lic Type:	All
	Status:	Active	Building:	All		
	Resident:	HOFFMAN, JEANNE L	Station:	All		
	Visit Ref #:	2 - 6/4/2018	Room:	All		

Run Date: 7/24/2018 11:58:53 AM

Page: 1

07/24/2018 11:17AM 2063630408 PARKRIDGE 3 PAGE 08/24

Jul. 19. [redacted]8 11:14AM U[redacted]H OR Scheduli[redacted] [redacted] No. 0471 [redacted] 1/1

UW Medicine

NORTHWEST HOSPITAL & MEDICAL CENTER

1550 N 115th Street
Seattle, WA 98133
PHONE: 206-668-1781
FAX: 206-668-1291

Rec'd July 23rd.

PRE-ANESTHESIA DEPARTMENT

DATE: July 19, 2018 FAX TRANSMITTAL

To: Park Ridge Care Center

Fax: 206-363-0408
OR 206-365-0568

Number of pages including cover sheet: _____

Patient's Name: Jeanne Hoffman DOB 01-6-1925

Please fax the following information:

1. Patient's demographic information (Face Sheet)
2. Daily Medication List
3. Admissions H&P
4. Recent MD progress notes
5. Any Labs within last 30 days, EKG and CXR within 6 months
6. Any Cardiac notes or Test
7. Pneumoccal\Influenza Immunization Status
8. Skin assessment (Circle if presence or Hx of): Pressure sores, open wounds, bruises, rashes, chronic skin disorders
9. Pt's Height 61" Pt's Weight 114.8

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

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07/24/2018 11:17AM 2063630408 PARKRIDGE 3 PAGE 02/24

PHYSICIAN ORDERS

FACILITY	FROM DATE	THROUGH DATE
PARK RIDGE CARE CENTER	07/01/2018	07/31/2018

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

D/C	ORDER DATE	ORDER CODE	TIME	ORDER TEXT	DESC. TEXT
	**********	**********	**********	**********	
	* RESIDENT OF PARK RIDGE MAY HAVE GENERIC DRUG EQUIVALENT				
	* DISPENSED UNLESS OTHERWISE INDICATED BY PHYSICIAN				
	* PRN ORDERS NOT USED IN 60 DAYS MAY BE DC'D BY THE LN.				
	**********	**********	**********	**********	
	06/04/2018	A-1		RESIDENT IS ADMITTED TO PARK RIDGE CARE CENTER FOR SKILLED NURSING CARE	
	06/04/2018	A-1		ADMITTING DIAGNOSIS: LEFT CALF AND ANKLE ULCERS X 4; H/O LEFT CALF CELLULITIS; H/O DVT; HARD OF HEARING	
	06/04/2018	C		CODE STATUS: (SEE POLST)	
	06/07/2018	D-1	FYI	ENRICH ALL MEALS	
	06/25/2018	D-1	INFO	DIET: LOW POTASSIUM, REGULAR DIET WITH THIN LIQUIDS; MEDS: WHOLE WITH LIQUID	
	06/25/2018	D-4	QD	PROSTAT 30 CC PO QD - SUPPLEMENT — Hold 7/25	
	06/04/2018	RM	FYI	ACETAMINOPHEN: MEDICATIONS CONTAINING ACETAMINOPHEN ARE NTE: 3GM OF ACETAMINOPHEN FROM ALL SOURCES IN 24HRS	
	06/04/2018	RM	PRN	CALL MD IF TEMP > 99.5	
	06/04/2018	RM	Q8HRS	PENTOXIFYLLINE ER 400 MG PO Q 8HRS - CHRONIC VENOUS INSUFFICIENCY	
	06/04/2018	RM	DAYS	DAILY WEIGHTS BEFORE BREAKFAST. NOTIFY PROVIDER OF WEIGHT INCREASE OR DECREASE OF 3 LBS IN 24HRS OR 5 LBS IN A WEEK.	WEIGHT
	06/06/2018	RM	BID	~~ACIDOPHILUS 500 MILLION~~ CELL CAPSULES, 1 CAP PO BID - ~~SUPPLEMENT~~ Florastor 250 mg po BID	
	06/07/2018	RM	QD	VITAMIN D 1,000 IU PO DAILY - SUPPLEMENT — Hold 7/25	
	06/11/2018	RM	QD	VITAMIN B-12 1,000 MCG PO DAILY - SUPPLEMENT Hold 7/25	
07/28/2018	06/11/2018	RM	QWEEK	ERGOCALCIFEROL 50,000 IU PO WEEKLY X 6 WEEKS - SUPPLEMENT (STOP: 7/28/18)	

CONTINUED ON NEXT PAGE

Advance Directives:

PHYSICIAN	PHONE NO.	ALTERNATE PHYSICIAN	PHONE NO.
CARDIM, ISABELA LINS	2067441891	TOURAY, IBRAHIMA ,ARNP	2067447195

DIAGNOSES	ALLERGIES
L03.116 Cellulitis of left lower limb; I83.029 Varicose veins of left lower extremity with ulcer of unspecified site; I87.2 Venous insufficiency (chronic) (peripheral); I82.509 Chronic embolism and thrombosis of unspecified deep	PENICILLIN-SULFA-ADHESIVE

NAME	RECORD NO.	Bld/Sta/Rm/Bed	BIRTHDATE	AGE	ADMIT DATE	PAGE
HOFFMAN, JEANNE L	4036	1-5-512-1	01/06/1925	93	06/04/2018	1

PHYSICIAN ORDERS

FACILITY	FROM DATE	THROUGH DATE
PARK RIDGE CARE CENTER	07/01/2018	07/31/2018

D/C	ORDER DATE	ORDER CODE	TIME	ORDER TEXT	DESC. TEXT
	07/02/2018	RM	AM	TIMOLOL MALEATE 0.5% DROPS, 1 DROP OPHTHALMIC BOTH EYES Q AM - GLAUCOMA	
	07/16/2018	CM1	QD	COUMADIN 5 MG PO Q EVENING - DVT Held 7/24 - 7/26.	
	06/06/2018	PTINR2	DAYS	DRAW PT/INR EVERY MONDAY AND EVERY THURSDAY FOR INR < 3.2: LEAVE LAB RESULT ON PROVIDER`S VOICEMAL GIVE COUMADIN DOSE (DO NOT PAGE-ON CALL PROVIDER)  FOR INR: > 3.3 LEAVE LAB RESULT ON PROVIDER`S VOICEMAIL HOLD COUMADIN DOSE (DO NOT PAGE ON-CALL PROVIDER) PAGE ON-CALL PROVIDER IF BLEEDING DEVELOPS OR OTHER CONCERNS	
	06/04/2018	BM-12	PRN	IF RESIDENT HAS NOT HAD A BOWEL MOVEMENT FOR TWO CONSECUTIVE DAYS, DAY SHIFT GIVE LACTULOSE 10 GM/15 ML (30 CC) PO ON DAY THREE - CONSTIPATION	
	06/04/2018	BM-13	PRN	IF NO BM FROM LACTULOSE, GIVE SECOND DOSE OF LACTULOSE 10 GM/15 ML (30 CC) PO ON EVENING SHIFT OF DAY THREE-CONSTIPATION	
	06/04/2018	BM-14	PRN	IF NO BM FROM SECOND DOSE OF LACTULOSE, GIVE DULCOLAX 10 MG SUPPOSITORY PR ON DAY SHIFT OF DAY FOUR - CONSTIPATION	
	06/04/2018	BM-15	PRN	IF RESIDENT CONTINUES TO HAVE NO RESULTS WITHIN 6 HOURS OF RECEIVING DULCOLAX SUPPOSITORY NOTIFY PROVIDER	
	07/17/2018	RM-10	PRN-1	HYDROCODONE-ACETAMINOPHEN 5 MG - 325 MG TABLETS, 2 TABS PO Q 6HRS PRN - PAIN	
	06/04/2018	TX	QWEEK	WEEKLY SKIN ASSESSMENT. DOC ON BODY DIAGRAM.	
	**********	**********	******	**********	
	**********	**********	******	**********	

CONTINUED ON NEXT PAGE

HOFFMAN, JEANNE LEONIE 093 Y - F
DOB: 01/06/1925 MRN:U8170135
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Advance Directives:

PHYSICIAN	PHONE NO.	ALTERNATE PHYSICIAN	PHONE NO.
CARDIM, ISABELA LINS	2067441891	TOURAY, IBRAHIMA ,ARNP	2067447195

DIAGNOSES	ALLERGIES
L03.116 Cellulitis of left lower limb; I83.029 Varicose veins of left lower extremity with ulcer of unspecified site; I87.2 Venous insufficiency (chronic) (peripheral); I82.509 Chronic embolism and thrombosis of unspecified deep	PENICILLIN-SULFA-ADHESIVE

NAME	RECORD NO.	Bld/Sta/Rm/Bed	BIRTHDATE	AGE	ADMIT DATE	PAGE
HOFFMAN, JEANNE L	4036	1-5-512-1	01/06/1925	93	06/04/2018	2

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PHYSICIAN ORDERS

FACILITY	FROM DATE	THROUGH DATE
PARK RIDGE CARE CENTER	07/01/2018	07/31/2018

D/C	ORDER DATE	ORDER CODE	TIME	ORDER TEXT	DESC. TEXT
	06/07/2018	TX	DAYS	LLE VASCULAR ULCERS - L LATERAL FOOT - CLEANSE WITH NS, APPLY COLLAGEN TO WOUND BASE, THEN ALGINATE AND APPLY PROFORE LITE, CHANGE WEEKLY AND PRN STRIKETHROUGH DRAINAGE	
	06/04/2018	TX	INFO	ELEVATE LLE WITH PILLOWS WHEN IN BED.	
	06/07/2018	TX	DAYS	LLE VASCULAR ULCERS - L MEDIAL ANKLE - CLEANSE WITH NS, APPLY COLLAGEN TO WOUND BASE, THEN ALGINATE AND APPLY PROFORE LITE, CHANGE WEEKLY AND PRN STRIKETHROUGH DRAINAGE	
	06/07/2018	TX	DAYS	LLE VASCULAR ULCERS - L LATERAL CALF - CLEANSE WITH NS, APPLY COLLAGEN TO WOUND BASE, THEN ALGINATE AND APPLY PROFORE LITE, CHANGE WEEKLY AND PRN STRIKETHROUGH DRAINAGE	
	06/07/2018	TX	DAYS	LLE VASCULAR ULCERS - L POSTERIOR CALF - CLEANSE WITH NS, APPLY COLLAGEN TO WOUND BASE, THEN ALGINATE AND APPLY PROFORE LITE, CHANGE WEEKLY AND PRN STRIKETHROUGH DRAINAGE	
	06/04/2018	O	FYI	PROVIDE PHYSIATRY CONSULT AS NEEDED	
	06/04/2018	O	FYI	MAY HAVE THE FOLLOWING CONSULTS: DENTAL, PODIATRY, OPTHALMOLOGY	
	06/04/2018	O		MAY HAVE ANNUAL FLU VACCINE PER FACILITY POLICY	
	06/04/2018	O		MAY HAVE PNEUMONIA VACCINE AS INDICATED PER FACILITY POLICY	
	06/04/2018	O	FYI	* FOR PPD TEST RESULTS, 1st AND 2nd STEPS, PLEASE REFER TO IMMUNIZATION RECORD IN CHART*	
	06/04/2018	O	FYI	MAY HAVE 2 STEP PPD	
	06/27/2018	O	INFO	ESTIMATED LIFE EXPECTANCY PROGNOSIS 6 MONTHS OR LESS - PPS SCORE OF 40%, DEMENTIA, COMORBIDITIES	
	06/04/2018	O-1	AM/HS	LEFT HEARING AID - OFF AT 22:00, ON AT 06:00. PUT IN MEDCART FOR SAFE-KEEPING.	

CONTINUED ON NEXT PAGE

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Advance Directives:

PHYSICIAN	PHONE NO.	ALTERNATE PHYSICIAN	PHONE NO.
CARDIM, ISABELA LINS	2067441891	TOURAY, IBRAHIMA ,ARNP	2067447195

DIAGNOSES	ALLERGIES
L09.116 Cellulitis of left lower limb; I89.029 Varicose veins of left lower extremity with ulcer of unspecified site; I87.2 Venous insufficiency (chronic) (peripheral); I82.509 Chronic embolism and thrombosis of unspecified deep	PENICILLIN-SULFA-ADHESIVE

NAME	RECORD NO.	Bld/Sta/Rm/Bed	BIRTHDATE	AGE	ADMIT DATE	PAGE
HOFFMAN, JEANNE L	4036	1-5-512-1	01/06/1925	93	06/04/2018	3

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PHYSICIAN ORDERS

FACILITY	FROM DATE	THROUGH DATE
PARK RIDGE CARE CENTER	07/01/2018	07/31/2018

D/C	ORDER DATE	ORDER CODE	TIME	ORDER TEXT	DESC. TEXT
	06/04/2018	O-4	INFO	REHAB POTENTIAL: GOOD _____ FAIR _____ POOR _____.	
	06/04/2018	O-5	FYI	ACTIVITY LEVEL: AS TOLERATED	
	06/04/2018	O-3	INFO	RESIDENT AND/OR RESPONSIBLE PARTY IS AWARE OF DIAGNOSIS, CONDITION, AND PROGNOSIS: YES __X__ NO ____ (IF NO, STATE WHY EX: DEMENTIA, CONDITION LIMITS UNDERSTANDING, ETC)	
08/28/2018	06/05/2018	PT		Late entry: Pt orders received and eval completed. Tx may include therex, theract, NM re-ed, gait training, SWD to L LE for circulation, attended estim to L LE for pain, w/c management for M62.81 Muscle weakness (generalized) R26.9 Unspecified abnormalities of gait and mobility prescribed by CARDIM, ISABELA LINS	
08/14/2018	07/17/2018	OT		Continue skilled OT services 4-6x/week x 4 weeks and tx. may include self care, ther-ex, ther-act, and cognitive skills for M62.81 Muscle weakness and Z74.1 Need for assistance with personal care prescribed by CARDIM, ISABELA LINS	

****
* I HAVE REVIEWED AND APPROVED THE RESIDENT PLAN OF CARE
* AND DISCHARGE PLAN AS WRITTEN BY INTERDISCIPLINARY TEAM
* I CERTIFY THAT POST-HOSPITAL SNF SERVICES ARE
* REQUIRED TO BE GIVEN ON AN IN-PATIENT BASIS BECAUSE OF
* THE ABOVE NAMED RESIDENT'S NEEDS FOR SKILLED NURSING
* CARE AND/OR SKILLED REHABILITATION ARE
* REQUIRED ON A DAILY BASIS,
* AND SUCH SERVICES CAN ONLY BE PROVIDED IN A SNF AND ARE
* FOR AN ONGOING CONDITION FOR WHICH THE RESIDENT RECEIVED
* INPATIENT CARE IN THE HOSPITAL
* PRN ORDERS NOT USED IN 60 DAYS MAY BE D/C'D BY THE LN
* CONTINUE ORDERS FOR 60 DAYS OR AS ORDERED BY THE M.D.
* RESIDENT OF PARK RIDGE MAY HAVE GENERIC DRUG EQUIVALENT
* ORDERS REVIEWED BY NURSE: _____ DATE: _____
* PHYSICIAN SIGNATURE: _____ DATE: _____
****

7/23/18

NPO p 2359 7/25
Nibidus. Shave evening of 7/25.
am of 7/26

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018 OP
CLASS: Gen Sr
SVC:

Advance Directives:

Surgery 7/26/18

PHYSICIAN	PHONE NO.	ALTERNATE PHYSICIAN	PHONE NO.
CARDIM, ISABELA LINS	2067441891	TOURAY, IBRAHIMA ,ARNP	2067447195

DIAGNOSES	ALLERGIES
L03.116 Cellulitis of left lower limb; I83.029 Varicose veins of left lower extremity with ulcer of unspecified site; I87.2 Venous insufficiency (chronic) (peripheral); I82.509 Chronic embolism and thrombosis of unspecified deep	PENICILLIN-SULFA-ADHESIVE

NAME	RECORD NO.	Bld/Sta/Rm/Bed	BIRTHDATE	AGE	ADMIT DATE	PAGE
HOFFMAN, JEANNE L	4036	1-5-512-1	01/06/1925	93	06/04/2018	4

New Admission PPD

Date given	Lot #/ & exp date	Site	Date read	Results	LN signature
1st Step	Exp 10/29/20 C597950	RFA	6/6/18	0mm	
2nd step	Exp 10/29/20 C597950	LFA	6/10/18	0mm	

If PPD is positive, date of CXR_____ Result_____
Signs/symptoms list completed (LN signature)_____ Month_____

Repeat PPD

Date given	Lot # & exp date	Site	Date read	Results	LN signature

Pneumococcal Vaccine

Date given	Lot # & exp date	Site	Adverse Reactions (0-72 hrs)	LN signature
6/4/18 - Previously immunized				

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Resident name_____

Physician_____

MR#_____ **Rm#**_____

HOFFMAN, JEANNE L.
DR. CARDIM

07/24/2018 11:17AM 2063630408 PARKRIDGE 3 PAGE 19/24

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

HOFFMAN, JEANNE LEONI
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

HOFFMAN, JEANNE L.
DR. CARDIM

Extended Wound Care S

Procedure / Progress Note

(93)

Patient: Jeanne **Date of Birth:** 1/6/25 **SSN:** 4036 -

Facility: VRCC **Room:** S12 **MD:** Cardim ☒ Verification of two patient identifiers.

Chief Complaint: chronic ulcers from 2016 Rt VPT to Dema

▲ Any change in medication/allergies, hospitalization, falls, or ancillary procedures since last visit? ☐ No ☐ Yes*

If Yes, Explain:

Vital Signs: Blood Pressure: 160/[illegible] Temperature: 98.2 Pulse: 60 Respirations: 18

WOUND INFORMATION			
▲ Wound Number	5	6	7
▲ Wound Location	Rt post calf	Rt lat. calf	Rt med ankle
▲ Wound Length	1.5 cm	2.0 cm	2.0 cm
▲ Wound Width	2.5 cm	2.0 cm	3.0 cm
▲ Wound Depth	0.1 cm	0.1 cm	0.1 cm
Sinus Tract (Tunneling)	cm @ O'clock	cm @ O'clock	cm @ O'clock
Undermining	cm @ O'clock	cm @ O'clock	cm @ O'clock
▲ Wound Outcome:			

KEY: WOUND OUTCOMES: H = Healed GH = Graft Healed FH = Flap Healed S = Surgical Closure FF = Failed Flap FG = Failed Graft C = Converted
Amputation: PAT = Planned Amputation Toe / Ray PAM = Planned Amputation Trans metatarsal PAB = Planned Amputation Below Knee PAK = Planned Amputation Above Knee AT = Toe / Ray Amputation AM = Transmetatarsal Amputation AB = Below Knee Amputation AK = Above Knee Amputation

▲ Negative Pressure Wound Therapy (NWPT) ☐ N/A	☐ Start ☐ Continue ☐ Discontinue Applied: ☐ No ☐ Yes Setting: mmHg ☐ Continuous ☐ Intermittent (ON minutes / OFF minutes) Sponge: ☐ Black ☐ White ☐ Impregnated	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Wound Grade / Stage / Type (if changed)			
Eschar	☒ None ☐ Partial Coverage ☐ Fully Covered	☒ None ☐ Partial Coverage ☐ Fully Covered	☒ None ☐ Partial Coverage ☐ Fully Covered
Slough, Fibrin, Necrotic Tissue	☒ None ☐ Minimal ☐ Moderate ☐ Extensive	☒ None ☐ Minimal ☐ Moderate ☐ Extensive	☐ None ☐ Minimal ☒ Moderate ☐ Extensive
Wound Base Color (check all that apply)	☒ Red ☐ Yellow ☐ Black ☐ Pale Pink	☒ Red ☐ Yellow ☐ Black ☐ Pale Pink	☐ Red ☒ Yellow ☐ Black ☐ Pale Pink
Granulation Tissue	☐ None ☐ Pale/Gray ☐ Pink ☒ Red ☐ Hypergranulation	☐ None ☐ Pale/Gray ☐ Pink ☒ Red ☐ Hypergranulation	☐ None ☐ Pale/Gray ☐ Pink ☐ Red ☐ Hypergranulation
Exposed: Bone / Muscle Tendon / Ligament / Joint	☒ No ☐ Yes Structure:	☒ No ☐ Yes Structure:	☒ No ☐ Yes Structure:
Odor	☒ None ☐ Mild ☐ Strong	☒ None ☐ Mild ☐ Strong	☒ None ☐ Mild ☐ Strong
Drainage Amount	☐ None ☐ Scant ☒ Small ☐ Moderate ☐ Large	☐ None ☐ Scant ☒ Small ☐ Moderate ☐ Large	☐ None ☐ Scant ☒ Small ☐ Moderate ☐ Large
Drainage Color	☐ Serous ☐ Purulent ☒ Yellow ☐ Serosanguinous ☐ Green	☐ Serous ☐ Purulent ☒ Yellow ☐ Serosanguinous ☐ Green	☐ Serous ☐ Purulent ☒ Yellow ☐ Serosanguinous ☐ Green
Epithelium	☐ None ☒ < 100% ☐ 100% - Fully covered	☐ None ☒ < 100% ☐ 100% - Fully covered	☐ None ☒ < 100% ☐ 100% - Fully covered
Periwound Integrity	☒ Intact ☐ Maceration ☐ Erythema ☐ Callus	☒ Intact ☐ Maceration ☐ Erythema ☐ Callus	☒ Intact ☐ Maceration ☐ Erythema ☐ Callus

Time Out:	☒ Correct Patient	☒ Correct Side / Site / Position	☒ Correct Procedure	☒ Complete / Current Consent	☒ Safety Issue Review

Anesthetic: ☐ None (Insensate) ☐ Topical Xylocaine ____ % ☐ Injectable Xylocaine ____ % ☐ Other:

Post Procedural Pain 0 1 2 3 4 5 6 7 8 9 10

▲ Debridement	☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No
▲ Debridement Type and Level of Debridement Sub = Subcutaneous Tis = Tissue Mus = Muscle	Excisional ____ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☐ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☐ 20 sq cm or < ☐ 20 sq cm or >	Excisional ____ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☐ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☐ 20 sq cm or < ☐ 20 sq cm or >	Excisional ☒ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☒ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☒ 20 sq cm or < ☐ 20 sq cm or >
Instrument Used	☐ Scalpel ☐ Scissors / Forceps ☐ Curette ☐ Other:	☐ Scalpel ☐ Scissors / Forceps ☐ Curette ☐ Other:	☐ Scalpel ☐ Scissors / Forceps ☒ Curette ☐ Other:
Bleeding	☐ None ☐ Minimal ☐ Moderate ☐ Heavy	☐ None ☐ Minimal ☐ Moderate ☐ Heavy	☐ None ☒ Minimal ☐ Moderate ☐ Heavy
Hemostasis Achieved ☐ N/A ☒ Yes	☐ Pressure ☐ Silver Nitrate ☐ Other:	☐ Pressure ☐ Silver Nitrate ☐ Other:	☒ Pressure ☐ Silver Nitrate ☐ Other:

Practitioner: Mandi Kinnaird **Date:** JUL 18 2018 **Time:** 10

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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

HOFFMAN, JEANN EONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

HOFFMAN, JEANNE L.
DR. CARDIM

Extended Wound Care Service Lin

Procedure / Progress Note

(93)

Patient: Jeanne Date of Birth: 1/6/25 SSN: 4036 -
Facility: PRCC Room: S12' MD: Cardim ☒ Verification of two patient identifiers.
Chief Complaint: chronic ulcers from 2016 Rt VR + edema
▲ Any change in medication/allergeries, hospitalization, falls, or ancillary procedures since last visit? ☐ No ☐ Yes*
If Yes, Explain:
Vital Signs: Blood Pressure: 100/58 Temperature: 98.2 Pulse: 60 Respirations: 18

WOUND INFORMATION			
▲ Wound Number	5 ↓	6 ↑	7 ↓
▲ Wound Location	Rt post calf	Rt lat. calf	Rt med ankle
▲ Wound Length	1.5 cm	2.0 cm	2.0 cm
▲ Wound Width	2.5 cm	2.0 cm	3.0 cm
▲ Wound Depth	0.1 cm	0.1 cm	0.1 cm
Sinus Tract (Tunneling)	cm @ O'clock	cm @ O'clock	cm @ O'clock
Undermining	cm @ O'clock	cm @ O'clock	cm @ O'clock
▲ Wound Outcome:			

KEY: WOUND OUTCOMES: H = Healed GH = Graft Healed FH = Flap Healed S = Surgical Closure FF = Failed Flap FG = Failed Graft C = Converted
Amputation: PAT = Planned Amputation Toe / Ray PAM = Planned Amputation Transmetatarsal PAB = Planned Amputation Below Knee PAK = Planned Amputation Above Knee AT = Toe / Ray Amputation AM = Transmetatarsal Amputation AB = Below Knee Amputation AK = Above Knee Amputation

▲ Negative Pressure Wound Therapy (NWPT) ☐ N/A	☐ Start ☐ Continue ☐ Discontinue Applied: ☐ No ☐ Yes Setting: mmHg ☐ Continuous ☐ Intermittent (ON minutes / OFF minutes) Sponge: ☐ Black ☐ White ☐ Impregnated	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Wound Grade / Stage / Type (if changed)			
Eschar	☒ None ☐ Partial Coverage ☐ Fully Covered	☒ None ☐ Partial Coverage ☐ Fully Covered	☒ None ☐ Partial Coverage ☐ Fully Covered
Slough, Fibrin, Necrotic Tissue	☒ None ☐ Minimal ☐ Moderate ☐ Extensive	☒ None ☐ Minimal ☐ Moderate ☐ Extensive	☐ None ☐ Minimal ☒ Moderate ☐ Extensive
Wound Base Color (check all that apply)	☒ Red ☐ Yellow ☐ Black ☐ Pale Pink	☒ Red ☐ Yellow ☐ Black ☐ Pale Pink	☐ Red ☒ Yellow ☐ Black ☐ Pale Pink
Granulation Tissue	☐ None ☐ Pale/Gray ☐ Pink ☒ Red ☐ Hypergranulation	☐ None ☐ Pale/Gray ☐ Pink ☒ Red ☐ Hypergranulation	☐ None ☐ Pale/Gray ☐ Pink ☐ Red ☐ Hypergranulation
Exposed: Bone / Muscle Tendon / Ligament / Joint	☒ No ☐ Yes Structure:	☒ No ☐ Yes Structure:	☒ No ☐ Yes Structure:
Odor	☒ None ☐ Mild ☐ Strong	☒ None ☐ Mild ☐ Strong	☒ None ☐ Mild ☐ Strong
Drainage Amount	☐ None ☐ Scant ☒ Small ☐ Moderate ☐ Large	☐ None ☐ Scant ☒ Small ☐ Moderate ☐ Large	☐ None ☐ Scant ☒ Small ☐ Moderate ☐ Large
Drainage Color	☐ Serous ☐ Purulent ☒ Yellow ☐ Serosanguinous ☐ Green	☐ Serous ☐ Purulent ☒ Yellow ☐ Serosanguinous ☐ Green	☐ Serous ☐ Purulent ☒ Yellow ☐ Serosanguinous ☐ Green
Epithelium	☐ None ☒ < 100% ☐ 100% - Fully covered	☐ None ☒ < 100% ☐ 100% - Fully covered	☐ None ☒ < 100% ☐ 100% - Fully covered
Periwound Integrity	☒ Intact ☐ Maceration ☐ Erythema ☐ Callus	☒ Intact ☐ Maceration ☐ Erythema ☐ Callus	☒ Intact ☐ Maceration ☐ Erythema ☐ Callus
Time Out:	☒ Correct Patient ☒ Correct Side / Site / Position ☒ Correct Procedure ☒ Complete / Current Consent ☒ Safety Issue Review		
Anesthetic: ☐ None (Insensate) ☐ Topical Xylocaine ____ % ☐ Injectable Xylocaine ____ % ☐ Other:			
Post Procedural Pain	0 1 2 3 4 5 6 7 8 9 10		
▲ Debridement	☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No
▲ Debridement Type and Level of Debridement Sub = Subcutaneous Tis = Tissue Mus = Muscle	Excisional ____ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☐ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☐ 20 sq cm or < ☐ 20 sq cm or >	Excisional ____ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☐ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☐ 20 sq cm or < ☐ 20 sq cm or >	Excisional X Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☒ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☒ 20 sq cm or < ☐ 20 sq cm or >
Instrument Used	☐ Scalpel ☐ Scissors / Forceps ☐ Curette ☐ Other:	☐ Scalpel ☐ Scissors / Forceps ☐ Curette ☐ Other:	☐ Scalpel ☐ Scissors / Forceps ☒ Curette ☐ Other:
Bleeding	☐ None ☐ Minimal ☐ Moderate ☐ Heavy	☐ None ☐ Minimal ☐ Moderate ☐ Heavy	☐ None ☒ Minimal ☐ Moderate ☐ Heavy
Hemostasis Achieved ☐ N/A ☒ Yes	☐ Pressure ☐ Silver Nitrate ☐ Other:	☐ Pressure ☐ Silver Nitrate ☐ Other:	☐ Pressure ☐ Silver Nitrate ☐ Other:

Practitioner: Mamad Ramkaran Date: JUL 18 2018 Time: 10

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NORTHWEST HOSPITAL & MEDICAL CENTER
Wound Care Center®

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Extended Wound Care Service Line
Procedure / Progress Note
Addendum Page

NOTE: This patient has 4 active wounds. Addendum Page 2 of 2 for this encounter.

Patient: Jeanne Hoffman [redacted] - - -

Facility: PNCC

WOUND INFORMATION			
▲ Wound Number	8		
▲ Wound Location	Rt Lat. foot		
▲ Wound Length 0.5	[redacted] cm	cm	cm
▲ Wound Width 0.8	[redacted] cm	cm	cm
▲ Wound Depth 0.2	0.2 cm	cm	cm
Sinus Tract (Tunneling)	cm @ O'clock	cm @ O'clock	cm @ O'clock
Undermining	cm @ O'clock	cm @ O'clock	cm @ O'clock
▲ Wound Outcome:			

KEY: WOUND OUTCOMES: H = Healed GH = Graft Healed FH = Flap Healed S = Surgical Closure FF = Failed Flap FG = Failed Graft C = Converted
Amputation: PAT = Planned Amputation Toe / Ray PAM = Planned Amputation Transmetatarsal PAB = Planned Amputation Below Knee PAK = Planned Amputation Above Knee AT = Toe / Ray Amputation AM = Transmetatarsal Amputation AB = Below Knee Amputation AK = Above Knee Amputation

▲ Negative Pressure Wound Therapy (NWPT) ☐ N/A	☐ Start ☐ Continue ☐ Discontinue Applied: ☐ No ☐ Yes Setting: mmHg ☐ Continuous ☐ Intermittent (ON minutes / OFF minutes) Sponge: ☐ Black ☐ White ☐ Impregnated	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Wound Grade / Stage / Type (if changed)			
Eschar	☒ None ☐ Partial Coverage ☐ Fully Covered	☐ None ☐ Partial Coverage ☐ Fully Covered	☐ None ☐ Partial Coverage ☐ Fully Covered
Slough, Fibrin, Necrotic Tissue	☐ None ☐ Minimal ☐ Moderate ☒ Extensive	☐ None ☐ Minimal ☐ Moderate ☐ Extensive	☐ None ☐ Minimal ☐ Moderate ☐ Extensive
Wound Base Color (check all that apply)	☒ Red ☒ Yellow ☐ Black ☐ Pale Pink	☐ Red ☐ Yellow ☐ Black ☐ Pale Pink	☐ Red ☐ Yellow ☐ Black ☐ Pale Pink
Granulation Tissue	☐ None ☐ Pale/Gray ☐ Pink ☒ Red ☐ Hypergranulation	☐ None ☐ Pale/Gray ☐ Pink ☐ Red ☐ Hypergranulation	☐ None ☐ Pale/Gray ☐ Pink ☐ Red ☐ Hypergranulation
Exposed: Bone / Muscle Tendon / Ligament / Joint	☒ No ☐ Yes Structure:	☐ No ☐ Yes Structure:	☐ No ☐ Yes Structure:
Odor	☒ None ☐ Mild ☐ Strong	☐ None ☐ Mild ☐ Strong	☐ None ☐ Mild ☐ Strong
Drainage Amount	☐ None ☐ Scant ☒ Small ☐ Moderate ☐ Large	☐ None ☐ Scant ☐ Small ☐ Moderate ☐ Large	☐ None ☐ Scant ☐ Small ☐ Moderate ☐ Large
Drainage Color	☐ Serous ☐ Purulent ☒ Yellow ☐ Serosanguinous ☐ Green	☐ Serous ☐ Purulent ☐ Yellow ☐ Serosanguinous ☐ Green	☐ Serous ☐ Purulent ☐ Yellow ☐ Serosanguinous ☐ Green
Epithelium	☐ None ☒ < 100% ☐ 100% - Fully covered	☐ None ☐ < 100% ☐ 100% - Fully covered	☐ None ☐ < 100% ☐ 100% - Fully covered
Periwound Integrity	☒ Intact ☐ Maceration ☐ Erythema ☐ Callus	☐ Intact ☐ Maceration ☐ Erythema ☐ Callus	☐ Intact ☐ Maceration ☐ Erythema ☐ Callus

Time Out:	☒ Correct Patient	☒ Correct Side / Site / Position	☒ Correct Procedure	☒ Complete / Current Consent	☒ Safety Issue Review

Anesthetic: ☐ None (Insensate) ☐ Topical Xylocaine ____ % ☐ Injectable Xylocaine ____ % ☐ Other:

Post Procedural Pain 0 1 2 3 4 5 6 7 8 9 10

▲ Debridement	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Debridement Type and Level of Debridement Sub = Subcutaneous Tis = Tissue Mus = Muscle	Excisional ☒ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☒ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☒ 20 sq cm or < ☐ 20 sq cm or >	Excisional ____ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☐ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☐ 20 sq cm or < ☐ 20 sq cm or >	Excisional ____ Non-excisional ____ ☐ Skin, Part Thick ☐ Skin, Full Thick ☐ Skin/Sub/Tis ☐ Skin/Sub/Tis/Mus ☐ Skin/Sub/Tis/Mus/Bone ☐ 20 sq cm or < ☐ 20 sq cm or >
Instrument Used	☐ Scalpel ☐ Scissors / Forceps ☒ Curette ☐ Other:	☐ Scalpel ☐ Scissors / Forceps ☐ Curette ☐ Other:	☐ Scalpel ☐ Scissors / Forceps ☐ Curette ☐ Other:
Bleeding	☐ None ☒ Minimal ☐ Moderate ☐ Heavy	☐ None ☐ Minimal ☐ Moderate ☐ Heavy	☐ None ☐ Minimal ☐ Moderate ☐ Heavy
Hemostasis Achieved ☐ N/A ☒ Yes	☒ Pressure ☐ Silver Nitrate ☐ Other:	☐ Pressure ☐ Silver Nitrate ☐ Other:	☐ Pressure ☐ Silver Nitrate ☐ Other:

Practitioner: Mary Ann Ferrer ARNP **Date:** JUL 18 2018 **Time:** 10

PAP Form EXT-06 - Rev 05/09 [DCS Form:EXT-06PA_5609 Procedure - Prog Note Addendum.doc] To Order Call Pt-Pt-Poc @ (631) 864-2094

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RECEIVED 07/23/2018 11:10AM 2063630408 PARKRIDGE 3
07/23/2018 3:12:28 PM FROM: CORP LCLS BLK 12063630408 LABCORP PAGE 1 of 1
To: PARK RIDGE WING 5

LabCorp — **Patient Report**

Specimen ID: 204-248-0104-0
Control ID: 01061925H0F

Acct #: 46042490 Phone: (206) 363-5856 Rte: OD

HOFFMAN, JEANNE

PARK RIDGE WING 5
1250 NE 145th St
Shoreline WA 98155

Patient Details
DOB: 01/06/1925
Age(y/m/d): 093/06/17
Gender: F SSN:
Patient ID:

Specimen Details
Date collected: 07/23/2018 0603 Local
Date received: 07/23/2018
Date entered: 07/23/2018
Date reported: 07/23/2018 1512 ET

Physician Details
Ordering: I CARDIM
Referring:
ID:
NPI: 1003196478

Ordered Items
Prothrombin Time (PT); Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Prothrombin Time (PT)					
INR	2.5	High		0.8 - 1.2	01
Reference interval is for non-anticoagulated patients. Suggested INR therapeutic range for Vitamin K antagonist therapy:					
Standard Dose (moderate intensity therapeutic range):				2.0 - 3.0	
Higher intensity therapeutic range				2.5 - 3.5	
Prothrombin Time	24.4	High	sec	9.1 - 12.0	01

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

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

Continue same dose
7/23/18

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

Date Issued: 07/23/18 1512 ET **FINAL REPORT** Page 1 of 1

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07/24/2018 11:17AM 2063630408 PARKRIDGE 3 PAGE 23/24

RECEIVED 07/18/2018 02:07PM 2063630408 PARKRIDGE 3
07/18/20 :08:25 PM FROM: CORP LCLS BULK TO: 2063630408 CORP a 1 of 7
TO: PARK RIDGE WING 3

LabCorp — **Patient Report**

Specimen ID: 199-248-0136-0
Control ID: AUY46042370

Acct #: 46042370 **Phone:** (206) 363-5856 **Rte:** 00

HOFFMAN, JEANNE

PARK RIDGE WING 3
1250 NE 145th St
Shoreline WA 98155

Patient Details
DOB: 01/06/1925
Age(y/m/d): 093/06/12
Gender: F **SSN:**
Patient ID:

Specimen Details
Date collected: 07/18/2018 0450 Local
Date received: 07/18/2018
Date entered: 07/18/2018
Date reported: 07/18/2018 1808 ET

Physician Details
Ordering:
Referring:
ID:
NPI: 1003196478

Ordered Items
CBC, Platelet, No Differential; Basic Metabolic Panel (8); Venipuncture; STAT

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC, Platelet, No Differential					
WBC	5.2		x10E3/uL	3.4 - 10.8	01
RBC	**3.09**	**Low**	x10E6/uL	3.77 - 5.28	01
Hemoglobin	**9.5**	**Low**	g/dL	11.1 - 15.9	01
Hematocrit	**29.1**	**Low**	%	34.0 - 46.6	01
MCV	94		fL	79 - 97	01
MCH	30.7		pg	26.6 - 33.0	01
MCHC	32.6		g/dL	31.5 - 35.7	01
RDW	14.5		%	12.3 - 15.4	01
Platelets	248		x10E3/uL	150 - 379	01
Basic Metabolic Panel (8)					
Glucose	**102**	**High**	mg/dL	65 - 99	01
BUN	28		mg/dL	10 - 36	01
Creatinine	**1.05**	**High**	mg/dL	0.57 - 1.00	01
eGFR If NonAfricn Am	**46**	**Low**	mL/min/1.73	>59	
eGFR If Africn Am	**53**	**Low**	mL/min/1.73	>59	
BUN/Creatinine Ratio	27			12 - 28	
Sodium	142		mmol/L	134 - 144	01
Potassium	4.5		mmol/L	3.5 - 5.2	01
Chloride	104		mmol/L	96 - 106	01
Carbon Dioxide, Total	22		mmol/L	20 - 29	01
Calcium	8.7		mg/dL	8.7 - 10.3	01

01 SE LabCorp Seattle
560 17th Avenue Ste 300, Seattle, WA 98122-5789
Dir: Daniel Towell, MD

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

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

I.T 7/19/18

Date Issued: 07/18/18 1808 ET **FINAL REPORT** Page 1 of 1

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07/24/2018 11:17AM 2063630408 PARKRIDGE 3 PAGE 24/24

1250 NE 145th Street
Shoreline, WA 98155
PHONE= 206-363-5856
FAX= **206-363-0408**
Wing 3, 5 Nursing Station

Park Ridge Care Center

Fax

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr
093 Y – F
MRN:U8170135

To:	Re-anesthesia dept	**From:**	Shuey RN
Fax:	206 363 0408	**Pages:**	
Phone:		**Date:**	7/24/18

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Patient's Name: Jeanne Hoffman **Prescribing Physician:**
Date of Birth: 1/6/25 **Order Date & Time:**
Diagnosis/Problem:

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

• **Comments:**

– As requested. Only skin issues are wounds on Ottis. Does bruise easily on Coumadin & Restoxi/yellows.

Thx
Shuey RN RN

07/24/2018 11:17AM 2063630408 PARKRIDGE 3 PAGE 01/24

07/23/2018 03:02PM 2063630408 PARKRIDGE 3 PAGE 01/14

1250 NE 145th Street
Shoreline, WA 98155
PHONE= 206-363-5856
FAX= 206-363-0408
Wing 3, 5 Nursing Station

Park Ridge Care Center

Fax

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

To:		**From:**	Stacy LLRN
Fax:	206 668 1291	**Pages:**	
Phone:		**Date:**	7/23/18

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Patient's Name: Jeanne Hoffman **Prescribing Physician:**
Date of Birth: **Order Date & Time:**
Diagnosis/Problem:

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

• **Comments:**

MDRO : aquatic.

Thx
Stacy LLRN

Page 13
sent in
error &
removed

PAGE 02/14
PARKRIDGE 3
07/23/2018 03:02PM 2063630408

PARK RIDGE... RE CENTER

MEDICA... RECORD
07/01/201... 07/31/2018

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
06/04/18 ACETAMINOPHEN: MEDICATIONS CONTAINING ACETAMINOPHEN ARE NTE: 3GM OF ACETAMINOPHEN FROM ALL SOURCES IN 24HRS	INFO																															
06/04/18 TIMOLOL MALEATE 0.5% DROPS, 1 DROP OPHTHALMIC BOTH EYES BID - GLAUCOMA	0700																															
	1700																															
06/04/18 PENTOXIFYLLINE ER 400 MG PO Q 8HRS - CHRONIC VENOUS INSUFFICIENCY	0900																															
	1600																															
	2200																															
06/04/18 DAILY WEIGHTS BEFORE BREAKFAST. NOTIFY PROVIDER OF WEIGHT	DAYS																															
	WEIGHT	108		109	110	106	108	108	109	108	109	110	109	108	107	110	110	112	112	113	114	115	113	114								
INCREASE OR DECREASE OF 3 LBS IN 24HRS OR 5 LBS IN A WEEK.																																
06/06/18 ACIDOPHILUS 500 MILLION CELL CAPSULES, 1 CAP PO BID - SUPPLEMENT	0700																															
	1700																															

HOFFMAN, JEANNE LEONIE 093 Y - F
DOB: 01/06/1925 MRN:U8170135
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES: L03.116 Cellulitis of left lower limb|I83.029 Varic
ALLERGIES: PENICILLIN-SULFA-ADHESIVE
DATE: 07/01/2018

NAME	RECORD NUMBER	Bd/Sta/Rm/Bed	PHYSICIAN	PHY. PHONE	PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	CARDIM, ISABELA LINS	2067441891	2
			ALT. PHYS. TOURAY, IBRAHIMA ,ARNP	ALT. PHONE 2067447195	

PARK RIDGE CARE CENTER

MEDICATION RECORD
07/01/2018 - 07/31/2018

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
06/07/18 VITAMIN D 1,000 IU PO DAILY - SUPPLEMENT	0800																															
06/11/18 VITAMIN B-12 1,000 MCG PO DAILY - SUPPLEMENT	0800																															
06/11/18 ERGOCALCIFEROL 50,000 IU PO WEEKLY X 6 WEEKS - SUPPLEMENT (STOP: 7/28/18) Stop Date: 07/28/18 Stop Time: 11:59P	0800																															
06/04/18 CALL MD IF TEMP > 99.5	PRN	****PLS DOCUMENT REASON AND RESULT ON BACK OF THIS PAGE****																														
7/Mastia 250mg i po b/o 7/18	0600																															
	1800																															

HOFFMAN, JEANNE LEONIE 093 Y - F
DOB: 01/06/1925 MRN:U8170135
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES: L03.116 Cellulitis of left lower limb|I83.029 Varic

ALLERGIES: PENICILLIN-SULFA-ADHESIVE

DATE: 07/01/2018

NAME	RECORD NUMBER	Birthday/Bed	PHYSICIAN	PHY. PHONE	PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	CARDIM, ISABELA LINS	2067441891	3
			ALT. PHYS. TOURAY, IBRAHIMA ,ARNP	ALT. PHONE 2067447195	

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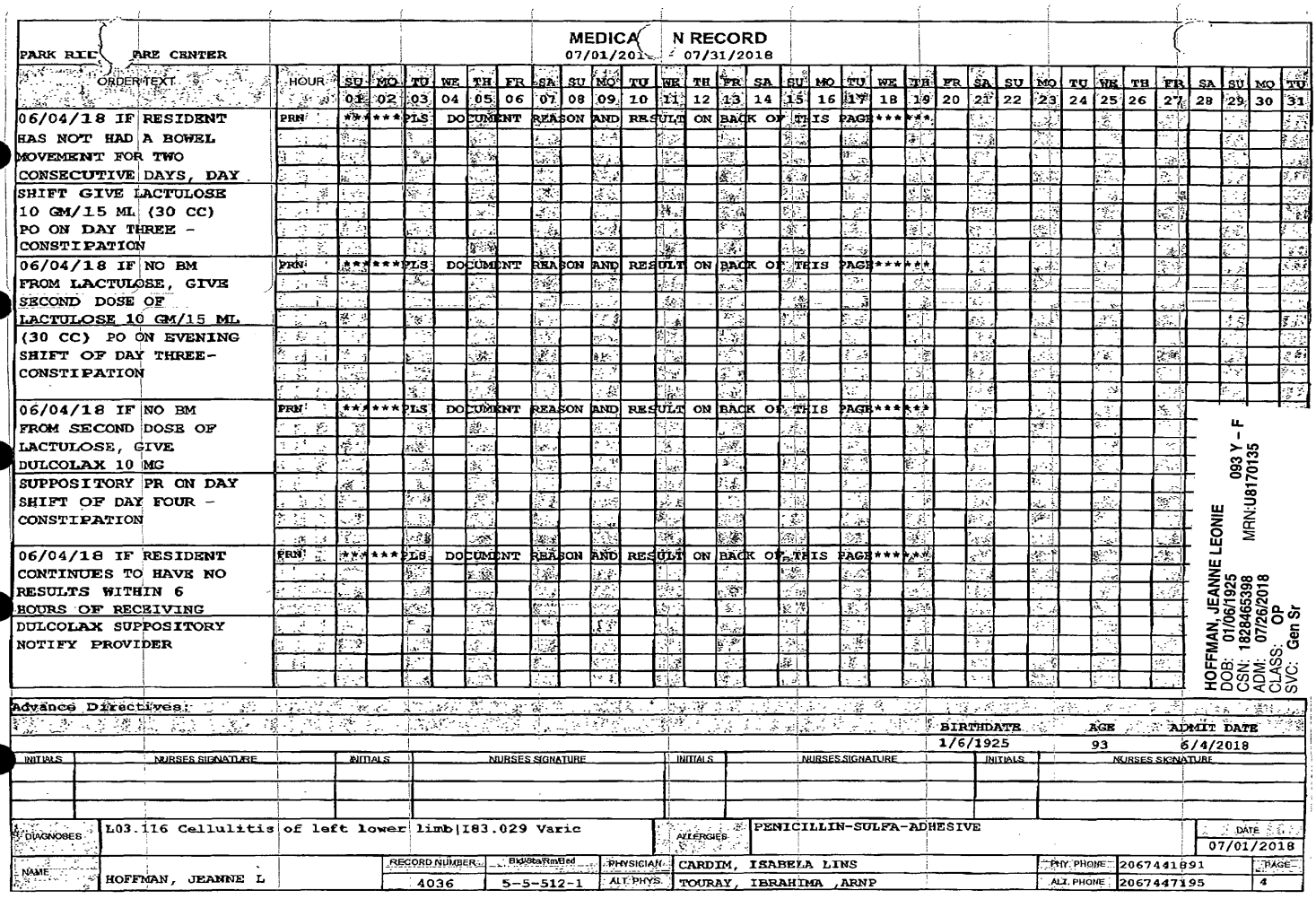
PARKRIDGE 3
2063630408
07/23/2018 03:02PM

Category: Outside Records
Date of Service: 07/26/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1828465398
Facility: UW Medical Center-Northwest
Encounter Type: Limited Stay
Admit Date Time: 2018-07-26 08:39:00
Discharge Date Time: 2018-07-26 15:15:00



PAGE 04/14
PARKRIDGE 3
2063630408
07/23/2018 03:02PM

PARK RIDGE CARE CENTER

MEDICATION RECORD
07/01/2018 - 07/31/2018

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
06/04/18 IF RESIDENT HAS NOT HAD A BOWEL MOVEMENT FOR TWO CONSECUTIVE DAYS, DAY SHIFT GIVE LACTULOSE 10 GM/15 ML (30 CC) PO ON DAY THREE - CONSTIPATION	PRN	******	PLS	DOCUMENT	REASON	AND	RESULT	ON	BACK	OF	THIS	PAGE	******																			
06/04/18 IF NO BM FROM LACTULOSE, GIVE SECOND DOSE OF LACTULOSE 10 GM/15 ML (30 CC) PO ON EVENING SHIFT OF DAY THREE- CONSTIPATION	PRN	******	PLS	DOCUMENT	REASON	AND	RESULT	ON	BACK	OF	THIS	PAGE	******																			
06/04/18 IF NO BM FROM SECOND DOSE OF LACTULOSE, GIVE DULCOLAX 10 MG SUPPOSITORY PR ON DAY SHIFT OF DAY FOUR - CONSTIPATION	PRN	******	PLS	DOCUMENT	REASON	AND	RESULT	ON	BACK	OF	THIS	PAGE	******																			
06/04/18 IF RESIDENT CONTINUES TO HAVE NO RESULTS WITHIN 6 HOURS OF RECEIVING DULCOLAX SUPPOSITORY NOTIFY PROVIDER	PRN	******	PLS	DOCUMENT	REASON	AND	RESULT	ON	BACK	OF	THIS	PAGE	******																			

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr
093 Y - F
MRN:U8170135

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES: L03.116 Cellulitis of left lower limb|I83.029 Varic
ALLERGIES: PENICILLIN-SULFA-ADHESIVE
DATE: 07/01/2018

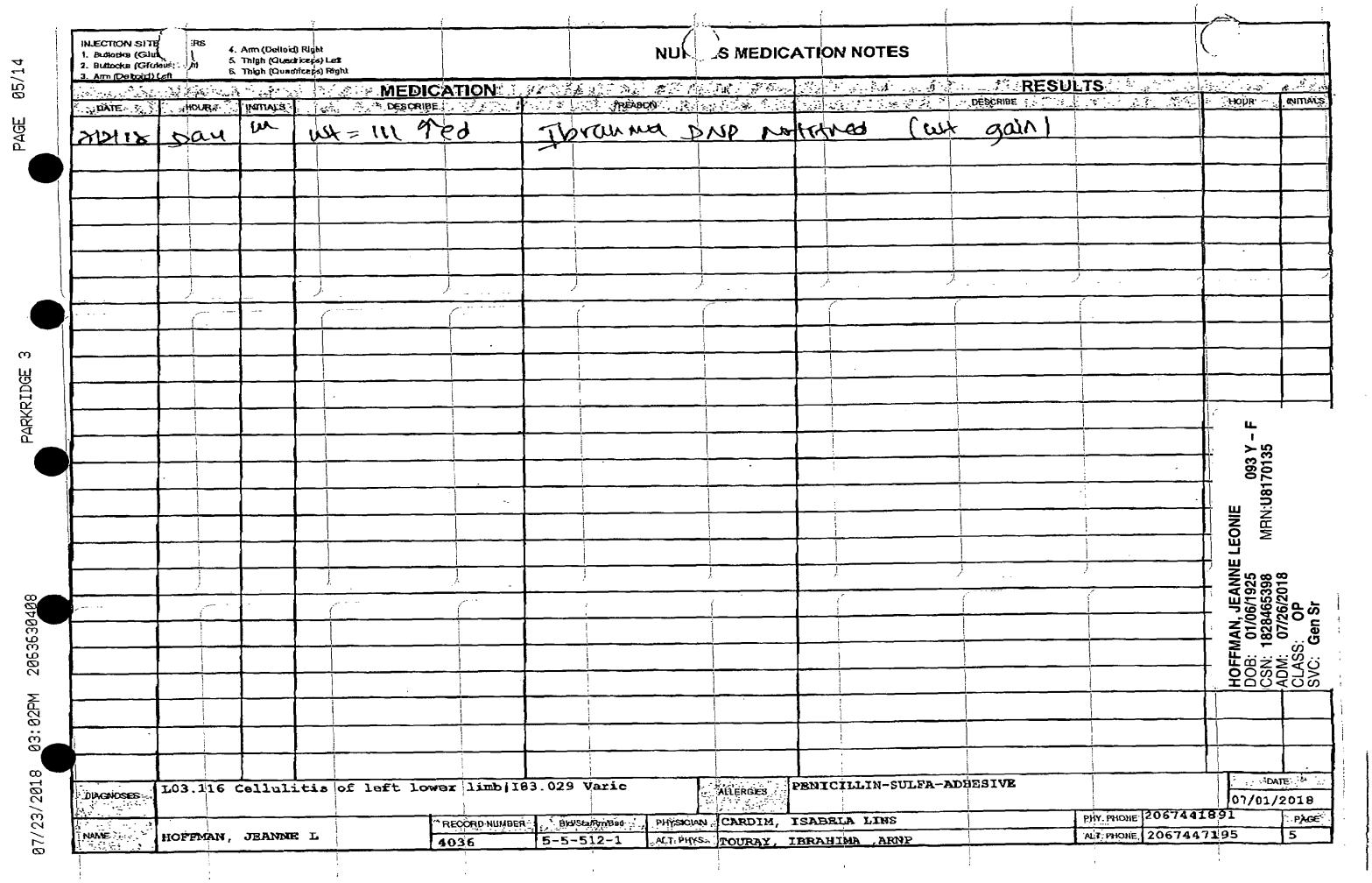
NAME: HOFFMAN, JEANNE L
RECORD NUMBER: 4036
BkupStaRmBed: 5-5-512-1
PHYSICIAN: CARDIM, ISABELA LINS
ALT. PHYS.: TOURAY, IBRAHIMA ,ARNP
PHY. PHONE: 2067441891
ALT. PHONE: 2067447195
PAGE: 4

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Category: Outside Records
Date of Service: 07/26/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1828465398
Facility: UW Medical Center-Northwest
Encounter Type: Limited Stay
Admit Date Time: 2018-07-26 08:39:00
Discharge Date Time: 2018-07-26 15:15:00



INJECTION SITE
1. Buttocks (Glut
2. Buttocks (Gl
3. Arm (Deltoid) Left
4. Arm (Deltoid) Right
5. Thigh (Quadriceps) Left
6. Thigh (Quadriceps) Right

NU S MEDICATION NOTES

MEDICATION DATE	HOUR	INITIALS	DESCRIBE	FREQ/DOSE	RESULTS DESCRIBE	HOUR	INITIALS
7/26/18	0944	LM	wt = 111 9 fed	Ibrahima DNP notified (wt gain)			

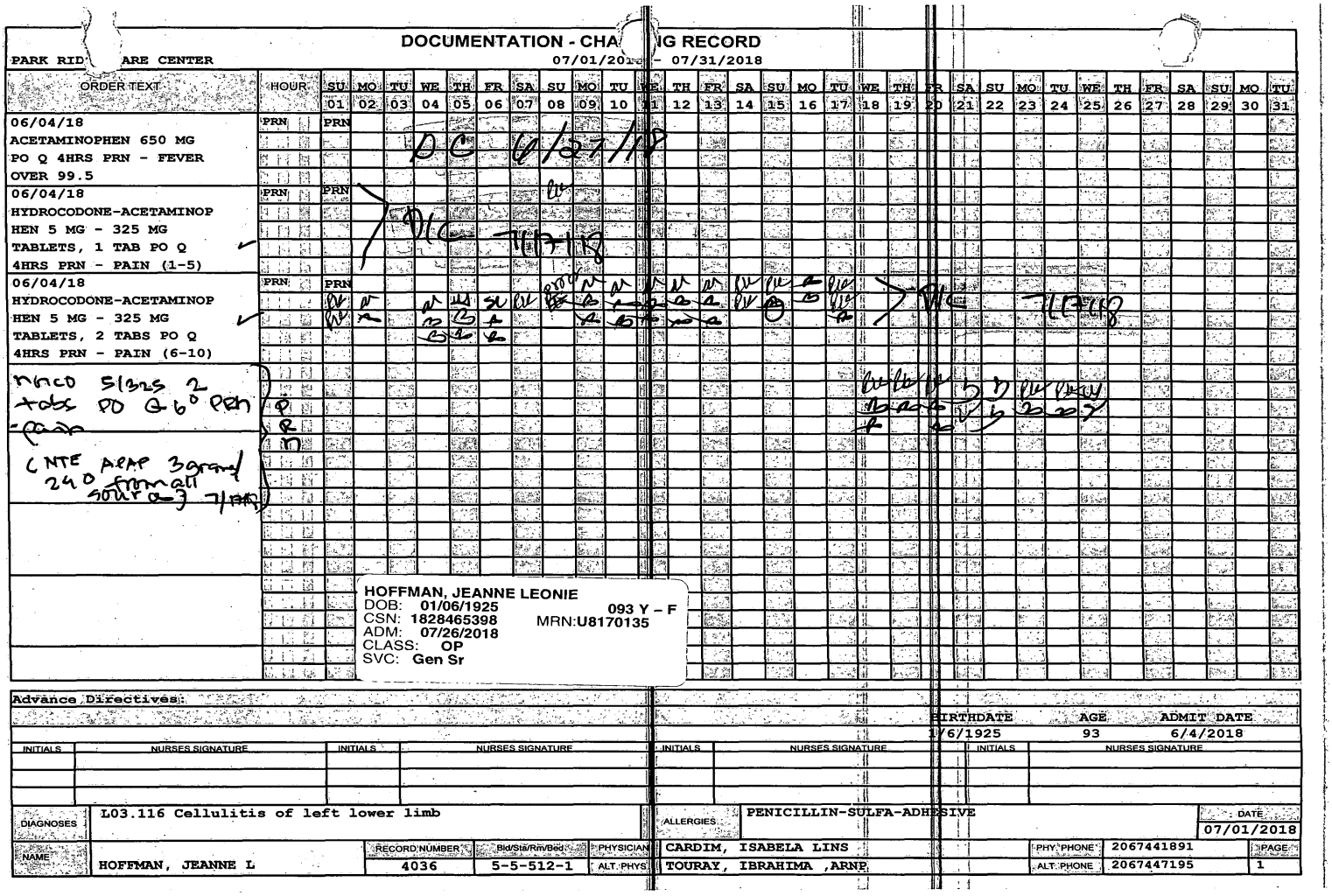
HOFFMAN, JEANNE LEONIE 093 Y - F
DOB: 01/06/1925 MRN:U8170135
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE 07/01/2018
NAME HOFFMAN, JEANNE L	RECORD NUMBER 4036	PHYSICIAN ID 5-5-512-1	PHYSICIAN CARDIM, ISABELA LINS	PHY. PHONE 2067441891
			ALT. PHYS. TOURAY, IBRAHIMA ,ARNP	ALT. PHONE 2067447195 PAGE 5

PAGE 05/14
PARKRIDGE 3
07/23/2018 03:02PM 2053630408

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM



DOCUMENTATION - CHA[illegible]G RECORD

PARK RID[illegible]ARE CENTER — 07/01/201[illegible] – 07/31/2018

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
06/04/18 ACETAMINOPHEN 650 MG PO Q 4HRS PRN - FEVER OVER 99.5	PRN	PRN				DC 6/27/18																										
06/04/18 HYDROCODONE-ACETAMINOP HEN 5 MG - 325 MG TABLETS, 1 TAB PO Q 4HRS PRN - PAIN (1-5)	PRN	PRN																														
06/04/18 HYDROCODONE-ACETAMINOP HEN 5 MG - 325 MG TABLETS, 2 TABS PO Q 4HRS PRN - PAIN (6-10)	PRN	PRN																														
MACD 5/325 2 tabs PO Q 6° PRN pain	Q & M																															
CNTE APAP 3gram/ 24hrs from all sources																																

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE 07/01/2018

NAME	RECORD NUMBER	Bld/Ste/Rm/Bed	PHYSICIAN		PHY PHONE	PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	ALT PHYS	TOURAY, IBRAHIMA ,ARNP	ALT PHONE 2067447195	1

PROGRESS NOTES

	HOUR	INITIALS	DATE
	1100	Rkau	7/24/18 Norco 2 tabs po q6 hr LUE 7/10 effective 8/10 1200 — Rkau
7/24/18	2000	EW	7/24/18 Norco 2 tabs PO q6 LUE pain 7/10 → 2100 EW
7/25/18	0730	ss	Norco 2 tabs po q6 LUE pain 7/10 2100 SS
7/25/18	1230	SSm	Norco 2 tabs po q6 LUE pain 6/10 — bottle 4/100 1315 SSm

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1828465398 MRN: U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

DIAGNOSES | ALLERGIES | DATE

NAME | RECORD NUMBER | Bld/Sta/Rm/Bed | PHYSICIAN | PHY. PHONE | PAGE

ALT. PHYS | ALT. PHONE

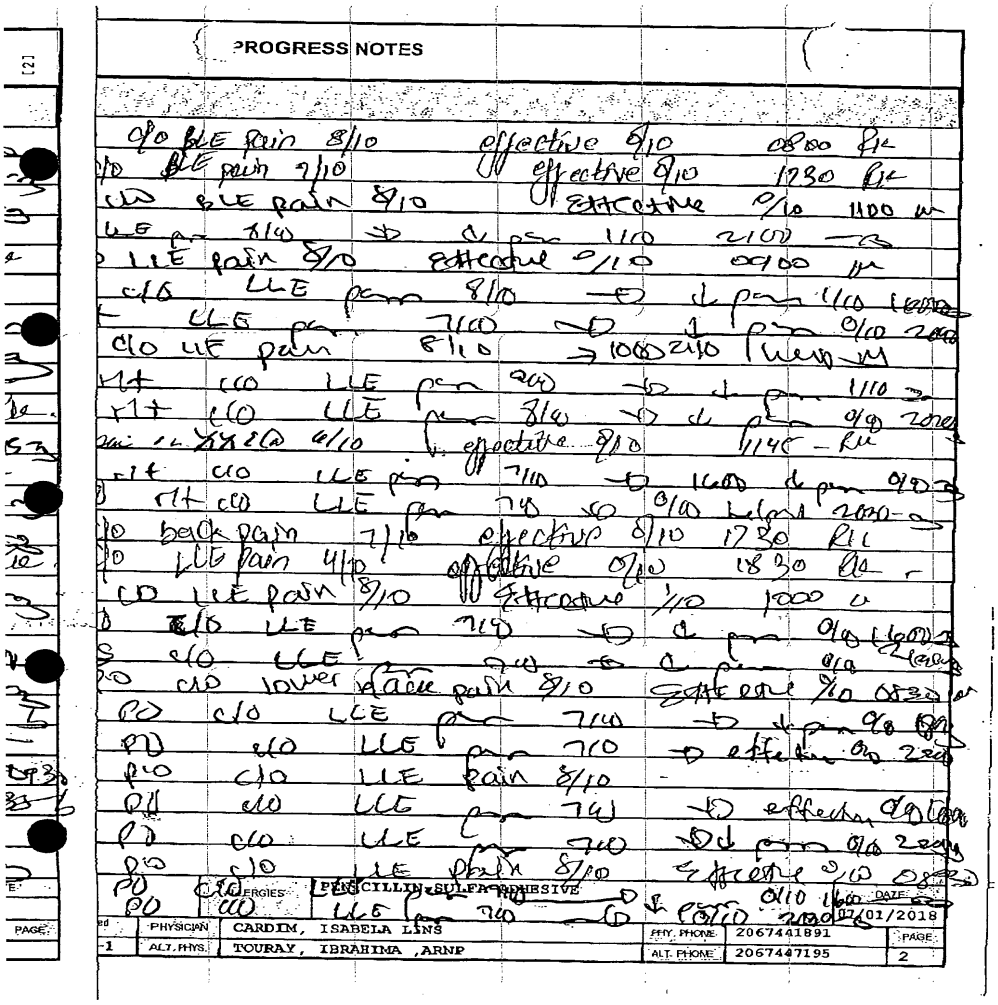
PROGRESS NOTES

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

	HOUR	INITIALS	DATE
7/13	1200	[illegible]	Norco 2 tabs po c/o lower back pain 8/10 effective 9/10 1300
7/13/18	1610	[illegible]	Norco 2 tabs po c/o LLE pain 7/10 effective 9/10 1610
7/13/18	2000	[illegible]	Norco 2 tabs po c/o LLE pain 7/10 effective 9/10 2000
7/14/18	0900	Rle	Norco 2tabs po c/o LLE pain 7/10 effective 8/10 1000 — Rle
7/14/18	1715	Rle	Norco 2tabs po c/o LLE pain 7/10 effective 8/10 1815 — Rle
7/15/18	2000	Rle	Norco 2tabs po c/o LLE pain 7/10 effective 8/10 2100 — Rle
7/16/18	1600	[illegible]	Norco 2 tabs po c/o LLE pain 7/10 effective 9/10 1600
7/16/18	2100	[illegible]	Norco 1 tab po c/o LLE pain 7/10 effective 8/10 2200
7/17/18	0730	Rle	Norco 2tabs po c/o LLE 7/10 effective 8/10 0830 — Rle
7/17/18	1415	Rle	Norco 2tabs po c/o LLE pain 7/10 effective 8/10 1515 — Rle
7/17/18	1915	[illegible]	Norco 2 tabs po c/o LLE pain 7/10 effective 8/10 1945
7/18/18	0730	Rle	Norco 2tabs po c/o LLE 7/10 effective 8/10 0830 — Rle
7/18/18	1400	[illegible]	Norco 2 tabs po c/o LLE pain 8/10 effective 9/10 1500
7/18/18	2100	[illegible]	Norco 2 tabs po c/o LLE pain 8/10 effective 9/10 2200
7/19/18	1200	Rle	Norco 2tabs po c/o LLE pain 7/10 effective 8/10 1300 — Rle
7/19/18	2000	[illegible]	Norco 2 tabs po c/o LLE pain 7/10 effective 8/10 2100
7/20/18	0900	Rle	Norco 2tabs po c/o LLE pain 7/10 effective 8/10 1000 — Rle
7/20/18	1600	[illegible]	Norco 1 tab po c/o LLE pain 7/10 effective 9/10 1600
7/20/18	2100	[illegible]	Norco 2 tabs po c/o LLE pain 8/10 effective 9/10 2200
7/21/18	0900	b	Norco 2tabs po c/o LLE pain 8/10 → 4p pain 4/10 @ 1030
07/21/18	1720	b	Norco 2tabs po c/o LLE pain 8/10 → 2/10 @ 1920
7/22/18	0830	b	Norco 2tabs po c/o LLE pain 8/10 → 4p pain 4/10 @ 0930
7/22/18	1435	b	Norco 2tabs po c/o LLE pain 8/10 → 4p pain 4/10 @ 1535
7/23/18	0830	Rle	Norco 2tabs po c/o LLE pain 7/10 effective 8/10 0930 — Rle
7/24/18	1430	[illegible]	Norco 1 tab po c/o LLE 8/10 effective 9/10

DIAGNOSES | ALLERGIES | DATE

NAME: Hoffman, Seanne | RECORD NUMBER | Bld/Sta/Rm/Bed | PHYSICIAN | ALT. PHYS | PHY. PHONE | ALT. PHONE | PAGE



PROGRESS NOTES

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

ALLERGIES: PENICILLIN, SULFA, ADHESIVE
DATE: 07/01/2018
PHYSICIAN: CARDIM, ISABELA LINS
PHY. PHONE: 2067441891
ALT. PHYS.: TOURAY, IBRAHIMA, ARNP
ALT. PHONE: 2067447195
PAGE: 2

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

PROGRES

	HOUR	INITIALS	DATE
	0900		7/1/18 Norco 2tabs po c/o BLE pain 8/10 effective 8/10 0800
	1630		7/1/18 Norco 2tab po c/o BLE pain 7/10 effective 8/10 1730
7/2/18	1000		Norco 2 tabs po c/o BLE pain 8/10 effective 0/10 1100
7/2/18	2000		Norco 2 tabs rt LLE pain 7/10 → 0 pain 1100 2100
7/3/18	0800		Norco 2 tabs c/o LLE pain 8/10 effective 0/10 0900
7/4/18	1400		Norco 2 tabs rt c/o LLE pain 8/10 → 0 pain 1100 1600
7/4/18	1940		Norco 2 tabs rt LLE pain 7/10 → 0 pain 0/10 2000
7/5/18	0900		Norco 2tabs po c/o LLE pain 8/10 → 1000 2/10
7/5/18	1520		Norco 2 tabs rt c/o LLE pain 9/10 → 0 pain 1100
7/6/18	1920		Norco 2 tabs rt c/o LLE pain 8/10 → 0 pain 0/10 2000
7/6/18	10:45		Norco 2 po — c/o pain in [illegible] 6/10 effective 8/10 1145 – RN
7/6/18	1500		Norco 2 tabs po rt c/o LLE pain 7/10 → 1600 0 pain 0/10
7/6/18	1940		Norco 2 tabs po rt c/o LLE pain 7/10 → 0/10 [illegible] 2000
7/7/18	1630		Norco 2tabs po c/o back pain 7/10 effective 0/10 1730 RN
7/8/18	1730		Norco 1tab po c/o LLE pain 4/10 effective 0/10 1830 RN
7/9/18	0900		Norco 2tabs po c/o LLE pain 8/10 effective 1/10 1000
7/10/18	1500		Norco 2 tabs po 8/10 c/o LLE pain 7/10 → 0 pain 0/10 1600
7/9/18	2000		Norco 2 tabs po c/o LLE pain 7/10 → 0 pain 0/10
7/10/18	0930		Norco 2 tabs po c/o lower back pain 8/10 effective 0/10 0930
7/10/18	1500		Norco 2 tabs po c/o LLE pain 7/10 → 0 pain 0/10
7/10/18	2000		Norco 2 tabs po c/o LLE pain 7/10 → effective 0/10 2000
7/11/18	0900		Norco 2 tabs po c/o LLE pain 8/10
7/11/18	1500		Norco 2 tabs po c/o LLE pain 7/10 → effective 0/10 1600
7/11/18	2100		Norco 2 tabs po c/o LLE pain 7/10 → 0 pain 0/10 2000
7/12/18	0930		Norco 2tabs po c/o LLE pain 8/10 effective 0/10 0930

L03.116 Cellulitis of left lower limb

ALLERGIES: PENICILLIN, SULFA, ADHESIVE

DATE: 07/01/2018

NAME	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN	PHY PHONE	PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	CARDIM, ISABELA LINS	2067441891	
			ALT PHYS: TOURAY, IBRAHIMA ,ARNP	ALT PHONE: 2067447195	2

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PARKRIDGE 3
2063630408
07/23/2018 03:02PM

INR/COUMADIN (W...FARIN) FLOW SHEET

Directions: Use flow sheet for outpatient residents on if complex each time a new level is drawn. When completed, file in individual resident clinical record. If lab results are not reported within same day of draw, contact physician for determination if Coumadin (or other) should be given or held. No Aspirin, NSAIDS, or Plavix to be used unless specifically ordered by the physician.

Resident-Specific INR Goal:

Diagnosis/Clinical Indication for Coumadin:

INR RANGES: 1.5– 2.5 = Elderly with Fall/Risk/Bleeding; 2.0 – 3.0 = DVT, PE, A Fib, MI, Atrial Thrombus, SP Knee Replacement; 2.5– 3.5 = Mechanical Heart Valve

Criterion drugs which increase INR: Antibiotics, Sulfa, Cytotoxic Drugs, Steroids, Thyroid, Tylenol, Salicylates (Aspirin), NSAIDs, Bismuth, Metals, Xylocaine, Quinidine, Quinine, Allopurinol, Cimetidine, Vitamin E and Supplements

Criterion drugs which decrease INR: Barbiturates, Diuretics, Oral Contraceptives, Carbamazepine, Vitamin K, Theophylline, Corticosteroids

Common drugs which may increase or decrease INR: Phenytoin, Digitalis, Propranolol, Cholestyramine, Zantac

Date/Time	INR Results	Current Coumadin Dose	MD Notified	Dose Change	Next Date INR	Nurse's Signature
7/9/18	1.9	5mg	Yes	Coumadin 6mg PO + 1 then resume 5mg daily	7/12/18	
7/12/18	2.4	5mg	Yes	& A. continue 5mg daily	7/16/18	
7/16/18	1.9	5mg	Yes	Coumadin 6mg today then resume 5mg daily	7/19/18	
7/19/18	2.4	5mg	Yes	Continue same 5mg	7/23/18 Monday	
7/23/18	2.5	5mg	Yes	Continue same 5mg	7/26/18 Thursday	

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Revised: July 2009

RESIDENT NAME: Hoffman, Jeanne **PHYSICIAN:** Cardin

RECORD# _____ **ROOM#** SPR-1

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PARKRIDGE 3
07/23/2018 03:02PM 2053630408

INR/COUMADIN (W...RIN) FLOW SHEET

Directions: Use flow sheet for individual residents and complete each time a INR level is drawn. When completed, file in individual resident clinical record. If lab results are not reported within same day of draw, contact physician to determine if Coumadin (Warfarin) should be given or held. No Aspirin, NSAID, or Plavix to be used unless specifically ordered by the physician.

Resident-Specific INR Goal:	Diagnosis/Clinical Indication for Coumadin: DVT

INR RANGES: 1.8 - 2.2 = DVT with Atrial Fibrillation; 2.0 - 3.0 = DVT, PE, CVA/TIA, Mural Thrombus, St Jude Bileaflet valve; 2.5 - 3.5 = Mechanical Heart Valve

Common drugs which increase INR: Sulfa, Antibiotics (Cipro, Levaquin and others), Amiodarone, Fluconazole, Flagyl, Cimetidine and ASA, proton pump inhibitors (Prilosec, Nexium), Cox-2 inhibitors (Celebrex), NSAIDs, Thyroid Medications, Tegretol, Depakote, Allopurinol (Zyloprim), Phenytoin and Dilantin.

Common drugs which decrease INR: Barbiturates, Haldol, Reglan, Antacids, Carafate, Vitamin C, Multivitamins, Theodur, Cortisone.

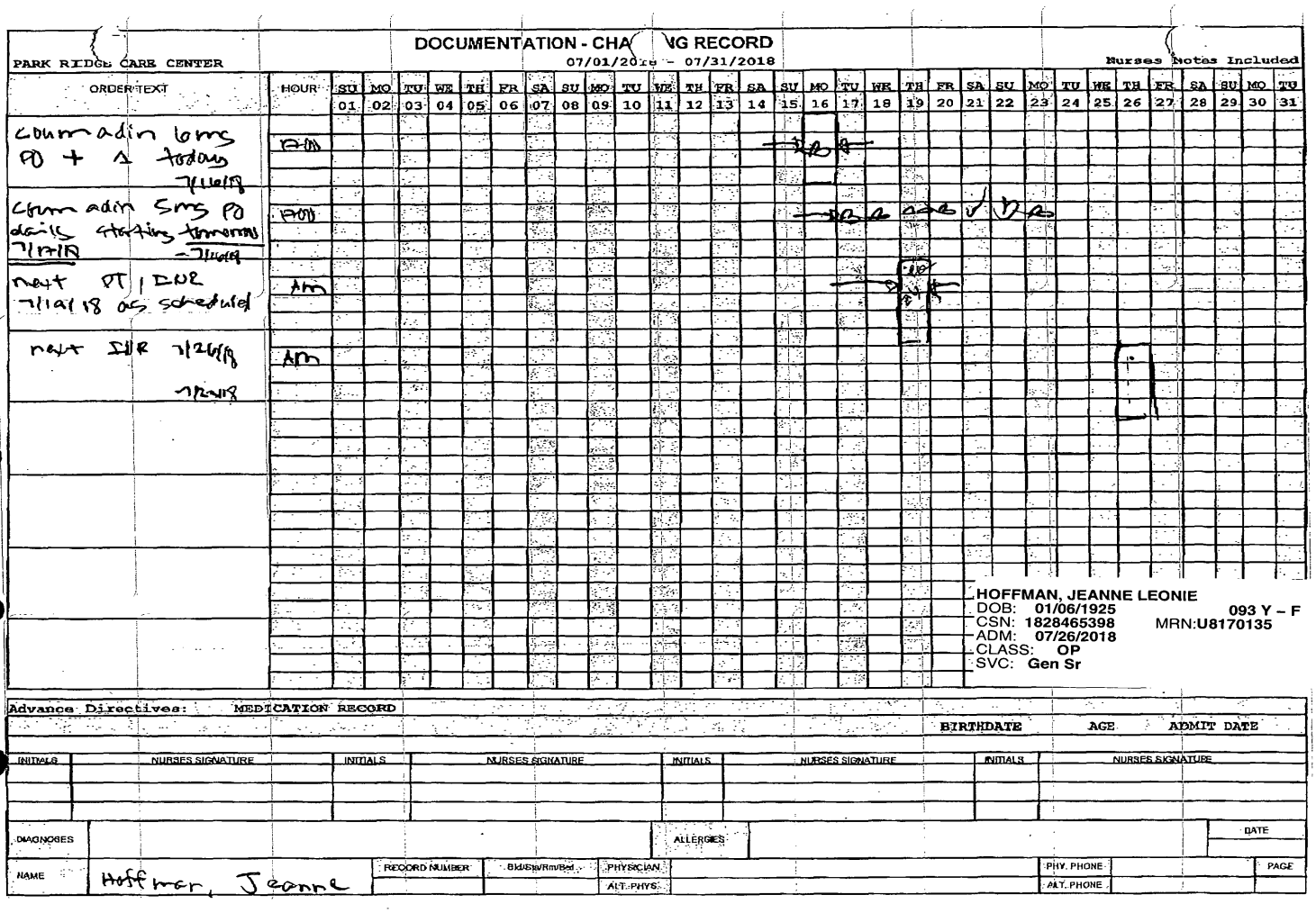
Common drugs which may increase or decrease INR: Prednisone, Digoxin, Alcohol, Cholestyramine, Zantac.

Date/Time	INR Results	Current Coumadin Dose	MD Notified	Dose Change	Next Date INR	Nurse's Signature
6/5/18	1.7	5mg QHS Mon/Wed/Fri 1&a 2.5mg Q Sun/Tues/Thurs/Sat	Ibrahim Jones	Q Δ	6/6/18	Abc
6/6/18	2.1	5mg QHS Mon/Wed/Fri 1&a 2.5mg Q Sun/Tues/Thurs/Sat	Ibrahim	Q Δ	6/8/18	Abc
6/8/18	2.5	5mg QHS Mon/Wed/Fri 1&a 2.5mg Q Sun/Tues/Thurs/Sat	Ibrahim Jones	Q Δ	6/11/18	Abc
6/11/18	1.8	11	Ibrahim	↑ 5mg QD	6/13/18	Red
6/13/18	1.7	5mg	Yes	5.5mg QD	6/15/18	Red
6/14/18	1.9	5.5mg	Yes	Q Δ	6/18/18	Abc
6/18/18	2.1	5.5mg	Yes	Q Δ	6/21/18	Abc
6/21/18	3.1	5.5mg	Yes	4.5mg	6/25/18 mwb	
6/25/18	2.3	4.5mg	Yes	Q Δ	6/28/18 mwb	
6/26/18	—	4.5mg	Yes	5mg daily	6/28/18	
6/28/18	2.1	5mg	Yes	Q Δ	7/2/18	Red
7/2/18	2.5	5mg	Yes	Q Δ	7/5/18	Red
7/5/18	2.3	5mg	Yes	5mg same dose	7/9/18	Rbarn

Revised: July 2009

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

RESIDENT NAME: Hoffman, Jeanne **PHYSICIAN:** _____ **RECORD#** _____ **ROOM#** _____



PARK RIDGE CARE CENTER

DOCUMENTATION - CHA[illegible]NG RECORD
07/01/20[illegible] - 07/31/2018

Nurses Notes Included

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
Coumadin 10mg PO + 4 today 7/16/18	PM																															
Coumadin 5mg PO daily starting tomorrow 7/17/18	PM																															
next PT / DOR 7/19/18 as scheduled	AM																															
next INR 7/26/18	AM																															

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Advance Directives:

MEDICATION RECORD

BIRTHDATE AGE ADMIT DATE

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES | ALLERGIES | DATE

NAME Hoffman, Jeanne | RECORD NUMBER | Bld/Sec/Rm/Bed | PHYSICIAN | ALT. PHYS. | PHY. PHONE | ALT. PHONE | PAGE

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07/23/2018 03:02PM

DOCUMENTATION - CHA[illegible]NG RECORD

PARK RIDG[illegible]ARE CENTER — 07/01/20[illegible] - 07/31/2018

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
06/26/18 COUMADIN 5 MG PO Q EVENING - DVT	1700																															
06/06/18 DRAW PT/INR EVERY MONDAY AND EVERY THURSDAY	DAYS																															
FOR INR < 3.2: LEAVE LAB RESULT ON PROVIDER`S VOICEMAL GIVE COUMADIN DOSE (DO NOT PAGE-ON CALL PROVIDER)																																
FOR INR: > 3.3 LEAVE LAB RESULT ON PROVIDER`S VOICEMAIL HOLD COUMADIN DOSE (DO NOT PAGE ON-CA LL PROVIDER)																																
PAGE ON-CALL PROVIDER IF BLEEDING DEVELOPS OR OTHER CONCERNS																																
Coumadin 6mg P.O today - DVT 7/19/18	1700																															

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

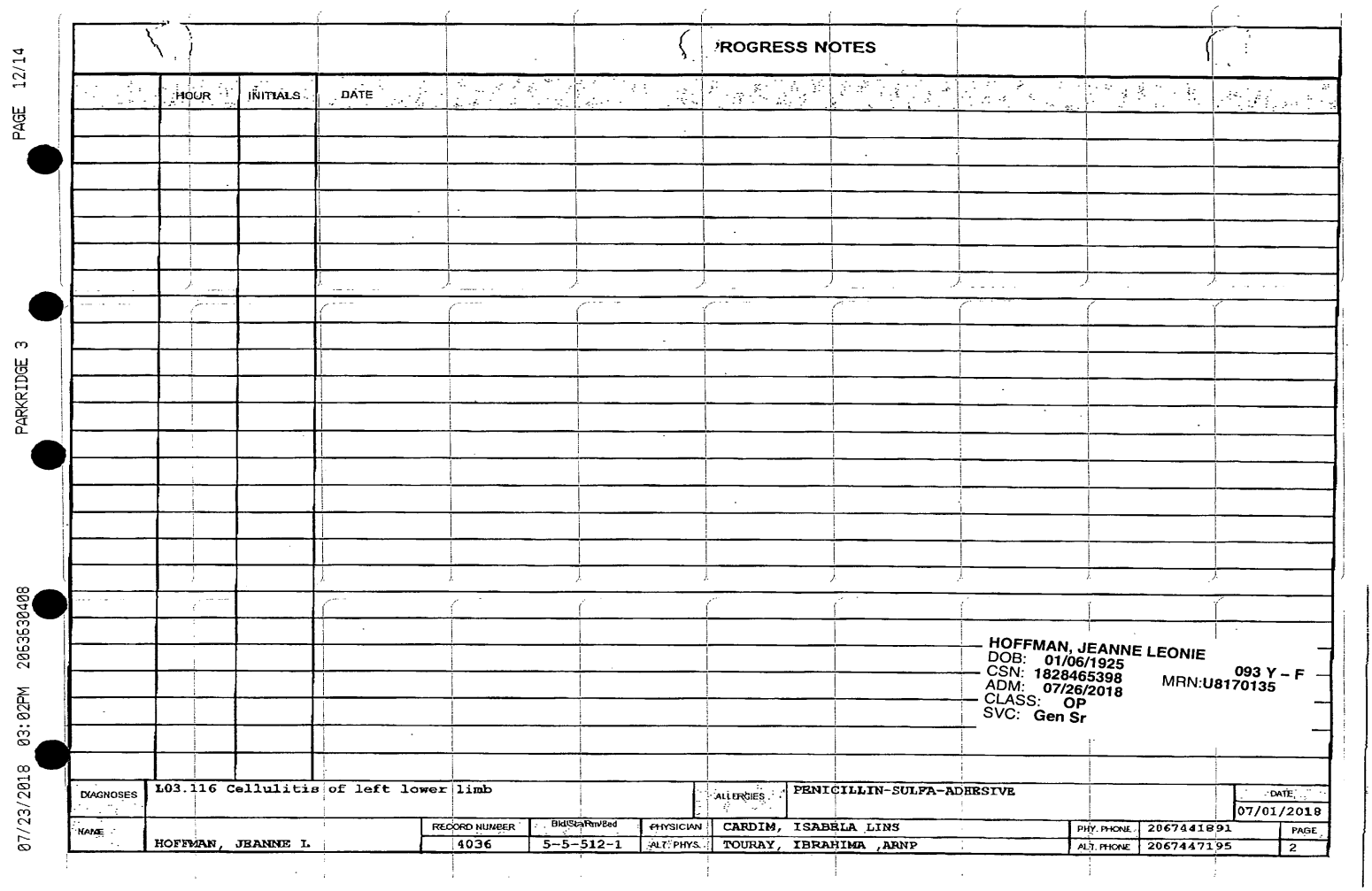
Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE
				07/01/2018

NAME	RECORD NUMBER	Bld/Sta/Rm/Bed	PHYSICIAN		PHY. PHONE		PAGE
HOFFMAN, JEANNE L	4036	5-5-512-1	ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195	1
				CARDIM, ISABELA LINS		2067441891	



PROGRESS NOTES

HOUR	INITIALS	DATE

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

DIAGNOSES	L03.116 Cellulitis of left lower limb			ALLERGIES	PENICILLIN-SULFA-ADHESIVE		DATE 07/01/2018
NAME	HOFFMAN, JEANNE L.	RECORD NUMBER 4036	Bkd/Sch/Arrived 5-5-512-1	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE 2067441891	PAGE 2
				ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE 2067447195	

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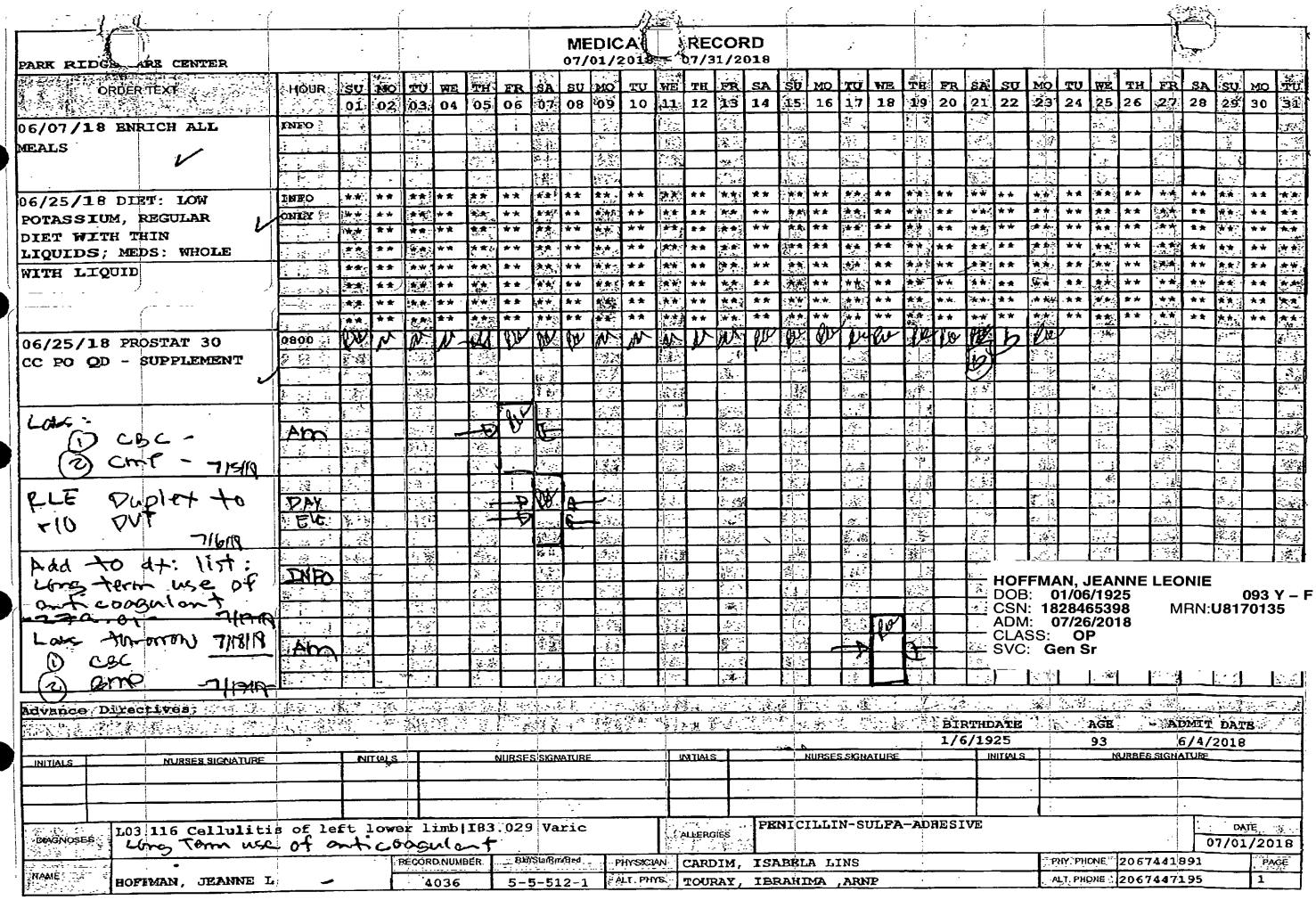
07/23/2018 03:02PM



MEDICAL RECORD
07/01/2018 – 07/31/2018

PARK RIDGE ARE CENTER

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
06/07/18 ENRICH ALL MEALS ✓	INFO																															
06/25/18 DIET: LOW POTASSIUM, REGULAR DIET WITH THIN LIQUIDS; MEDS: WHOLE WITH LIQUID ✓	INFO ONLY	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
06/25/18 PROSTAT 30 CC PO QD - SUPPLEMENT ✓	0800	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W								
Labs: (1) CBC - (2) CMP - 7/5/18	AM					D	D	E																								
RLE Duplex to r/o DVT 7/6/18	DAY EVE					P	W	A																								
Add to dx list: long term use of anticoagulant -Z79.01- 7/6/18	INFO							E																								
Labs tomorrow 7/8/18 (1) CBC (2) BMP 7/9/18	AM																															

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1828465398 MRN:U8170135
ADM: 07/26/2018
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Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic Long Term use of anticoagulant	ALLERGIES	PENICILLIN-SULFA-ADHESIVE			DATE	07/01/2018
NAME	HOFFMAN, JEANNE L	RECORD NUMBER 4036	BirthSuffix/Bed 5-5-512-1	PHYSICIAN	CARDIM, ISABELA LINS	PHY. PHONE	2067441891
				ALT. PHYS.	TOURAY, IBRAHIMA ,ARNP	ALT. PHONE	2067447195

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TRANSACTION REPORT

JUL/23/2018/MON 07:09 PM

FAX(TX)

#	DATE	START T.	RECEIVER	COM.TIME	PAGE	TYPE/NOTE	FILE
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HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

1550 N 115TH STREET
SEATTLE, WA 98133
PHONE: 206-368-1010
FAX: 206-368-1291

PRE-ANESTHESIA DEPARTMENT
FAX TRANSMITTAL

To: Park Ridge Care Ctr Attn: Unit 5 Fax: 206-363-0408

Number of pages including cover sheet: 1

PRE-OP INSTRUCTIONS

Patient's Name: Hoffman, Jeanne DOB: 1/6/25

Arrival to Day Surgery/North Entrance at: 0930 (time) on: 7/26/18 - Thursday (date)

Time of surgery: 1100

NPO after: 0300 May have clear liquids until: 0700

May take the following RX early on day of surgery with enough water to swallow:
Tylenol or Norco as needed

Call surgeon for instructions on pentoxifylline & coumadin. NO vitamins for 24 hours.

~~Please arrange for these labs/EKG prior to:~~

General Instructions-

- After ~~midnight~~ 0300, no water, gum, candy, mints (except above listed meds)
- May brush teeth: if mouth is dry, may rinse mouth with water and spit out
- Shower the night before and morning of surgery with antibacterial soap (like Dial) from neck down, or use antibacterial soap provided by the doctor. May use regular face soap on face
- Wash hair before the day of surgery with plain shampoo and then no conditioner, hairspray, mousse or gel in hair, as the goal is clean, dry hair
- No creams, lotions, deodorant, makeup, nail polish (may leave acrylic nails on), no after shave or cologne
- No valuables, jewelry (including rings), body piercings of any kind
- Wear loose and comfortable clothing on day of surgery

PARK RIDGE CARE CENTER

MEDICATION RECORD
07/01/2018 — 07/31/2018

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
06/07/18 ENRICH ALL MEALS ✓	INFO																															
06/25/18 DIET: LOW POTASSIUM, REGULAR DIET WITH THIN LIQUIDS; MEDS: WHOLE WITH LIQUID ✓	INFO ONLY	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**	**
06/25/18 PROSTAT 30 CC PO QD - SUPPLEMENT ✓	0800	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	10/10	12	5	W	W	H	U						
Labs: ① CBC - ② CMP - 7/5/18	AM					→	PV	E																								
PLE Duplex to r/o DVT 7/6/18	DAY EVE						P D	PV	A E																								
Add to dx: list: Long term use of anticoagulant 7/7/18	INFO																															
Labs tomorrow 7/18/18 ① CBC ② CMP 7/19/18	AM																		1pv	E												

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y - F
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr
MRN:U8170135

Advance Directives:

BIRTHDATE	AGE	ADMIT DATE
1/6/1925	93	6/4/2018

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES	L03.116 Cellulitis of left lower limb|I83.029 Varic Long Term use of anticoagulant	ALLERGIES	PENICILLIN-SULFA-ADHESIVE	DATE	07/01/2018
NAME	HOFFMAN, JEANNE L	RECORD NUMBER: 4036	Bld/Sta/Rm/Bed: 5-5-512-1	PHYSICIAN: CARDIM, ISABELA LINS	PHY. PHONE: 2067441891
				ALT. PHYS: TOURAY, IBRAHIMA ,ARNP	ALT. PHONE: 2067447195

DOCUMENTATION - CHA[illegible]NG RECORD

PARK RIDG[illegible] CARE CENTER — 07/01/2018 - 07/31/2018 — Nurses Notes Included

ORDER TEXT	HOUR	SU 01	MO 02	TU 03	WE 04	TH 05	FR 06	SA 07	SU 08	MO 09	TU 10	WE 11	TH 12	FR 13	SA 14	SU 15	MO 16	TU 17	WE 18	TH 19	FR 20	SA 21	SU 22	MO 23	TU 24	WE 25	TH 26	FR 27	SA 28	SU 29	MO 30	TU 31
7/23 Hold Coumadin until Surgery 7/26	9 hrs																							X	X							
NPO p midnite 7/26 7/23	2359																									X		Y				
Nitroglycerin sl prn chest pain q 5 min x 3 7/25 7/23	5 hrs																								X		Y					
Nitroglycerin sl prn chest pain q 5 min x 3 7/26 7/23	6 hrs																									X		Y				
Surgery @ 1100 @ 0900 7/26 7/23	Days																									X		X				
Hold all vitamins 24° before Surg 7/26 7/24	0x90																															
May have clear fluids until 7AM on 7/26/18	NOC DAY																															

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr
MRN: U8170135
093 Y - F

Advance Directives: MEDICATION RECORD

BIRTHDATE AGE ADMIT DATE

INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE	INITIALS	NURSES SIGNATURE

DIAGNOSES | ALLERGIES | DATE

NAME Jeanne Hoffman | RECORD NUMBER | Bld/Sta/Rm/Bed | PHYSICIAN | PHY. PHONE | PAGE

ALT. PHYS. | ALT. PHONE

eProcedure Note Vascular Surgery Brief Op Note Anna Ohlsson, MD 7/26/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 8:13:22 AM -04:00

Vascular Surgery Brief Op Note - Provider Procedure Note

Collected On: 07/26/2018 12:38

Vascular Surgery

Pre Op Diagnosis Peripheral Venous Insufficiency.
Post Op Diagnosis Peripheral Venous Insufficiency.
Procedure Left GSV RFA and microphlebectomies.

Operative Details

Procedure Time 7/26/2018 12:38.
Surgeon Rollo, Johnathon C MD (2092291) - Vascular Surgery.
Assistant Ohlsson, Anna MD (2087943) - Vascular Surgery.
Anesthesia IV Sedation/Analgesia.
Operative Note Dictated.
Specimen Obtained No.
Complications None.
Condition Stable.
Disposition PACU.
Procedure Status Completed.

Electronically signed by Anna Ohlsson, MD on 07/26/2018 12:39

PERIOPERATIVE RECORD

NWH MAIN OR

PREOPERATIVE RECORD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

PATIENT INFORMATION

INTERPRETER NEEDED: No
BAY: PSA 05
TRANSPORTATION HOME: LOUIS-SON
PHONE NUMBER: (360) 649-5702
PATIENT TYPE: DAY SURGERY UNIT
PATIENT SOURCE: SKILLED NURSING FACILITY
PATIENT IDENTIFICATION: NAME
DATE OF BIRTH
PATIENT IDENTIFIED BY: MCCARTNEY RN, ASTRI Z
PATIENT TRANSPORT METHOD: WHEELCHAIR
ATTENDING PHYSICIAN: ROLLO, JOHNATHON C

ALLERGIES

ALLERGEN: SULFA (SULFONAMIDE ANTIBIOTICS)
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:58

ALLERGEN: PENICILLIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:59

ALLERGEN: NITROFURANTOIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: CONFUSION, NAUSEA
REPORTED DATE/TIME: 07/19/2018 10:59
ALLERGY COMMENT:
ABD PAIN & LOSS APPETITE .

ALLERGEN: ASPIRIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 11:01

ALLERGEN: ADHESIVE
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Unconfirmed **ALLERGEN TYPE:** Miscellaneous
REACTION: RASH
REPORTED DATE/TIME: 07/23/2018 15:40

CASE INFORMATION

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

PREOP DIAGNOSIS:
Varicose veins of left lower extremity with ulc

SCHEDULING / PREADMIT TESTING
PREADMISSION SCREENING COMPLETED? Yes
ANY COMMENTS REGARDING IMPLANTS OR SPECIAL ITEMS?
SPECIAL ORDER: RFA MACHINE

PROCEDURES

PRIMARY PROCEDURE: LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY
PRIMARY SURGEON: ROLLO, JOHNATHON C

PREOP CHECKLIST

PROCEDURE CONSENT ON CHART: Yes
STERILIZATION CONSENT: Not Applicable

HISTORY/PHYSICAL ON CHART: Yes

PROCEDURE(S)/SITE(S)/SIDE(S) VERIFIED WITH PATIENT/GUARDIAN/SIGNIFICANT OTHER: Yes
SURGICAL SITE(S) VERIFIED BY: MCCARTNEY RN, ASTRI Z
ROLLO, JOHNATHON C
SURGICAL SITE(S) MARKED BY: ROLLO, JOHNATHON C

SITE MARKED / PROCEDURE AGREES WITH:
SURGERY SCHEDULE: Yes **SURGERY CONSENT:** Yes
HISTORY & PHYSICAL: Yes

PATIENT ASSESSMENT

NPO STATUS: 07/25/2018 18:30
NPO COMMENT:
7/26/18 0730 SIP H2O W/RX

HEIGHT: 5 **FT** 2 **IN** 157.48 **CM** **RECORDED BY:** MAZA, ISABELLA
WEIGHT: 113 **LB** 2 **OZ** 51.3 **KG** **RECORDED DATE/TIME:** 07/26/2018 09:01
BODY MASS INDEX: 20.7 **METHOD:** Actual

IMPLANTS: Yes
IMPLANTS IDENTIFIED BY PATIENT:
? BILAT IOL

MEDICAL HISTORY

ARE YOU PREGNANT?: No
COMMENTS:
06-04-18 CBC,CMP ,PT & 03-29-18 EKG IN SORAIAN/CHART. PER GUIDELINES INR ON ADMIT. FSBG, H&H, ECG DAY OF SURGER PER DOCA

SURGICAL HISTORY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

PROCEDURE: UNKNOWN

[ ] **COMPLICATION**

COMPLICATIONS COMMENT:
PT SAYS SHE HAS NEVER HAD ANY DIFFICULTY WITH ANESTHESIA ON PRIOR SURGERIES, NOT ABLE TO TALK ON THE PHONE TO LIST HER PRIOR SURGERIES.

FAMILY PROBLEMS WITH ANESTHESIA: Unknown

HOME MEDICATIONS

MEDICATION Coumadin
ROUTE ORALLY / BY MOUTH **LAST TAKEN** 7/23
FREQUENCY DAILY
STATUS Active **LAST REVIEWED** 07/26/2018 10:07
SPECIAL INSTRUCTIONS PER MD INSTRUCTION. I COULD NOT TELL FROM THE MAR THE PATIEN'S DOSE OR IF THIS IS ON HOLD. UNABLE TO REACH THE SNF TO CLARIFY. INSTRUCTIONS FAXED.

MEDICATION Norco
DOSE 2 **UNITS** TABLET
ROUTE ORALLY / BY MOUTH **LAST TAKEN** 7/26 0200; 0730
FREQUENCY EVERY SIX HOURS **PRN** Y
STATUS Active **LAST REVIEWED** 07/26/2018 10:07
SPECIAL INSTRUCTIONS TAKE DOS AS NEEDED. 5-325MG.

MEDICATION pentoxifylline
DOSE 400 **UNITS** MG
ROUTE ORALLY / BY MOUTH **LAST TAKEN** 7/26 0600
FREQUENCY EVERY EIGHT HOURS
STATUS Active **LAST REVIEWED** 07/26/2018 10:11
SPECIAL INSTRUCTIONS PER MD INSTRUCTION.

MEDICATION timolol maleate
DOSE 1 **UNITS** DROP
ROUTE BOTH EYES **LAST TAKEN** 7/25
FREQUENCY TWICE A DAY
STATUS Active **LAST REVIEWED** 07/26/2018 10:11
SPECIAL INSTRUCTIONS TAKE DOS.

PSYCHO/SOCIAL ASSESSMENT

CURRENT TOBACCO USE: Unknown

PAST TOBACCO USE: Unknown

ALCOHOL USE: Unknown

RECREATIONAL DRUG USE: Unknown

CULTURAL / SPIRITUAL
ARE THERE CULTURAL / SPIRITUAL PRACTICES THAT WE SHOULD KNOW ABOUT?: No

ARE YOU HERE TODAY DUE TO AN INJURY OR ILLNESS RELATED TO PARTNER VIOLENCE?: No
HAVE YOU BEEN HIT, KICKED, PUNCHED, OR OTHERWISE HURT BY SOMEONE IN THE PAST YEAR?: No

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

DO YOU FEEL UNSAFE IN YOUR CURRENT RELATIONSHIP?: No
IS THERE A PARTNER FROM A PREVIOUS RELATIONSHIP THAT IS MAKING YOU FEEL UNSAFE NOW?: No
HAVE YOU THOUGHT OF HARMING YOURSELF IN THE PAST TWO WEEKS?: No

BELONGINGS/DISPOSITION

BELONGING	DISPOSITION	COMMENTS
CLOTHING	PATIENT ROOM	1 BAG
GLASSES	WITH PATIENT	LABELED-TO OR W/ORANGE BOX
WHEELCHAIR	PATIENT ROOM	

OUTPUT

OUTPUT TYPE: URINE VOIDED (OCCURRENCE)
TIME: 07/26/2018 09:10 **OUTPUT AMT (ML):** 1
[ ]**ESTIMATED** [ ]**ESTIMATED BY SURGEON**
OUTPUT COMMENT:
0800

TIME: 07/26/2018 10:28 **OUTPUT AMT (ML):** 1
[ ]**ESTIMATED** [ ]**ESTIMATED BY SURGEON**

TOTAL URINE VOIDED (OCCURRENCE): 2 ml

TOTAL OUTPUT AMOUNT: 2 ml

SOLUTIONS

INTAKE NAME: IV LR (LACTATED RINGERS) 1000ML 2B2324X: IV LR (LACTATED RINGERS) 1000ML 2B2324X
INTAKE TYPE: IV INFUSION
[ ]**SOLUTION WARMED**
BAG STARTED: 09:35 **START VOLUME:** 1000 ML **CURRENT VOLUME:** 1000 ML
[ ]**IV IN PLACE ON ARRIVAL**
[ ]**DISCONTINUED**
[ ]**TRANSFERRED TO ANES/FLOOR**
INTAKE TIME: 07/26/2018 09:35 **INTAKE AMT (ML):** 0
REMAINING VOLUME: 1000 ML
INTAKE BY: MCCARTNEY RN, ASTRI Z

TOTAL: IV LR (LACTATED RINGERS) 1000ML 2B2324X: IV LR (LACTATED RINGERS) 1000ML 2B2324X
0 **ML**

TUBES, DRAINS, CATHETERS

IV CATH 20G X 1 AUTOGUARD INSYTE WITH BLOOD CONTROL, 20 Gauge, Forearm - Left
RECORDED BY: MCCARTNEY RN, ASTRI Z
IV TYPE: Peripheral
IV SIZE: 20 Gauge
IV SITE: Forearm - Left
INSERT TIME: 09:35
INSERTED BY: MCCAAST
DATE/TIME: 07/26/2018 09:35 **RECORDED BY:** MCCARTNEY RN, ASTRI Z
FINDINGS: Clean, Dry and Intact
STATUS: Blood Return, Infusing, Patent

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

LABS/DIAGNOSTIC TESTS

DATE/TIME: 07/26/2018 09:35
LAB/TEST: FINGER STICK BLOOD GLUCOSE
RESULTS / COMMENTS: SOARIAN

DATE/TIME: 07/26/2018 09:35
LAB/TEST: HEMATOCRIT / HEMOGLOBIN
RESULTS / COMMENTS: SOARIAN

DATE/TIME: 07/26/2018 09:35
LAB/TEST: PROTIME / INR
RESULTS / COMMENTS: SOARIAN

DATE/TIME: 07/26/2018 09:40
LAB/TEST: ECG / EKG
RESULTS / COMMENTS: COPY IN CHART

STAFF

NAME: MCCARTNEY RN, ASTRI Z
ROLE: RN PRE SURGICAL ADMITTING

NAME: MAZA, ISABELLA
ROLE: CERTIFIED NURSING ASSISTANT

TIMES

PREOP IN: 07/26/2018 09:00 **PREOP OUT:** 07/26/2018 11:10

PATIENT EDUCATION

LEARNER: PATIENT
EDUCATION NEEDS: STANDARD PREOP
PREFERRED METHOD OF LEARNING: VERBAL INSTRUCTION
MATERIALS PROVIDED: Not Applicable
VERBALIZES UNDERSTANDING: Yes

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

		PREOP	PREOP	PREOP	PREOP	
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	
	Total	09:01	09:10	09:35	10:28	
FLOWSHEET NOTES						
Patient Limitations			Diabetic Hard of Hearing Isolation Precautions Mobility Issues Wheelchair			
TDC						
IV CATH 20G X 1 AUTOGUARD INSYTE WITH BLOOD CONTROL, 20 Gauge, Forearm - Left						
Findings				Clean, Dry and Intact		
Status				Blood Return Infusing Patent		
Solutions	0					
IV LR (LACTATED RINGERS) 1000ML 2B2324X IV INFUSION	0			0 ML		
Pain Assessment						
Generalized						
Pain Score			0			
Pain Scale			Numeric			
Vital Signs						
Temperature		36.8 Temporal				
Pulse		66				
Respirations		16				
Oxygen Saturation		99 % Room Air				
Blood Pressure		126/53 [1]				
[1] ADULT SMALL CUFF, UPPER RIGHT ARM - 07/26/2018 09:01 by MAZA, ISABELLA						
Output	0					
URINE VOIDED (OCCURRENCE)	2		1 [2]		1	
[2] 0800 - 07/26/2018 09:10 by MCCARTNEY RN, ASTRI Z						
Respiratory Assessment						
		MAZA, ISABELLA	MCCARTNEY RN, ASTRI Z	MCCARTNEY RN, ASTRI Z	MAZA, ISABELLA	

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

		PREOP	PREOP	PREOP	PREOP	
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	
	Total	09:01	09:10	09:35	10:28	
Pattern			Even Full sentences			
Breath Sounds			Clear			
Cardiovascular Assessment						
Rhythm			Regular [3]			
[3] MURMUR - 07/26/2018 09:10 by MCCARTNEY RN, ASTRI Z						
Neurological Assessment						
Level of Consciousness			Alert Awake Oriented x3			
Emotional Status			Appropriate to Situation			
Skin Assessment						
Leg - Lower Left						
Skin Status			Other - see Comments [4]			
[4] ACE WRAP LLE FOOT TO BELOW KNEE - 07/26/2018 09:10 by MCCARTNEY RN, ASTRI Z						
Extremity Assessment						
Extremity Lower - Left						
Color			Normal for ethnicity			
Temperature			Warm			
Capillary Refill			< 3 Seconds			
Pulses			[5]			
[5] INACCESSABLE-ACE WRAP - 07/26/2018 09:10 by MCCARTNEY RN, ASTRI Z						
Motor			Movement With Pain Wiggle Digits			
Sensory			Full Sensation			
Temperature Stabilization						
Patient Warming System (Add Setting & Unit), Upper Body						
Temperature Unit#		PSA #5				
Temperature Setting		38 C - MEDIUM TEMP				
		MAZA, ISABELLA	MCCARTNEY RN, ASTRI Z	MCCARTNEY RN, ASTRI Z	MAZA, ISABELLA	

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ANTICIPATED START: 07/26/2018 10:20

SIGNATURE

PREOP NURSE MCCARTNEY RN, ASTRI Z

DOCUMENTED BY:

USER	REASON *	FIRST SAVE	LAST SAVE
ISABELLA MAZA	Edit Case/Phase	07/26/2018 09:00	07/26/2018 09:05
ASTRI MCCARTNEY	Edit Supply	07/26/2018 10:00	07/26/2018 10:16
ISABELLA MAZA	Edit Case/Phase	07/26/2018 10:28	07/26/2018 10:28
ASTRI MCCARTNEY	Close Case/Phase	07/26/2018 10:33	07/26/2018 11:10

*** See Case User Record or Case User Audit Report for more details.**

eProcedure Note Anesthesia Post Operative Assessment Patricia L Little, MD 7/26/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 8:14:08 AM -04:00

Anesthesia Post Operative Assessment - Provider Procedure Note

Collected On: 07/26/2018 14:40

Anesthesia MAC.

Vital Signs (PDoc)
07/26/2018 09:21

- Weight (kg): 51.3kg

I have reviewed and agree with vital signs as listed in the EMR Yes Time 7/26/2018 12:30.
Continuous Blood Pressure Yes.
Continuous Pulse Ox Yes.
Respiratory Function: Tolerating Face Mask.
Mental Status Sedated.
Pain (Assessment and Plan) Controlled, continue current therapy.
Post-Op Nausea No.
Post-Op Vomiting No.
Post Operative Hydration Adequate.
Events and/or Complications Full neurologic recovery, No apparent post-anesthetic complications.

Electronically signed by Patricia L Little, MD on 07/26/2018 14:41

Category: Progress Notes
Date of Service: 07/26/2018 00:00
Document Status:
Title: OP Vital Signs
Document Version : 1

Encounter Number: 1828465398
Facility: UW Medical Center-Northwest
Encounter Type: Limited Stay
Admit Date Time: 2018-07-26 08:39:00
Discharge Date Time: 2018-07-26 15:15:00

Generated from 07/26/2018 08:39 to 07/26/2018 19:15

Height/Weight

Assessment Sts	Complete	**Collected DTime**	07/26/2018 09:21
Collected By	Astri Z McCartney, RN		

Height/Weight

Height (inches)	5/2 ft,in	**Weight (kg)**	51.3 kg
How Obtained	Bed Scale	**BSA**	1.500
BMI	20.7		

Clinical Note:

Pt Name: HOFFMAN, JEANNE L
MRN: U8170135
Acct No: 1828465398
Patient Type: OP

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, WA

OP Vital Signs Report

Page 1 of 1

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

PERIOPERATIVE RECORD

NWH MAIN OR

POSTOPERATIVE RECORD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

PATIENT INFORMATION

ANESTHESIA TYPE
MONITORED ANESTHESIA CARE

ALLERGIES

ALLERGEN: SULFA (SULFONAMIDE ANTIBIOTICS)
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:58

ALLERGEN: PENICILLIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:59

ALLERGEN: NITROFURANTOIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: CONFUSION, NAUSEA
REPORTED DATE/TIME: 07/19/2018 10:59
ALLERGY COMMENT:
ABD PAIN & LOSS APPETITE .

ALLERGEN: ASPIRIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 11:01

ALLERGEN: ADHESIVE
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Unconfirmed **ALLERGEN TYPE:** Miscellaneous
REACTION: RASH
REPORTED DATE/TIME: 07/23/2018 15:40

PATIENT ASSESSMENT

HEIGHT: 5 **FT** 2 **IN** 157.48 **CM**
WEIGHT: 114 **LB** 51.71 **KG**
BODY MASS INDEX: 20.9

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

ADMISSION TO PACU

PACU PHASE I IN: 07/26/2018 12:32
BAY: SWING 15
PATIENT IDENTIFICATION: DATE OF BIRTH
NAME
REPORT GIVEN TO: FRY RN, AMY
REPORT GIVEN BY: LITTLE, PATRICIA
ORDERS CHECKED: Yes

SAFETY MEASURES

SAFETY MEASURES
NAME / ALLERGY BANDS CHECKED
BED IN LOW POSITION
BRAKES ON
SIDE RAILS UP

BELONGINGS/DISPOSITION

BELONGING	DISPOSITION	COMMENTS
PERSONAL BELONGINGS	WITH PATIENT	ONE BAG
WHEELCHAIR	WITH PATIENT	

PROCEDURES

PRIMARY PROCEDURE: LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY
PRIMARY SURGEON: ROLLO, JOHNATHON C

STAFF

NAME: FRY RN, AMY
ROLE: RN POST ANESTHESIA CARE UNIT

DISCHARGE FROM PACU

CLINICALLY READY FOR DISCHARGE: 07/26/2018 13:15
REPORT CALLED TO UNIT: 07/26/2018 13:15
REPORT GIVEN TO: FRY RN, AMY
REPORT GIVEN BY: FRY RN, AMY
TRANSFERRED BY: FRY RN, AMY
PACU PHASE I OUT: 07/26/2018 13:20
DISCHARGE TO: DAY SURGERY UNIT

PACU COMMENT:
PHASE ONE AND PHASE TWO RECOVERY IN THE SAME ROOM

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

SOLUTIONS

INTAKE NAME: IV LR (LACTATED RINGERS) 1000ML 2B2324X: IV LR (LACTATED RINGERS) 1000ML 2B2324X
INTAKE TYPE: IV INFUSION
[ ]**SOLUTION WARMED**
BAG STARTED: 12:32 **START VOLUME:** 100 ML **CURRENT VOLUME:** 50 ML
[X]**IV IN PLACE ON ARRIVAL**
[ ]**DISCONTINUED**
[ ]**TRANSFERRED TO ANES/FLOOR**
INTAKE TIME: 07/26/2018 12:32 **INTAKE AMT (ML):** 0
REMAINING VOLUME: 100 ML
INTAKE BY: FRY RN, AMY
COMMENT:
BAG #1 PER ANESTHESIA

INTAKE TIME: 07/26/2018 13:15 **INTAKE AMT (ML):** 50
FLOW RATE: 69.8 ML/HR
REMAINING VOLUME: 50 ML

TOTAL: IV LR (LACTATED RINGERS) 1000ML 2B2324X: IV LR (LACTATED RINGERS) 1000ML 2B2324X
50 **ML**

TUBES, DRAINS, CATHETERS

IV CATH 20G X 1 AUTOGUARD INSYTE WITH BLOOD CONTROL, 20 Gauge, Forearm - Left
RECORDED BY: MCCARTNEY RN, ASTRI Z
IV TYPE: Peripheral
IV SIZE: 20 Gauge
IV SITE: Forearm - Left
INSERT TIME: 09:35
INSERTED BY: MCCAAST
DATE/TIME: 07/26/2018 12:32 **RECORDED BY:** FRY RN, AMY
FINDINGS: Clean, Dry and Intact
STATUS: Infusing
DATE/TIME: 07/26/2018 13:15 **RECORDED BY:** FRY RN, AMY
FINDINGS: Clean, Dry and Intact
STATUS: Infusing

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

		POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	07/26/2018
	Total	12:32	12:35	12:40	12:45	12:50
Vital Signs						
Temperature		36.7 Temporal				
Pulse		72	71	68	66	60
Respirations		10	9	10	10	10
Oxygen Saturation		100 % Mask	100 % Mask	100 % Mask	100 % Mask	100 % Mask
O2 Liters per Minute		6 LPM	6 LPM	6 LPM	6 LPM	6 LPM
Blood Pressure		112/56	117/58	116/63	114/57	119/56
Pain Assessment						
Generalized						
Pain Score		0			0	
Pain Scale		Numeric			Numeric	
Quality		[1]			[2]	
[1] DENIES PAIN, BUT REPORTS ITCHING TO LEG - 07/26/2018 12:32 by FRY RN, AMY						
[2] NO PAIN, ONLY ITCHING - 07/26/2018 12:45 by FRY RN, AMY						
TDC						
IV CATH 20G X 1 AUTOGUARD INSYTE WITH BLOOD CONTROL, 20 Gauge, Forearm - Left						
Findings		Clean, Dry and Intact				
Status		Infusing				
Solutions	50					
IV LR (LACTATED RINGERS) 1000ML 2B2324X IV INFUSION	50	0 ML [3]				
[3] BAG #1 PER ANESTHESIA - 07/26/2018 12:32 by FRY RN, AMY						
Respiratory Assessment						
Airway		No Airway in Place				
Pattern		Even			Even Full sentences	Even Full sentences
Cardiovascular Assessment						
Rhythm					Irregular	
Neurological Assessment						
Level of Consciousness		Easy to Arouse Lethargic			Alert Awake	
		FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

		POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	07/26/2018
	Total	12:32	12:35	12:40	12:45	12:50
Gastrointestinal Assessment						
GI Symptoms		Absent			Absent	
Diet						
Diet Type		Nothing By Mouth				
Pre / Post Patient Positioning						
Position		30 Degrees HOB Supine Knees flexed				
Skin Assessment						
Leg - Lower Left						
Skin Status		[4]				
[4] LEFT LEG IS NOW COVERED WITH AN ACE WRAP. - 07/26/2018 12:32 by FRY RN, AMY						
Extremity Assessment						
Extremity Lower - Left						
Color		Normal for ethnicity				
Temperature		Warm				
Capillary Refill		< 3 Seconds				
Pulses		[5]				
[5] NOT ACCESSIBLE - 07/26/2018 12:32 by FRY RN, AMY						
Motor		Wiggle Digits				
Sensory		[6]				
[6] DIFFICULT TO ASSESS BECAUSE PT IS HARD OF HEARING. IT SEEMS THAT SHE HAS SENSATION, BUT UNABLE TO CLARIFY IF IT IS NORMAL VS DULL WITH SEVERAL ATTEMPTS. - 07/26/2018 12:32 by FRY RN, AMY						
Dressing Assessment						
Leg - Left						
Dressing Type		ABD Ace Wrap Steri Strips Xeroform				
Condition		Clean Dry and Intact				
Aldrete Scale						
Activity		2 = Able to move 4 extremities			2 = Able to move 4 extremities	
		FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

		POSTOP	POSTOP	POSTOP	POSTOP	POSTOP
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	07/26/2018
	Total	12:32	12:35	12:40	12:45	12:50
Respiration		1 = Dyspnea or limited breathing			1 = Dyspnea or limited breathing	
Circulation		2 = BP +/- 20% pre anes level			2 = BP +/- 20% pre anes level	
Consciousness		1 = Arousable, partial reflexes			2 = Fully awake, return of reflexes	
Oxygen Saturation		1 = Needs O2 to maintain >90% sat			1 = Needs O2 to maintain >90% sat	
Total		7			8	
Sequential Compression Devices						
Foot Right						
SCD Unit #		PACU #15				
SCD Settings		On				
		FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY	FRY RN, AMY

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

	POSTOP	POSTOP				
	07/26/2018	07/26/2018				
	13:00	13:15				
Vital Signs						
Temperature		36.4 Temporal				
Pulse	74	73				
Respirations	13	11				
Oxygen Saturation	100 % Room Air	99 % Room Air				
Blood Pressure	130/72	115/62				
Pain Assessment						
Generalized						
Pain Score	0	0				
Pain Scale	Numeric	Numeric				
TDC						
IV CATH 20G X 1 AUTOGUARD INSYTE WITH BLOOD CONTROL, 20 Gauge, Forearm - Left						
Findings		Clean, Dry and Intact				
Status		Infusing				
Solutions						
IV LR (LACTATED RINGERS) 1000ML 2B2324X IV INFUSION		50 ML				
Respiratory Assessment						
Pattern		Even Full sentences				
Cardiovascular Assessment						
Rhythm		Regular Sinus				
Neurological Assessment						
Level of Consciousness		Alert Awake [7]				
[7] ORIENTED TO SELF - 07/26/2018 13:15 by FRY RN, AMY						
Emotional Status		Appropriate to Situation				
Gastrointestinal Assessment						
GI Symptoms	Absent	Absent				
Diet						
	FRY RN, AMY	FRY RN, AMY				

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

	POSTOP	POSTOP				
	07/26/2018	07/26/2018				
	13:00	13:15				
Diet Type		Nothing By Mouth				
Pre / Post Patient Positioning						
Position		30 Degrees HOB Supine Knees flexed				
Dressing Assessment						
Leg - Left						
Condition		Clean Dry and Intact				
Aldrete Scale						
Activity	2 = Able to move 4 extremities	2 = Able to move 4 extremities				
Respiration	2 = Adequate volume and rate	2 = Adequate volume and rate				
Circulation	2 = BP +/- 20% pre anes level	2 = BP +/- 20% pre anes level				
Consciousness	2 = Fully awake, return of reflexes	2 = Fully awake, return of reflexes				
Oxygen Saturation	2 = Maintains O2 Sat > 90% on room air	2 = Maintains O2 Sat > 90% on room air				
Total	10	10				
	FRY RN, AMY	FRY RN, AMY				

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

SIGNATURE

POSTOP NURSE FRY RN, AMY

DOCUMENTED BY:

USER	REASON *	FIRST SAVE	LAST SAVE
AMY FRY	Close Case/Phase	07/26/2018 12:43	07/26/2018 13:52

*** See Case User Record or Case User Audit Report for more details.**

PERIOPERATIVE RECORD

NWH MAIN OR

INTRAOPERATIVE RECORD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

PATIENT INFORMATION

PATIENT IDENTIFICATION: DATE OF BIRTH
NAME

CASE INFORMATION

ACTUAL OR: NWH OR 06
PROCEDURE CONSENT ON CHART: Yes **HISTORY / PHYSICAL ON CHART:** Yes
UNPLANNED RETURN TO SURGERY WITHIN 24 HOURS?: No
SITE MARKED / PROCEDURE AGREES WITH:
SURGERY SCHEDULE: Yes **SURGERY CONSENT:** Yes
HISTORY & PHYSICAL: Yes

CASE SERVICE: VASCULAR SURGERY
CASE TYPE: SCHEDULED **PATIENT TYPE:** DAY SURGERY UNIT
OR ACUITY: LEVEL 4

EMERGENCY CASE CLASS: NO
PREOP DIAGNOSIS:
Varicose veins of left lower extremity with ulc

ANY COMMENTS REGARDING IMPLANTS OR SPECIAL ITEMS?:
SPECIAL ORDER: RFA MACHINE

ALLERGIES

ALLERGEN: SULFA (SULFONAMIDE ANTIBIOTICS)
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:58

ALLERGEN: PENICILLIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:59

ALLERGEN: NITROFURANTOIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: CONFUSION, NAUSEA
REPORTED DATE/TIME: 07/19/2018 10:59
ALLERGY COMMENT:
ABD PAIN & LOSS APPETITE .

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

ALLERGEN: ASPIRIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 11:01

ALLERGEN: ADHESIVE
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Unconfirmed **ALLERGEN TYPE:** Miscellaneous
REACTION: RASH
REPORTED DATE/TIME: 07/23/2018 15:40

PATIENT ASSESSMENT

NURSING DX: Risk for anxiety related to knowledge deficit and stress of surgery
Interventions:

HEIGHT: 5 **FT** 2 **IN** 157.48 **CM**
WEIGHT: 114 **LB** 51.71 **KG**
BODY MASS INDEX: 20.9

NPO STATUS: 07/25/2018 18:30
NPO COMMENT:
7/26/18 0730 SIP H2O W/RX

ASSESSMENT COMPLETED BY: LAUSH RN, RENEE D

Expected Outcome: Patient verbalizes/indicates a decreased anxiety, an understanding of procedure, and the sequence of events, as applicable.

BELONGINGS/DISPOSITION

BELONGING	DISPOSITION	COMMENTS
GLASSES	WITH PATIENT	ORANGE BOX WITH PATIENT

TIME OUT

TIME OUT COMPLETED: 07/26/2018 11:32
[X]**PATIENT NAME AND MEDICAL RECORD NUMBER/ARMBAND CHECKED AGAINST PATIENT ID STICKER AND COMPUTER RECORD**
[X]**CONSENT/PROCEDURE/SURGICAL SITE VERIFIED**
[X]**BLOOD PRODUCTS AVAILABLE:** Not Applicable
[X]**SAFETY CHECKLIST REVIEWED AND COMPLETED**

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

STAFF

NAME: LAUSH RN, RENEE D
ROLE: CIRCULATOR

NAME: OHLSSON, ANNA
ROLE: RESIDENT

NAME: ROLLO, JOHNATHON C
ROLE: SURGEON

NAME: LITTLE, PATRICIA
ROLE: ANESTHESIA ATTENDING

NAME: SANTANA, ARACIEL
ROLE: ANESTHESIA TECHNICIAN

ANESTHESIA INFORMATION

ANESTHESIA TYPE
MONITORED ANESTHESIA CARE

ASA CLASSIFICATION: ASA 3

TIMES

PATIENT OR IN: 07/26/2018 11:11 **PATIENT OR OUT:** 07/26/2018 12:23
ANESTHESIA START: 07/26/2018 11:11
ACTUAL CASE START: 07/26/2018 11:11 **ACTUAL CASE STOP:** 07/26/2018 12:23

PROCEDURE INFORMATION

PRIMARY PROCEDURE: LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY

ACTUAL PROCEDURE START: 07/26/2018 11:33
ACTUAL PROCEDURE STOP: 07/26/2018 12:16
PRIMARY SURGEON: ROLLO, JOHNATHON C
PROCEDURE WOUND CLASS: CLASS 1 / CLEAN
PROCEDURE SERVICE: CARDIOVASCULAR SURGERY
COMMENTS:
SPECIAL ORDER RFA MACHINE

POSITIONAL DEVICES

NURSING DX: Risk for injury related to surgical positioning
Interventions:

POSITION FOR SURGERY	POSITIONED BY
SUPINE	SURGICAL, TEAM
BILATERAL ARMS ON ARMBOARDS	SURGICAL, TEAM

TABLE: OR STANDARD TABLE

POSITIONAL DEVICES	ANATOMICAL SITE

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

SAFETY STRAP	ABDOMEN
FOAM EGGCRATE	ARMS BILATERAL
ARMBOARD	ARMS BILATERAL
PILLOW	HEAD
SAFETY STRAP	ARMS BILATERAL
TOWEL ROLL	WRISTS BILATERAL

Expected Outcome: Patient is free from signs and symptoms of positioning injuries.

PREP

NURSING DX: Risk for infection related to surgical procedure
Interventions:

SKIN PREP: Yes **HAIR CLIPPED:** Not Applicable

PREP: BETADINE SOLUTION
SITE: OPERATIVE SITE
PREP BY: LAUSH RN, RENEE D

Expected Outcome: Risk for infection is reduced.

COUNTS

NURSING DX: Risk for injury related to retained extraneous objects
Interventions:

COUNT TYPE: INITIAL
SPONGES CORRECT: Not Applicable **SHARPS CORRECT:** No
INSTRUMENTS CORRECT: NOT APPLICABLE **OTHER CORRECT:** NOT APPLICABLE
CIRCULATOR: LAUSH RN, RENEE D
SCRUB: KENNEY, ALEXANDRA

[ ]**X-RAY TAKEN** [ ]**PHYSICIAN NOTIFIED AND PATIENT RELEASED**

Expected Outcome: The patient is free from signs and symptoms of injury caused by extraneous objects.

TEMPERATURE STABILIZATION

NURSING DX: Risk for altered body temperature
Interventions:

TEMPERATURE INTERVENTIONS: Temperature monitored: See Anesthesia record, Exposure minimized, Warm blankets applied

Expected Outcome: Patient's risk for postop unintended alteration in body temperature is minimized.

ELECTROSURGICAL DEVICES

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

NURSING DX: Risk of impaired skin integrity related to electrosurgical devices
Interventions:

DEVICE: SCD UNIT
UNIT #: 11
SETTING: DEFAULT
RETURN ELECTRODE / SCD SITE: EXTREMITY LOWER BILATERAL

DEVICE: SEE NURSES NOTES
UNIT #: 137461
SETTING: PER SURGEON
RETURN ELECTRODE LOT # / EXPIRATION DATE: RFA MACHINE FOR ABLATION

DEVICE: PATIENT WARMING UNIT
UNIT #: 11
SETTING: PER ANESTHESIA
RETURN ELECTRODE / SCD SITE: UPPER BODY

ELECTROSURGICAL INTERVENTIONS: Electrosurgery safety precautions implemented

Expected Outcome: Patient is free from signs and symptoms of impaired skin integrity related to electrosurgical devices.

SEQUENTIAL COMPRESSION DEVICES (SCDs)

NURSING DX: Risk for impaired skin integrity related to SCDs
Interventions:

SCD INTERVENTIONS: SCDs activated prior to induction of anesthesia

Expected Outcome: Patient is free from signs and symptoms of impaired skin integrity related to use of SCDs.

INTAKE

INTAKE TYPE: IRRIGATION
TIME: 07/26/2018 11:45 **INTAKE AMT (ML):** 1000
[ ]**ESTIMATED** [ ]**ESTIMATED BY SURGEON**
INTAKE COMMENT:
NACL TO STERILE FILED

TOTAL IRRIGATION: 1000 ml

TOTAL INTAKE AMOUNT: 1000 ml

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

MEDICATIONS

XYLOCAINE 1% W/ EPI 1:100,000 (LIDOCAINE) / 20 ML 50 ML + SODIUM BICARBONATE (8.4%) 50 MEQ/50 ML SYRINGE 5 ML

MIXED BY: LAUSH RN, RENEE D
VERIFIED BY: KENNEY, ALEXANDRA
TIME GIVEN: 07/26/2018 11:52 **DOSE:** 1 EACH
ROUTE: INTRADER
SITE: OPERATIVE SITE
ADMINISTERED BY: ROLLO, JOHNATHON C
COMMENT:
FOR TUMESCENT

1 EACH **Total for** XYLOCAINE 1% W/ EPI 1:100,000 (LIDOCAINE) / 20 ML 50 ML + SODIUM BICARBONATE (8.4%) 50 MEQ/50 ML SYRINGE 5 ML **in** EACH

LIDOCAINE (XYLOCAINE) 1 % 20 ML INJ MDV [ML]

TIME GIVEN: 07/26/2018 11:49 **DOSE:** 4 ML
ROUTE: INJECT
SITE: OPERATIVE SITE
ADMINISTERED BY: ROLLO, JOHNATHON C

4 ML **Total for** LIDOCAINE (XYLOCAINE) 1 % 20 ML INJ MDV [ML] **in** ML

OUTCOME/DISCHARGE

REPORT GIVEN BY: LAUSH RN, RENEE D
TRANSFER REPORT GIVEN TO: RN, PACU
TRANSFERRED TO: POST ANESTHESIA CARE UNIT
TRANSFERRED BY: SURGICAL, TEAM
TRANSFER MODE: STRETCHER

DISCHARGE FROM OR WITH:

DEVICE	COMMENTS
OXYGEN	

NURSES NOTES

DATE/TIME	NOTES
07/26/2018 11:48	RFA: CYCLE: 4 TIME: 1:20 SECONDS

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

		INTRAOP	INTRAOP	INTRAOP	INTRAOP	
		07/26/2018	07/26/2018	07/26/2018	07/26/2018	
	Total	11:45	11:46	11:49	11:52	
Medications						
LIDOCAINE (XYLOCAINE) 1 % 20 ML INJ MDV INJECT				4 ML		
SODIUM BICARBONATE (8.4%) 50 MEQ/50 ML SYRINGE;XYLOCAINE 1% W/ EPI 1:100,000 (LIDOCAINE) / 20 ML INTRADER					1 EACH [1]	
[1] FOR TUMESCENT - 07/26/2018 11:52 by LAUSH RN, RENEE D						
Intake	0					
IRRIGATION	1000	1000 [2]				
[2] NACL TO STERILE FILED - 07/26/2018 11:45 by LAUSH RN, RENEE D						
Dressing Assessment						
Leg - Left						
Dressing Type			ABD Ace Wrap Steri Strips Xeroform			
		LAUSH RN, RENEE D	LAUSH RN, RENEE D	LAUSH RN, RENEE D	LAUSH RN, RENEE D	

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL CASE START: 07/26/2018 11:11

SIGNATURE

INTRAOP NURSE LAUSH RN, RENEE D

DOCUMENTED BY:

USER	REASON *	FIRST SAVE	LAST SAVE
RENEE LAUSH	Close Case/Phase	07/26/2018 08:23	07/26/2018 12:24

*** See Case User Record or Case User Audit Report for more details.**

Account 1828465398 Hoffman, Jeanne Leonie 7/26/2018- O(A) SUR eProcedure Note Anesthesia Post Operative Assessment Patricia L Little, MD 7/26/2018 CUSTDM10\IMSW0TA_Reports_TAW0 7/26/2018 2:42:56 PM -07:00

Anesthesia Post Operative Assessment - Provider Procedure Note

Collected On: 07/26/2018 14:40

Anesthesia MAC.

Vital Signs (PDoc)
07/26/2018 09:21

- Weight (kg): 51.3kg

I have reviewed and agree with vital signs as listed in the EMR Yes Time 7/26/2018 12:30.
Continuous Blood Pressure Yes.
Continuous Pulse Ox Yes.
Respiratory Function: Tolerating Face Mask.
Mental Status Sedated.
Pain (Assessment and Plan) Controlled, continue current therapy.
Post-Op Nausea No.
Post-Op Vomiting No.
Post Operative Hydration Adequate.
Events and/or Complications Full neurologic recovery, No apparent post-anesthetic complications.

Electronically signed by Patricia L Little, MD on 07/26/2018 14:41

Account 1828465398 Hoffman, Jeanne Leonie 7/26/2018-7/26/2018 O(A) SUR 4-eOp Reports Rollo, MD, Johnathon 7/26/2018 CUSTDM10\W0TA_JROLLO 7/29/2018 12:26:17 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 07/26/2018
Acct#: 1828465398
Date of Discharge:
Dictating Physician: Rollo, MD, Johnathon

DATE OF SERVICE: 07/26/2018

SURGEON:
Johnathon Rollo, MD

ASSISTANT:
Anna Ohlsson, MD, resident

PREOPERATIVE DIAGNOSES:
1. LEFT LOWER EXTREMITY VENOUS STASIS ULCERATION.
2. LEG SWELLING.
3. CHRONIC VENOUS INSUFFICIENCY WITH SAPHENOFEMORAL REFLUX.

POSTOPERATIVE DIAGNOSES:
1. LEFT LOWER EXTREMITY VENOUS STASIS ULCERATION.
2. LEG SWELLING.
3. CHRONIC VENOUS INSUFFICIENCY WITH SAPHENOFEMORAL REFLUX.

OPERATION:
1. Ultrasound-guided left greater saphenous vein access.
2. Radiofrequency ablation of left greater saphenous vein.
3. Microphlebectomy of varicose veins with six separate stab incisions.
4. Debridement of the lateral ankle ulcer 1.2 x 1 cm to fat layer exposed.
5. Debridement of the medial calf ulcer 2.5 x 3 cm to fat layer exposed.
6. Debridement of the medial ankle ulcer 3 x 2.5 cm to fat layer exposed.
7. All debridements were performed sharp excisional debridement.

ANESTHESIA:
MAC local.

INDICATIONS:
The patient is a 93-year-old female who resides in a nursing home, who has chronic nonhealing left lower extremity wounds and venous stasis ulcerations for greater than six months, for which she has been undergoing wound care therapy and compression. She underwent a venous duplex reflux study which revealed greater saphenous vein reflux and large perforating collaterals of the greater saphenous vein, which are contributing to her ulcer formation. We discussed the risks, benefits and alternatives of saphenous vein ablation and microphlebectomy as well as debridement of her ulcers, which are very painful. She agreed to proceed with the operation.

Northwest Hospital and Medical Center
Seattle, Washington 98133

Operative Report

Page 1 of 4

Account 1828465398 Hoffman, Jeanne Leonie 7/26/2018-7/26/2018 O(A) SUR 4-eOp Reports Rollo, MD, Johnathon 7/26/2018 CUSTDM10\W0TA_JROLLO 7/29/2018 12:26:17 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 07/26/2018
Acct#: 1828465398
Date of Discharge:
Dictating Physician: Rollo, MD, Johnathon

FINDINGS:
I performed ultrasound-guided left greater saphenous vein access, radiofrequency ablation of the left greater saphenous vein, microphlebectomy with six separate stab incisions, debridement of left leg ulcers using sharp excisional debridement, lateral ankle, medial calf and medial ankle wounds.

DESCRIPTION OF PROCEDURE IN DETAIL:
The patient was brought to the OR. A time-out was performed confirming patient, operation, antibiotics, prophylaxis, placed on the OR table. The left leg was prepped and draped in the usual sterile fashion. Ultrasound was used to identify the greater saphenous vein in the thigh. The greater saphenous vein left the fascia early at approximately the mid thigh and gave off large tortuous collaterals throughout the lower thigh. I accessed the greater saphenous vein under ultrasound guidance after instilling lidocaine in the skin. I saved an image to the chart after I watched the needle enter the vein. I passed the micropuncture wire followed by a 7-French RFA sheath. I then inserted the RFA catheter into the greater saphenous vein under ultrasound guidance and I watched as it approached 2 cm before the saphenofemoral junction. I then marked the catheter and instilled tumescence around the catheter throughout its length, such as is greater than 2 cm from the skin edge and surrounded by tumescent solution and the catheter tip was 22 degrees centigrade. I then performed radiofrequency ablation after rechecking the catheter position. It was indeed 2 cm from the saphenofemoral junction. I performed radiofrequency ablation of the left greater saphenous vein, a total of 4 cycles for a minute and 20 seconds, moving the catheter back to premarked locations according to manufacture guidelines. I then performed a microphlebectomy of the left greater saphenous vein using marking veins identified under ultrasound, which were feeding her ulcers. I ligated the veins using 3-0 silk. I made a 2 to 3 mm incision using 11 blade. I pulled the veins out with a nerve hook, and then ligated them with 3 0 silk or pulled them until they broke and then held pressure for hemostasis. Steri-Strips were

applied to the wound. This was performed in six separate stab incisions on the left lower leg, particularly medial calf and lateral calf. I then performed debridement of her left leg ulcers. I debrided her lateral ankle ulcer measuring l.2 x 1 cm to fat layer exposed using sharp excisional debridement. I debrided her medial calf measuring 2.5 x 3 cm and medial ankle measuring 3 x 2.5 cm. All of these wounds were debrided to fat layer exposed with sharp excisional debridement, debriding fat, slough, debris and dead skin until bleeding healthy tissue was encountered using a curette. Manual pressure was held for hemostasis. Xeroform dressings were applied. The leg was wrapped with Ace wrap, ABD pads up to the thigh and elevated. The patient tolerated

the procedure well.

COMPLICATIONS:
None.

SPECIMEN:
None.

ESTIMATED BLOOD LOSS:
30 mL.

I was present for the entirety of the operation.

MLS: 296388
D: 07/26/2018 13:45:23
T: 07/26/2018 15:35:25
48705829 [ID1: 2092291]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 07/26/2018 0 DOB: 01/06/1925

Physician: Johnathon Rollo, MD

Signed by Rollo, M.D.Johnathan on 29-Jul-2018 12:25:35 -07:00

Rollo, MD, Johnathon
CC:

Account 1828465398 Hoffman, Jeanne Leonie 7/26/2018-7/26/2018 O(A) SUR 4-eOp Reports Rollo, MD, Johnathon 7/26/2018 CUSTDM10\W0TA_JROLLO 7/29/2018 12:26:17 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 07/26/2018
Acct#: 1828465398
Date of Discharge:
Dictating Physician: Rollo, MD, Johnathon

D: 07/26/2018 13:45 T: 07/26/2018 15:35 JOB: 48705829 MLS: 296388

Northwest Hospital and Medical Center
Seattle, Washington 98133

Operative Report

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PERIOPERATIVE RECORD

NWH PAT

PREADMIT TESTING RECORD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL PAT START: 07/23/2018 15:45

PATIENT INFORMATION

PRIMARY LANGUAGE: ENGLISH
INTERPRETER NEEDED: No

PATIENT IDENTIFICATION: NAME
DATE OF BIRTH
PATIENT IDENTIFIED BY: CONNOR RN, FRANCES L

ANY COMMENTS REGARDING IMPLANTS OR SPECIAL ITEMS?:
SPECIAL ORDER: RFA MACHINE

PREADMIT TESTING NURSE

NURSE NAME
BOTE RN, MARIEANGELICA T
CONNOR RN, FRANCES L

ASSESSMENT INFO OBTAINED FROM: [X]**PATIENT** **OTHER:** MED RECORDS, SNF MAR
MODE INFO OBTAINED: CALL

GENERAL PREADMIT TESTING INFORMATION

ACTUAL PAT START: 07/23/2018 15:45 **ACTUAL PAT STOP:** 07/23/2018 16:00
ACTUAL PAT:
TO PSA/ORDERS SCANNED

CONTACT INFORMATION

NAME: PRK RIDGE FAX 206-363-0408/ 206-365-0568
HOME PHONE: (206) 363-5856

ALLERGIES

ALLERGEN: SULFA (SULFONAMIDE ANTIBIOTICS)
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:58

ALLERGEN: PENICILLIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 10:59

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL PAT START: 07/23/2018 15:45

ALLERGEN: NITROFURANTOIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: CONFUSION, NAUSEA
REPORTED DATE/TIME: 07/19/2018 10:59
ALLERGY COMMENT:
ABD PAIN & LOSS APPETITE .

ALLERGEN: ASPIRIN
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Active **ALLERGEN TYPE:** Drug Allergy
REACTION: RASH
REPORTED DATE/TIME: 07/19/2018 11:01

ALLERGEN: ADHESIVE
[X]**SURGICAL MANAGER VALIDATED**
STATUS: Unconfirmed **ALLERGEN TYPE:** Miscellaneous
REACTION: RASH
REPORTED DATE/TIME: 07/23/2018 15:40

HOME MEDICATIONS

MEDICATION acetaminophen
DOSE 650 **UNITS** MG
ROUTE ORALLY / BY MOUTH
FREQUENCY EVERY FOUR HOURS **PRN** Y
STATUS Active **LAST REVIEWED** 07/23/2018 17:42
SPECIAL INSTRUCTIONS TAKE DOS AS NEEDED.

MEDICATION Coumadin
ROUTE ORALLY / BY MOUTH
FREQUENCY DAILY
STATUS Active **LAST REVIEWED** 07/23/2018 17:48
SPECIAL INSTRUCTIONS PER MD INSTRUCTION. I COULD NOT TELL FROM THE MAR THE PATIEN'S DOSE OR IF THIS IS ON HOLD. UNABLE TO REACH THE SNF TO CLARIFY. INSTRUCTIONS FAXED.

MEDICATION Norco
DOSE 2 **UNITS** TABLET
ROUTE ORALLY / BY MOUTH
FREQUENCY EVERY SIX HOURS **PRN** Y
STATUS Active **LAST REVIEWED** 07/23/2018 17:43
SPECIAL INSTRUCTIONS TAKE DOS AS NEEDED. 5-325MG.

MEDICATION pentoxifylline
DOSE 400 **UNITS** MG
ROUTE ORALLY / BY MOUTH
FREQUENCY EVERY EIGHT HOURS
STATUS Active **LAST REVIEWED** 07/23/2018 17:42
SPECIAL INSTRUCTIONS PER MD INSTRUCTION.

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL PAT START: 07/23/2018 15:45

MEDICATION timolol maleate
DOSE 1 **UNITS** DROP
ROUTE BOTH EYES
FREQUENCY TWICE A DAY
STATUS Active **LAST REVIEWED** 07/23/2018 17:43
SPECIAL INSTRUCTIONS TAKE DOS.

MEDICAL TEAM

TYPE: PRIMARY CARE PROVIDER
PHYSICIAN: WILLIAM NEIGHBOR
PHONE NUMBER: 206-616-9358

MEDICAL HISTORY

PATIENT CONDITION: PRIOR MRSA? WHEN? SITE?
CONDITION COMMENTS: MAY 2018-LLE [X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: RECENT INTL TRAVEL (HIGH RISK REGIONS)?
CONDITION COMMENTS: HOMELESS [X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: GLAUCOMA
[X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: HARD OF HEARING / IMPAIRED
[X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: EYES / EARS / NOSE / MOUTH OTHER
CONDITION COMMENTS: PSEUDOPHAKIA, BIL [X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: DEEP VEIN THROMBOSIS
CONDITION COMMENTS: RECURRENT [X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: HYPERLIPIDEMIA / HIGH CHOLESTEROL
[X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: HYPERTENSION
[X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: INCONTINENCE
[X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: OSTEOARTHRITIS
CONDITION COMMENTS: BOTH HIPS [X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: MUSCULOSKELETAL OTHER
CONDITION COMMENTS: LLE CHRONIC ULCER [X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: ANTICOAGULATION THERAPY
CONDITION COMMENTS: COUMADIN [X]**PUSH TO ANESTHESIA**

PATIENT CONDITION: HEMATOLOGY / ONCOLOGY OTHER
CONDITION COMMENTS: THROMBOCYTOPENIA [X]**PUSH TO ANESTHESIA**

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL PAT START: 07/23/2018 15:45

PATIENT CONDITION: DIABETES TYPE 2

[X]**PUSH TO ANESTHESIA**

COMMENTS:
06-04-18 CBC,CMP ,PT & 03-29-18 EKG IN SORAIAN/CHART. PER GUIDELINES INR ON ADMIT. FSBG, H&H, ECG DAY OF SURGER PER DOCA

SURGICAL HISTORY

PROCEDURE: UNKNOWN

[ ] **COMPLICATION**

COMPLICATIONS COMMENT:
PT SAYS SHE HAS NEVER HAD ANY DIFFICULTY WITH ANESTHESIA ON PRIOR SURGERIES, NOT ABLE TO TALK ON THE PHONE TO LIST HER PRIOR SURGERIES.

FAMILY PROBLEMS WITH ANESTHESIA: Unknown

PATIENT ASSESSMENT

HEIGHT: 5 **FT** 2 **IN** 157.48 **CM** **RECORDED BY:** CONNOR RN, FRANCES L
WEIGHT: 114 **LB** 51.71 **KG** **RECORDED DATE/TIME:** 07/23/2018 17:13
BODY MASS INDEX: 20.9 **METHOD:** Actual

DATE/TIME: 07/23/2018 18:01 **RECORDED BY:** CONNOR RN, FRANCES L
PATIENT LIMITATION: Diabetic, Hard of Hearing, Mobility Issues, Requires a Walker
COMMENT: WITH ASSISTANCE.

PEDIATRIC ASSESSMENT

[ ]**IMMUNIZATION INSTRUCTIONS PROVIDED**

PSYCHO/SOCIAL ASSESSMENT

CURRENT TOBACCO USE: Unknown

PAST TOBACCO USE: Unknown

ALCOHOL USE: Unknown

RECREATIONAL DRUG USE: Unknown

NUTRITIONAL ASSESSMENT

DIET FOLLOWED
SEE COMMENTS

DO YOU TAKE DIETARY SUPPLEMENTS? Yes
UNINTENTIONAL WEIGHT GAIN OR LOSS OF MORE THAN 10 POUNDS IN THE PAST THREE MONTHS? Unknown

COMMENTS:
PROBIOTICS, VITAMIN FD, VITAMIN B12, PROSTAT 30. LOW POTASSIUM, REGULAR DET WITH THN LIQUIDS

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL PAT START: 07/23/2018 15:45

PATIENT INSTRUCTIONS

PREP INSTRUCTIONS GIVEN: ARRIVAL TIME 1 1/2 HOURS BEFORE SURGERY
COMMENTS:
7/25 OFFICE TO CALL W/NEW TIME 0900 FOR 1030 OR
VERBALIZES UNDERSTANDING: Not Applicable

PREP INSTRUCTIONS GIVEN: CAN COME IN EARLIER?
COMMENTS:
NO
VERBALIZES UNDERSTANDING: Not Applicable

PREP INSTRUCTIONS GIVEN: NPO AFTER
COMMENTS:
0300
VERBALIZES UNDERSTANDING: Not Applicable

PREP INSTRUCTIONS GIVEN: SHOWER WITH ANTIBACTERIAL SOAP
VERBALIZES UNDERSTANDING: Not Applicable

PREP INSTRUCTIONS GIVEN: STANDARD PRE OP
COMMENTS:
INSTRUCTIONS FAXED.
VERBALIZES UNDERSTANDING: Not Applicable

SCHEDULED SURGERY

RESOURCE UNIT: NWH MAIN OR
SCHEDULED START: 07/26/2018 10:30 **SCHEDULED STOP:** 07/26/2018 11:45
PROCEDURE: LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY
SURGEON: ROLLO, JOHNATHON C

NURSES NOTES

DATE/TIME	NOTES
07/19/2018 11:04	07-06-18 H&P IN EPIC/CHART, SCANNED INTO SOARIAN
07/23/2018 17:48	06-04-18 CBC,CMP ,PT & 03-29-18 EKG IN SORAIAN/CHART. PER GUIDELINES INR ON ADMIT.
07/23/2018 17:56	PREOP INSTRUCTIONS FAXED TO SNF. UNABLE TO TELL FROM THE MAR IF THE COUMADIN IS ON HOLD, IT LOOKED LIKE IT MIGHT BE. NO ANSWER AT PARK RIDGE CARE CENTER TO CONFIRM. PREOP INSTRUCTIONS FAXED.
07/25/2018 10:16	ORDERS ON CHART
07/25/2018 10:18	FSBG, H/H, ECG(COMPARISON) ON ADMIT / DOCA

CASEMAIN ID: 64919

NAME: HOFFMAN, JEANNE LEONIE
GENDER: F **BIRTH DATE:** 01/06/1925 **AGE:** 93 Years
MEDICAL RECORD NUMBER: U8170135 **ACCOUNT NUMBER:** 1828465398
ACTUAL PAT START: 07/23/2018 15:45

SIGNATURE

PREADMIT NURSE JARVIS RN, KIM D

DOCUMENTED BY:

USER	REASON *	FIRST SAVE	LAST SAVE
JANIE DONOVAN	Edit Case/Phase	07/16/2018 12:37	07/16/2018 12:39
MARGE BOTE	Edit Case/Phase	07/19/2018 10:58	07/19/2018 11:18
FRANCES CONNOR	Edit Case/Phase	07/23/2018 15:39	07/23/2018 18:01
KIM JARVIS	Edit Case/Phase	07/25/2018 08:54	07/25/2018 08:54
SUSAN KEEFE	Edit Case/Phase	07/25/2018 10:15	07/25/2018 10:19
KIM JARVIS	Close Case/Phase	07/25/2018 11:28	07/25/2018 11:28

*** See Case User Record or Case User Audit Report for more details.**

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Height: **62.0 in / 157.5 cm** Weight: **114.0 lb / 51.7 kg** BMI **20.8** Sex: **F** DOB: **01/06/1925** Age: **93 y**
Diagnosis:
Primary procedure: **LEG RADIO FREQUENCY ABLATION**
Additional Procedures:
Procedure Description: **LEFT LEG RADIOFREQUENCY ABLATION, STAB PHLEBECTOMY, SCLEROTHERAPY**
Date: **07/26/2018** Time: **10:50** Location: **Default Org Unit** OR: **NOR06**

Surgeon: **ROLLO, JOHNATHON**
NPO Status Confirmed: **[ ]** Date/Time: Comment:

-

BP
Pulse
Resp
Temp
SaO2

Vitals Comments:

:

Med Hx/Phys Exam

(Sections may be left blank if there is no information relevant to anesthetic management or if relevant data is documented elsewhere)

HSM Comment -- [HSM Medical History: 06-04-18 CBC,CMP ,PT & 03-29-18 EKG IN SORAIAN/CHART. PER GUIDELINES INR ON ADMIT.]

Cardio-Vascular

Abnormal blood pressure
Hypertension [HSM Medical History - HTN; Duration: ;]

Deep vein thrombosis [HSM Medical History - DVT; Duration: RECURRENT;]

EENT

Ears
Hearing impaired [HSM Medical History - HOH; Duration: ;]

Eyes
Glaucoma [HSM Medical History - GLAUCOMA; Duration: ;]

Eyes/Ears/Nose/Mouth Other [HSM Medical History - EENMOTH; Duration: PSEUDOPHAKIA, BIL;]

Musculoskeletal

Arthritis (Specify)
Osteoarthritis [HSM Medical History - OSTEOART; Duration: BOTH HIPS;]

Musculoskeletal Other [HSM Medical History - MUSCOTH; Duration: LLE CHRONIC ULCER;]

Renal/Urogen

Incontinence [HSM Medical History - INCONT; Duration: ;]

Metabolic/Endo

Digitally signed by JEFFREY D. MARCHANT on 07/25/2018 08:28

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Diabetes
DM-Adult-onset (Type II) [HSM Medical History - DIAB2; Duration: ;]
Hyperlipidemai [HSM Medical History - HIGHCHOL; Duration: ;]

Hem/Onc
Coagulopathy/Bleeding abnormality (Specify)
Anticoagulation therapy [HSM Medical History - ANTICOAG; Duration: COUMADIN;]
Hematology/Oncology Other [HSM Medical History - HEMONOTH; Duration: THROMBOCYTOPENIA;]

Home Medications

Medication	Dose	Frequency	Last Taken	Route
timolol maleate	**1 DROP**	**TWICE A DAY**		**BOTH EYES**
pentoxifylline	**400 MG**	**EVERY EIGHT HOURS**		**ORALLY / BY MOUTH**
Coumadin		**DAILY**		**ORALLY / BY MOUTH**
Norco	**2 TABLET**	**EVERY SIX HOURS**		**ORALLY / BY MOUTH**
acetaminophen	**650 MG**	**EVERY FOUR HOURS**		**ORALLY / BY MOUTH**

Screened Allergies

Allergy	Reaction	Comment	Status	Deleted
ASPIRIN	**Rash**		**Active**	
NITROFURANTOIN		**CONFUSION, NAUSEA**	**Active**	
PENICILLIN	**Rash**		**Active**	
SULFA (SULFONAMIDE ANTIBIOTICS)	**Rash**		**Active**	

Unscreened Allergies

Allergy	Reaction	Comment	Status	Deleted
ADHESIVE	**Rash**		**Unconfirmed**	

Family Anesthesia Hx: **Unknown**

Anesthesia Type: ASA Class:
Special Monitors:
Airway Management:
PostOp Pain Management:

Anesthesia Plan Comment: Review complete. Dr. Marchant

[ ] Explained the treatment/procedure(s) stated on consent form, including the possible risks, complications, alternative treatments (including non-treatment) and anticipated results to the patient and/or his/her representative before the patient and/or his/her representative consented.

Digitally signed by JEFFREY D. MARCHANT on 07/25/2018 08:28

PRE-ANESTHESIA EVALUATION
Account #: **1828465398**, MR #: **U8170135**
Patient Name: **HOFFMAN, JEANNE LEONIE**

Risk Comment:

Previous Versions:

Digitally signed by JEFFREY D. MARCHANT on 07/25/2018 08:28

Home Medication List

Allergy: adhesive tape, aspirin, nitrofurantoin, Penicillins, Sulfa (Sulfonamide Antibiotics)

Status: In Progress Collected On: 7/23/2018 5:13:00PM By: Frances L Connor, RN
Comments:

Home Medications

HYDROcodone-acetaminophen (Norco) 5 mg-325 mg Tablet 2 tablet oral every six hours PRN

PRN Reason: pain
Medication Status: active
Last Taken Date/Time: 7/26/18 0200 & 0730
Confirmed Source: MAR

pentoxifylline 400 mg Tablet Extended Release 1 tablet oral every eight hours

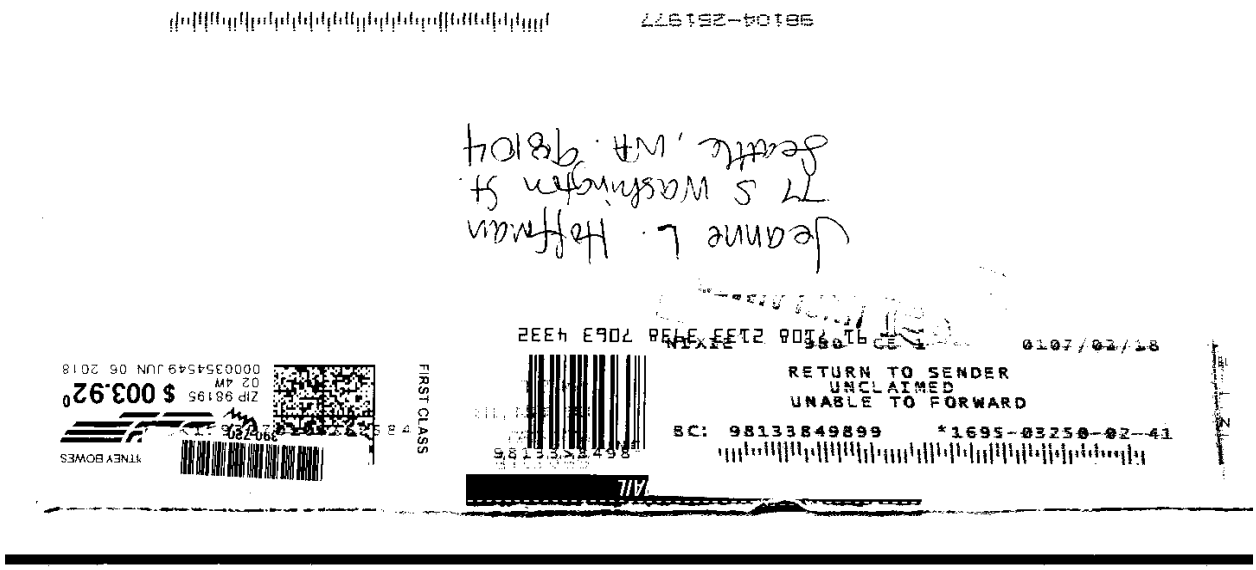
Medication Status: active
Last Taken Date/Time: 7/26/18 0600
Confirmed Source: MAR

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day

Medication Status: active
Last Taken Date/Time: 7/25/18
Confirmed Source: MAR

warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily NEEDS CLARIFICATION FROM SNF

Medication Status: active
Last Taken Date/Time: 7/23/18


98104-2519?7
Jeanne L. Hoffman
77 S Washington St
Seattle, WA 98104
RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD
BC: 98133849899 *1695-03259-02-41
FIRST CLASS
$003.92
0107/02/18

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

H&P CREATED DATE 7/6/18 (Ibrahima Touray ARNP)	ACTION ITEM
☐ Within 24 hours of admission or prior to surgery	No action required
☒ 1–30 days before surgery	Interval update required, or document no updates needed
☐ Older than 30 days	New H&P required or complete short form H&P

THE H&P CREATED WITHIN LAST 30 DAYS HAS BEEN REVIEWED, THE PATIENT HAS BEEN EXAMINED, AND THE FOLLOWING DETERMINATIONS MADE.

☐ H&P COMPLETED TIMELY AND NO UPDATE NEEDED.

☐ H&P INTERVAL UPDATED AS FOLLOWS:

Date: JUL 26 2018 *(Required)* **Time:** *(Required)* **Physician Signature:** *(Required)*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

DR0050

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

DOWNTIME H&P ADDENDUM

© M–1894 (11/2015) File Under: Dictated Reports

Hoffman, Jeanne Leonie

MRN: H0571976

Progress Notes Encounter Date: 7/6/2018

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

Touray, Ibrahima, ARNP
Nurse Practitioner
University of Washington Post-Acute Care Service

SCANNED IN eHIM

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: Leg pain, SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also received some IV fluid for dehydration.

Hx Interval:
Jeanne is complaining of leg pain, more like cramps to the calf, more on the right leg than the left. She has no wounds on the right leg. She has stasis ulcer wounds on the left leg which is wrapped with dressing. She states that the cramp-like pain comes and goes, worse in the morning after long rest in bed. She has history of chronic/recurrent DVTs and is currently on chronic anticoagulation coumadin with therapeutic INR for the past month. Pain could also be related to her poor vascular circulation. Her electrolytes are stable and no active clot noted on RLE by duplex.

She is otherwise walking on both legs with one person assist using a walker. Per nursing notes her wounds are gradually healing with current treatment plan. She has no sign of active infection. Appetite fairly stable, remains continent of bowel and bladder. She remains calm and cooperative with care and treatments.

ROS:
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:
Patient Active Problem List
Diagnosis

- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SCANNED IN eHIM

SH:
Social History

Social History Narrative

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

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube

DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

SCANNED IN eHIM

Physical Exam:
BP 124/68 | Pulse 70 | Temp 97.2 °F (36.2 °C) (Tympanic) | Resp 18 | Wt 110 lb 12 oz (50.2 kg) | BMI 20.26 kg/m²
Wt Readings from Last 3 Encounters:
07/06/18 110 lb 12 oz (50.2 kg)
06/22/18 111 lb 6 oz (50.5 kg)
06/19/18 110 lb (49.9 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.
PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE in xeroform wrap. RLE calf tenderness with deep palpation
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash
Labs: nursing home labs not done through UW system, please check with the facility.
- CBC, CMP unremarkable
- INR at goal
- RLE duplex free of active clot

A/P:
(M79.604, M79.605) Leg pain, bilateral (primary encounter diagnosis)
Peripheral vascular disease, unspecified (HCC)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan: - pain likely related to her poor circulation
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1828465398** MRN:**U8170135**
ADM: **07/26/2018**
CLASS: **OP**
SVC: **Gen Sr**

- continue wound care as ordered
- she will followed by vascular clinic
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan: - continue chronic anticoagulation with Coumadin
- INR has been at therapeutic
- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan: - stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, no longer on meds
- continue to monitor

(D64.9) Normocytic anemia
Plan: - stable

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes BID

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - weight is gradually trending up. Appetite has been somewhat fairly good.
- will continue to monitor
- followed by dietician
- Prostat 30 cc po daily

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency

SCANNED IN eHIM

Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- Vitamin D_3 50,000 units po week x 6 weeks (thru 7/28/18)
- continue Vitamin D_3 1000 units po daily

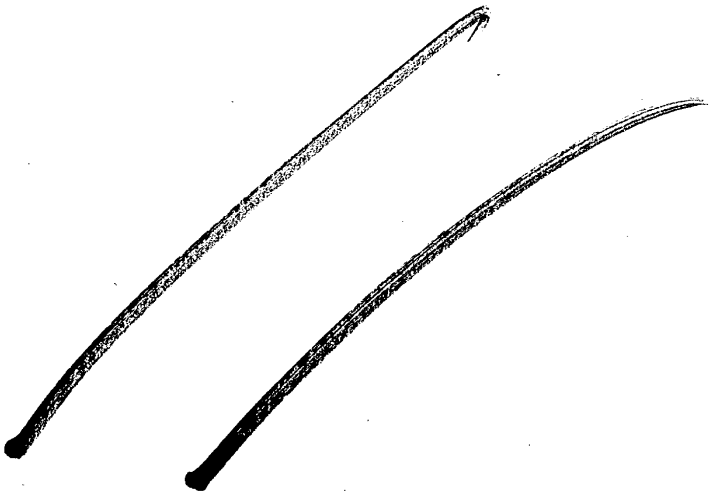
Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Outside Care
Encounter on
7/6/2018

Hoffman, Jeanne Leonie (MR # H0571976) Printed by Bote, Marieangelica T [EUID5024715] at 7/19/18 11:01 AM

SCANNED IN eHIM



HOFFMAN, JEANNE LEONIE 093 Y – F
DOB: 01/06/1925 MRN:U8170135
CSN: 1828465398
ADM: 07/26/2018
CLASS: OP
SVC: Gen Sr

Hoffman, Jeanne Leonie

Progress Notes Encounter Date: 7/6/2018

Touray, Ibrahima, ARNP
Nurse Practitioner
University of Washington Post-Acute Care Service

Skilled Nursing Facility:
Park Ridge Care Center (PRCC)
1250 NE 145th St.
Shoreline, WA 98155
Phone: (206) 363-5856
Fax: (206) 365-0568

Patient seen today for: Leg pain, SNF f/u visit

History:
93 year old female with history of severe peripheral vascular disease of both venous and arterial, recurrent DVTs, chronic anticoagulation (coumadin), DM II, OA of both hips, homelessness, admitted at Park Ridge Care Center on 6/4/18 from NWH where she was hospitalized from 5/31/18 to 6/4/18 for worsening stasis ulcers on her left lower extremity and cellulitis.

She as previously followed by the NW wound clinic for her venous stasis multiple ulcers of LLE. During her follow up appointment at the clinic there was concern for worsening cellulitis, hence admitted for further workup. She was started on Cefazolin empirically. Wound culture later grew MSSA and Pseudomonas. She will continue to be closely followed by the wound clinic team at NW.

On hospital admission her INR was 4.9. coumadin was subsequently held for few days and then gradually restarted. She also received some IV fluid for dehydration.

Hx Interval:
Jeanne is complaining of leg pain, more like cramps to the calf, more on the right leg than the left. She has no wounds on the right leg. She has stasis ulcer wounds on the left leg which is wrapped with dressing. She states that the cramp-like pain comes and goes, worse in the morning after long rest in bed. She has history of chronic/recurrent DVTs and is currently on chronic anticoagulation coumadin with therapeutic INR for the past month. Pain could also be related to her poor vascular circulation. Her electrolytes are stable and no active clot noted on RLE by duplex.

She is otherwise walking on both legs with one person assist using a walker. Per nursing notes her wounds are gradually healing with current treatment plan. She has no sign of active infection. Appetite fairly stable, remains continent of bowel and bladder. She remains calm and cooperative with care and treatments.

ROS:
Denies fever, chills, sob, n/v, chest pain, headache, diarrhea or constipation.
Rest of the ROS reviewed and were negative except for as above

PMH:
Patient Active Problem List
Diagnosis
- Sensorineural hearing loss, unspecified
- DVT, recurrent, lower extremity, chronic (HCC)
- Other and unspecified hyperlipidemia
- Generalized osteoarthrosis, unspecified site
- Essential hypertension, benign
- Unspecified glaucoma(365.9)
- Routine general medical examination at a health care facility
- Type 2 diabetes mellitus without complication (HCC)
- Unspecified vitamin B deficiency
- Long term current use of anticoagulant therapy
- Osteoporosis, unspecified
- Osteoarthritis of lumbar spine
- Urine incontinence
- Pseudophakia, both eyes
- Hip joint stiffness
- Leg weakness, bilateral
- Weakness of trunk musculature
- Other physical therapy
- History of recurrent deep vein thrombosis (DVT)
- Thrombocytopenia (HCC)
- Imbalance
- Primary osteoarthritis of both hips
- Non-pressure chronic ulcer of left ankle with fat layer exposed (HCC)
- Non-pressure chronic ulcer of left calf with fat layer exposed (HCC)
- Peripheral vascular disease, unspecified (HCC)
- Cellulitis of left leg
- Venous ulcer of left leg (HCC)
- Homeless
- Normocytic anemia
- Severe protein-calorie malnutrition (HCC)
- Urge urinary incontinence
- Vitamin D deficiency

SH:
Social History

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

William E Neighbor, MD

Habits: denies tobacco, ETOH or drug use
Prior living situation: homeless now
Widowed. She has two sons. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them (per SW note the son reports they left "willingly").
Social Support: family
POLST: Full code, Antibiotics ok, Long term medically assisted nutrition by tube

DPOA: Louis (son) 360-649-5702

MEDICATIONS:
Please review the facility Medication Administration Record (MAR) for the most up to date and accurate medication list. Please call the facility to have latest medication administration record faxed.

ALLERGY:
Review of patient's allergies indicates:
Allergies

Allergen	Reactions
• Adhesives	
• Aspirin	Other
• Nitrofurantoin	Other
Confusion, loss of appetitie, nausea, abdominal pain	
• Nitrofurantoin	Other
confusion	
• Penicillins	Rash
• Sulfa Antibiotics	Rash

Physical Exam:
BP 124/68 | Pulse 70 | Temp 97.2 °F (36.2 °C) (Tympanic) | Resp 18 | Wt 110 lb 12 oz (50.2 kg) | BMI 20.26 kg/m²
Wt Readings from Last 3 Encounters:
07/06/18 110 lb 12 oz (50.2 kg)
06/22/18 111 lb 6 oz (50.5 kg)
06/19/18 110 lb (49.9 kg)

GEN: appears older than stated age, accompanied by self. Appears thin, adequately hydrated, and groomed. Alert and responding appropriately and in no acute distress.
PSYCH: alert and oriented x 3, interactive, speech w/o dysarthria, full affect, focused content, logical process, no hallucinations or psychomotor agitation. Hard of hearing, hearing in left ear.
HEENT: NCAT, moist mucous membranes. Poor dentition. Oropharynx clear. EOMI and PERRLA. Corrective lenses
CV: RRR, NL S1 and S2, G 1/6 murmurs, no r/g, no JVD.
PULM: normal, unlabored, and regular respiratory effort, CTA B/L.
ABD: normal BT all quadrants, non-tender, non-distended, no masses
MSK: kyphotic, changes in hands consistent w/ OA. MAE
EXT: no c/c/. LLE in xeroform wrap. RLE calf tenderness with deep palpation
NEURO: no focal deficits, Normal tone, motor symmetry
SKIN: dry wnl temp and color, no apparent rash
Labs: nursing home labs not done through UW system, please check with the facility.
- CBC, CMP unremarkable
- INR at goal
- RLE duplex free of active clot

A/P:
(M79.604, M79.605) Leg pain, bilateral (primary encounter diagnosis)
Peripheral vascular disease, unspecified (HCC)
(I83.029) Venous ulcer of left leg (HCC) (I73.9)
Plan: - pain likely related to her poor circulation
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

- continue wound care as ordered
- she will followed by vascular clinic
- f/u with NW wound NP at SNF weekly and at the clinic as needed
- continue supportive care with ADLs
- continue Pentoxifylline 400 mg po q 8 hrs

(Z86.718) History of recurrent deep vein thrombosis (DVT)
(Z79.01) Long term current use of anticoagulant therapy
Plan: - continue chronic anticoagulation with Coumadin
- INR has been at therapeutic
- INR goal is 2 - 3
- continue to check INR twice a week

(G31.84) Mild cognitive impairment
Plan: - stable without behaviors or resistive to care
- continue supportive care
- monitor for mood/behavioral changes

(I10) Essential hypertension
Plan: - stable, no longer on meds
- continue to monitor

(D64.9) Normocytic anemia
Plan: - stable

(E78.5) Other and unspecified hyperlipidemia
Plan: - no longer on statin

(M16.0) Primary osteoarthritis of both hips
(M47.816) Osteoarthritis of lumbar spine, unspecified spinal osteoarthritis complication status
(M62.81) Weakness of trunk musculature
(R29.898) Leg weakness, bilateral
Plan: - PT and OT as scheduled
- supportive care with ADLs
- Norco 5-325 mg tab, 1 - 2 tabs po prn q 4 hrs for pain

(E11.9) Type 2 diabetes mellitus without complication, without long-term current use of insulin (HCC)
Plan: - diet controlled

(H40.9) Unspecified glaucoma(365.9)
Plan: - stable, continue home regimen
- Timolol 0.5% 1 drop both eyes BID

(E43) Severe protein-calorie malnutrition (HCC)
Plan: - weight is gradually trending up. Appetite has been somewhat fairly good.
- will continue to monitor
- followed by dietician
- Prostat 30 cc po daily

(E53.9) Unspecified vitamin B deficiency
Plan: - Vitamin B_{12} 1000 mcg po daily

(E55.9) Vitamin D deficiency

Plan: - recent Vit D 25-OH was 24.3 on 6/8/18
- Vitamin D_3 50,000 units po week x 6 weeks (thru 7/28/18)
- continue Vitamin D_3 1000 units po daily

Ibrahima Touray, ARNP

Please contact the University of Washington Post Acute Care Service at 206-744-5415 or page the provider or the on-call provider through Harborview Medical Center at 206-744-3000.

Outside Care
Encounter on
7/6/2018

Hoffman, Jeanne Leonie (MR # H0571976) Printed by Bote, Marieangelica T [EUID5024715] at 7/19/18 11:01 AM

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1827298943	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Surgical Services/Hernia
Isolation:		Complaint:	Varicose veins of left lower extremity with ulcer of unspecified		
Admit D/T:	6/19/2018 1:59:52PM	Discharge D/T:	6/23/2018 9:35:52PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

Message Type: General Correspondence
From: Maxon, Adam
To: Rosemary Lavery
Patient: Hoffman, Jeanne Leonie
Sent: June 7, 2018 - 8:57 AM
Subject: NWHMC Patient Transfer To Park Ridge Care Center
Attachments: Transition of Care NWHMC 6/6/2018

Please open and review the attached Transition of Care documentation for your patient.

Thank you,

Northwest Hospital Health Information Management Department

This message and any attachments are solely for the use of intended recipients. The information contained herein may include protected health or personal information, privileged or otherwise confidential information. Unauthorized review, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not an intended recipient, you are hereby notified that you received this Message in error, and that any review, dissemination, distribution or copying of this email and any attachment is strictly prohibited. Thank you for your cooperation.

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 06/06/2018 03:06

Created on: June 06, 2018, 03:06:04 -0700 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	HOMELESS SEATTLE, WA 98133 Phone: 360-6495702 (Home) Phone: 206-0000000 (Work) Phone: 6495702 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** May 31, 2018	**End:** June 04, 2018	
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Plastic Surgery	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1827191558 NWHMC: Health Resources Northwest Locally-assigned Other Identifier (SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.327715

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Paul Luu , MD	**Contact Information**	Wound Care Center Seattle, WA 98133 Phone: 206-368-1244 (Work)
Attending Physician	Paul Luu , MD	**Contact Information**	Wound Care Center Seattle, WA 98133

Phone: 206-368-1244 (Work)

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☑ Medication

☑ Reason For Visit

☑ Chief Complaint

Cellulitis of left lower limb

☑ Social History

Smoking Status from 5/31/2018 11:20 AM:

- Tobacco Use? : Denies Ever Smoked

☑ Functional Status

Functional Status from 6/4/2018 3:10 PM:

- Behavior : Appropriate to situation
- Cognitive Status : No cognitive impairments

☑ Vital Signs

Measurements from 5/31/2018 11:03 AM:

- Height (inches) : 5/6 ft,in

- Weight (kg) : 49.4/ kg
- BMI : 17.6

Measurements from 5/31/2018 11:06 AM:

- BP : 129/67

Measurements from 5/31/2018 2:01 PM:

- BP : 134/69

Measurements from 5/31/2018 7:03 PM:

- BP : 105/50

Measurements from 5/31/2018 10:00 PM:

- BP : 118/64

Measurements from 6/1/2018 4:40 AM:

- BP : 142/67

Measurements from 6/1/2018 9:30 AM:

- BP : 112/60

Measurements from 6/1/2018 1:47 PM:

- Height (inches) : 5/6 ft,in
- Weight (kg) : 49.4/ kg

Measurements from 6/1/2018 3:00 PM:

- BP : 116/55

Measurements from 6/1/2018 8:03 PM:

- BP : 149/72

Measurements from 6/2/2018 5:39 AM:

- BP : 110/59

Measurements from 6/2/2018 2:00 PM:

- BP : 136/76

Measurements from 6/2/2018 8:18 PM:

- BP : 121/58

Measurements from 6/3/2018 5:23 AM:

- BP : 143/73

Measurements from 6/3/2018 12:55 PM:

- BP : 122/63

Measurements from 6/3/2018 8:21 PM:

- BP : 112/49

Measurements from 6/4/2018 5:49 AM:

- BP : 163/60

Measurements from 6/4/2018 1:52 PM:

- BP : 131/69

Results

Hematology from 5/31/2018 1:15 PM

WBC 5.42 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.64 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 35 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 29.9 pg *(27.3-33.6 pg)*
MCHC 30.9 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 213 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.6 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 66 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 9 % (Reference Range: not available)

% Eosinophils 2 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.55 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.21 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.50 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.10 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*
RBC Sedimentation Rate (ESR) 59 mm/hr H *(0-20 mm/hr)*

Hematology from 6/1/2018 5:50 AM

WBC 4.52 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.05 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.2 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 29 % L *(36-45 %)*
MCV 96 fL *(81-98 fL)*
MCH 30.2 pg *(27.3-33.6 pg)*
MCHC 31.3 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 191 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.8 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 55 % (Reference Range: not available)

% Lymphocytes 29 % (Reference Range: not available)

% Monocytes 13 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 0 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.48 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.29 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.60 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.12 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.01 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 6/3/2018 5:28 AM

WBC 4.13 THOU/uL L *(4.3-10.0 THOU/uL)*
RBC 3.43 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.3 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 33 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 30.0 pg *(27.3-33.6 pg)*
MCHC 30.9 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 213 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.8 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 65 % (Reference Range: not available)

% Lymphocytes 23 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 2 % (Reference Range: not available)

% Basophils 0 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.64 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 0.94 THOU/uL L *(1.00-4.80 THOU/uL)*
Monocytes 0.43 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.10 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.01 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 6/4/2018 5:20 AM

WBC 4.22 THOU/uL L *(4.3-10.0 THOU/uL)*
RBC 3.25 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 32 % L *(36-45 %)*
MCV 98 fL *(81-98 fL)*
MCH 30.5 pg *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 203 THOU/uL *(150-400 THOU/uL)*
RDW-CV 15.0 % H *(11.6-14.4 %)*

% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 49 % (Reference Range: not available)

% Lymphocytes 32 % (Reference Range: not available)

% Monocytes 15 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.05 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.36 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.65 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.12 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.03 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 5/31/2018 1:15 PM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 111 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 9 *(4-12)*
Glucose 158 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 13 mg/dL *(8-21 mg/dL)*
Creatinine 0.76 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 6.7 g/dL *(6.0-8.2 g/dL)*
Albumin 3.6 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.4 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 44 U/L H *(9-38 U/L)*
ALT (GPT) 35 U/L H *(7-33 U/L)*
Alkaline Phosphatase (Total) 112 U/L *(49-199 U/L)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 9.1 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 6/1/2018 5:50 AM

Sodium 143 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 112 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 6 *(4-12)*
Glucose 132 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 12 mg/dL *(8-21 mg/dL)*
Creatinine 0.66 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.3 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 6/3/2018 5:28 AM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 3.7 mEq/L *(3.6-5.2 mEq/L)*
Chloride 112 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 143 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 12 mg/dL *(8-21 mg/dL)*
Creatinine 0.80 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 6.1 g/dL *(6.0-8.2 g/dL)*
Albumin 3.2 g/dL L *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.3 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 43 U/L H *(9-38 U/L)*
ALT (GPT) 26 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 81 U/L *(49-199 U/L)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.5 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 5/31/2018 1:15 PM

Prothrombin Time Patient (NWH) 45.7 s H *(8.9-12.1 s)*
Prothrombin INR 4.9 H *(0.8-1.3)*

Coagulation from 6/1/2018 5:50 AM

Prothrombin Time Patient (NWH) 30.8 s H *(8.9-12.1 s)*
Prothrombin INR 3.4 H *(0.8-1.3)*

Coagulation from 6/2/2018 6:26 AM

Prothrombin Time Patient (NWH) 16.1 s H *(8.9-12.1 s)*
Significant change in lab value, correlated with
supporting data for quality assurance purposes.
Prothrombin INR 1.7 H *(0.8-1.3)*

Coagulation from 6/3/2018 5:28 AM

Prothrombin Time Patient (NWH) 12.2 s H *(8.9-12.1 s)*
Prothrombin INR 1.3 *(0.8-1.3)*

Coagulation from 6/4/2018 5:20 AM

Prothrombin Time Patient (NWH) 13.4 s H *(8.9-12.1 s)*
Prothrombin INR 1.4 H *(0.8-1.3)*

Cardiac from 5/31/2018 1:15 PM

C_Reactive Protein 4.3 mg/L *(0.0-10.0 mg/L)*

Infectious Immunology from 6/2/2018 3:30 PM

C. difficile PCR Spec Desc Stool (Reference Range: not available)

C. difficile, Toxigenic by PCR Negative *(NRN)*

Problems

Encounter Diagnosis
- Acute Pain Status:Active.

Additional Problems
- Fall Risk Status:Resolved.

Encounters

Encounter Diagnosis
- Acute Pain Status:Active.

Plan of Care

Treatment Plan from 6/4/2018 1:00 PM:

- Additional Follow Up Appointment : Dr. Rollo (vascular surgery/outpatient)
- Follow Up Phone : (206) 668-1070
- When : son to call for appointment
- Referral : Physical therapy,Respiratory therapy,Wound care

Treatment Plan from 6/4/2018 3:10 PM:

- Additional Follow Up Appointment : Dr. Rollo (vascular surgery/outpatient)
- Follow Up Phone : (206) 668-1070
- When : son to call for appointment
- Referral : Physical therapy,Respiratory therapy,Wound care

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 6/4/2018 1:00 PM:

Activity Instructions
- Activity : Resume usual activity as tolerated
- Activity Instructions : ambulate with walker, elevate Left leg in bed.

Diet Instructions
- Diet Instructions : Pureed
- Additional Diet Instructions : or mechanical soft diet

Elimination
- Elimination : Continent bowel,Continent bladder

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

- Fever of 100.5 F or higher or chills
- Increased/ Excessive Bleeding
- Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
- Frequency, burning, foul smelling or blood with urination or unable to urinate
- Persistent diarrhea or constipation
- Pain, redness and swelling in lower legs
- Pain unrelieved with medication and rest
- Unable to tolerate oral fluids or food
- Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
- Swelling unrelieved by elevation, rest or ice
- Severe leg/calf pain
- Chest pain
- Shortness of breath
- Fatigue
- Weight gain of more than 3 pounds in 3 days

- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 6/4/2018 3:10 PM:

Activity Instructions
- Activity : Resume usual activity as tolerated
- Activity Instructions : ambulate with walker, elevate Left leg in bed.

Diet Instructions
- Diet Instructions : Pureed
- Additional Diet Instructions : or mechanical soft diet

Precautions
- Precautions : Fall
- Isolation : Standard

Skin Condition
- Wound Type 1 : Other
- Wound Location 1 : LLE
- Wound Description 1 : Venous insufficiency
- Wound Treatment Plan 1 : LLE - remove dressing wash leg with warm washcloth. liberally apply vaseline jelly to dry skin. irrigate wounds with NS, wipe exudates free with gauze, cover with xeroform ABD & kerlix daily & PRN. Leg elevation

Elimination
- Elimination : Continent bowel,Continent bladder

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
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  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- adhesive tape causes Rash. Status:Active.
- Penicillins causes Rash. Status:Active.
- Sulfa (Sulfonamide Antibiotics) causes Rash. Status:Active.
- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Discharge medications

New medications

- acetaminophen 325 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 2 tablet oral every four hours PRN FEVER
- acidophilus-pectin, citrus 25 million cell-100 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral twice a day
- enoxaparin 40 mg/0.4 mL Syringe, Ordered By: Paul Luu, MD
  Directions: 40 mg subcutaneous daily
  Additional Instructions: discontinue when PT/INR reach therapeutic level
- HYDROcodone-acetaminophen 5 mg-325 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 2 tablet oral every four hours PRN SEVERE PAIN
  Additional Instructions: ORDERED: 1-2 TAB PO Q4H PRN
- pentoxifylline 400 mg Tablet Extended Release, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral every eight hours

Continued medications

- timolol maleate 0.5 % Drops, Ordered By: Paul Luu, MD
  Directions: 1 drop ophthalmic, both eyes twice a day
- warfarin (Coumadin) 5 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
- warfarin (Coumadin) 2.5 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral QThursday and Sunday
- atorvastatin calcium 10 mg PO daily
- Losartan potassium 12.5 mg PO daily
- Pentoxifylline ER 400 mg TID

Stopped medications

- None

Created by: CCDA Workflow on June 06, 2018

Confidential Report. Dispose of Appropriately!

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 06/06/2018 03:06

Created on: June 06, 2018, 03:06:04 -0700 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	HOMELESS SEATTLE, WA 98133 Phone: 360-6495702 (Home) Phone: 206-0000000 (Work) Phone: 6495702 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** May 31, 2018	**End:** June 04, 2018	
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Plastic Surgery	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1827191558 NWHMC: Health Resources Northwest Locally-assigned Other Identifier(SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.327715

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Paul Luu , MD	**Contact Information**	Wound Care Center Seattle, WA 98133 Phone: 206-368-1244 (Work)
Attending Physician	Paul Luu , MD	**Contact Information**	Wound Care Center Seattle, WA 98133 Phone: 206-368-1244 (Work)

Table of Contents

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☑ Reason For Visit
☑ Chief Complaint
☑ Social History
☑ Functional Status
☑ Vital Signs
☑ Results
☑ Problems
☑ Encounters
☑ Plan of Care
☑ Procedures
☑ Immunizations
☑ Hospital Course

☑Hospital Discharge Instructions
☑Allergies, Adverse Reactions, Alerts
☑Medication

☑Reason For Visit

☑Chief Complaint

Cellulitis of left lower limb

☑Social History

Smoking Status from 5/31/2018 11:20 AM:

- Tobacco Use? : Denies Ever Smoked

☑Functional Status

Functional Status from 6/4/2018 3:10 PM:

- Behavior : Appropriate to situation
- Cognitive Status : No cognitive impairments

☑Vital Signs

Measurements from 5/31/2018 11:03 AM:

- Height (inches) : 5/6 ft,in
- Weight (kg) : 49.4/ kg
- BMI : 17.6

Measurements from 5/31/2018 11:06 AM:

- BP : 129/67

Measurements from 5/31/2018 2:01 PM:

- BP : 134/69

Measurements from 5/31/2018 7:03 PM:

- BP : 105/50

Measurements from 5/31/2018 10:00 PM:

- BP : 118/64

Measurements from 6/1/2018 4:40 AM:

- BP : 142/67

Measurements from 6/1/2018 9:30 AM:

- BP : 112/60

Measurements from 6/1/2018 1:47 PM:

- Height (inches) : 5/6 ft,in
- Weight (kg) : 49.4/ kg

Measurements from 6/1/2018 3:00 PM:

- BP : 116/55

Measurements from 6/1/2018 8:03 PM:

- BP : 149/72

Measurements from 6/2/2018 5:39 AM:

- BP : 110/59

Measurements from 6/2/2018 2:00 PM:

- BP : 136/76

Measurements from 6/2/2018 8:18 PM:

- BP : 121/58

Measurements from 6/3/2018 5:23 AM:

- BP : 143/73

Measurements from 6/3/2018 12:55 PM:

- BP : 122/63

Measurements from 6/3/2018 8:21 PM:

- BP : 112/49

Measurements from 6/4/2018 5:49 AM:

- BP : 163/60

Measurements from 6/4/2018 1:52 PM:

- BP : 131/69

Results

Hematology from 5/31/2018 1:15 PM

WBC 5.42 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.64 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 35 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 29.9 pg *(27.3-33.6 pg)*
MCHC 30.9 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 213 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.6 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 66 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 9 % (Reference Range: not available)

% Eosinophils 2 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.55 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.21 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.50 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.10 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*
RBC Sedimentation Rate (ESR) 59 mm/hr H *(0-20 mm/hr)*

Hematology from 6/1/2018 5:50 AM

WBC 4.52 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.05 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.2 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 29 % L *(36-45 %)*
MCV 96 fL *(81-98 fL)*
MCH 30.2 pg *(27.3-33.6 pg)*
MCHC 31.3 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 191 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.8 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 55 % (Reference Range: not available)

% Lymphocytes 29 % (Reference Range: not available)

% Monocytes 13 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 0 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.48 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.29 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.60 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.12 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.01 THOU/uL *(0.00-0.20 THOU/uL)*

Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 6/3/2018 5:28 AM

WBC 4.13 THOU/uL L *(4.3-10.0 THOU/uL)*
RBC 3.43 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.3 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 33 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 30.0 pg *(27.3-33.6 pg)*
MCHC 30.9 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 213 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.8 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 65 % (Reference Range: not available)

% Lymphocytes 23 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 2 % (Reference Range: not available)

% Basophils 0 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.64 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 0.94 THOU/uL L *(1.00-4.80 THOU/uL)*
Monocytes 0.43 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.10 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.01 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 6/4/2018 5:20 AM

WBC 4.22 THOU/uL L *(4.3-10.0 THOU/uL)*
RBC 3.25 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 32 % L *(36-45 %)*
MCV 98 fL *(81-98 fL)*
MCH 30.5 pg *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 203 THOU/uL *(150-400 THOU/uL)*
RDW-CV 15.0 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 49 % (Reference Range: not available)

% Lymphocytes 32 % (Reference Range: not available)

% Monocytes 15 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.05 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.36 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.65 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.12 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.03 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 5/31/2018 1:15 PM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 111 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 9 *(4-12)*
Glucose 158 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 13 mg/dL *(8-21 mg/dL)*
Creatinine 0.76 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 6.7 g/dL *(6.0-8.2 g/dL)*
Albumin 3.6 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.4 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 44 U/L H *(9-38 U/L)*
ALT (GPT) 35 U/L H *(7-33 U/L)*
Alkaline Phosphatase (Total) 112 U/L *(49-199 U/L)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.

Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 9.1 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 6/1/2018 5:50 AM

Sodium 143 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 112 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 6 *(4-12)*
Glucose 132 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 12 mg/dL *(8-21 mg/dL)*
Creatinine 0.66 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.3 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 6/3/2018 5:28 AM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 3.7 mEq/L *(3.6-5.2 mEq/L)*
Chloride 112 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 143 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 12 mg/dL *(8-21 mg/dL)*
Creatinine 0.80 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 6.1 g/dL *(6.0-8.2 g/dL)*
Albumin 3.2 g/dL L *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.3 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 43 U/L H *(9-38 U/L)*
ALT (GPT) 26 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 81 U/L *(49-199 U/L)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.5 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 5/31/2018 1:15 PM

Prothrombin Time Patient (NWH) 45.7 s H *(8.9-12.1 s)*
Prothrombin INR 4.9 H *(0.8-1.3)*

Coagulation from 6/1/2018 5:50 AM

Prothrombin Time Patient (NWH) 30.8 s H *(8.9-12.1 s)*
Prothrombin INR 3.4 H *(0.8-1.3)*

Coagulation from 6/2/2018 6:26 AM

Prothrombin Time Patient (NWH) 16.1 s H *(8.9-12.1 s)*
Significant change in lab value, correlated with
supporting data for quality assurance purposes.
Prothrombin INR 1.7 H *(0.8-1.3)*

Coagulation from 6/3/2018 5:28 AM

Prothrombin Time Patient (NWH) 12.2 s H *(8.9-12.1 s)*
Prothrombin INR 1.3 *(0.8-1.3)*

Coagulation from 6/4/2018 5:20 AM

Prothrombin Time Patient (NWH) 13.4 s H *(8.9-12.1 s)*
Prothrombin INR 1.4 H *(0.8-1.3)*

Cardiac from 5/31/2018 1:15 PM

C_Reactive Protein 4.3 mg/L *(0.0-10.0 mg/L)*

Infectious Immunology from 6/2/2018 3:30 PM

C. difficile PCR Spec Desc Stool (Reference Range: not available)

C. difficile, Toxigenic by PCR Negative *(NRN)*

Problems

Encounter Diagnosis

- Acute Pain Status:Active.

Additional Problems

- Fall Risk Status:Resolved.

Encounters

Encounter Diagnosis

- Acute Pain Status:Active.

Plan of Care

Treatment Plan from 6/4/2018 1:00 PM:

- Additional Follow Up Appointment : Dr. Rollo (vascular surgery/outpatient)
- Follow Up Phone : (206) 668-1070
- When : son to call for appointment
- Referral : Physical therapy,Respiratory therapy,Wound care

Treatment Plan from 6/4/2018 3:10 PM:

- Additional Follow Up Appointment : Dr. Rollo (vascular surgery/outpatient)
- Follow Up Phone : (206) 668-1070
- When : son to call for appointment
- Referral : Physical therapy,Respiratory therapy,Wound care

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 6/4/2018 1:00 PM:

Activity Instructions

- Activity : Resume usual activity as tolerated
- Activity Instructions : ambulate with walker, elevate Left leg in bed.

Diet Instructions

- Diet Instructions : Pureed
- Additional Diet Instructions : or mechanical soft diet

Elimination

- Elimination : Continent bowel,Continent bladder

Medication Administration Instructions

- Med Administration Instructions : Whole with thin liquids

Additional Instructions

- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 6/4/2018 3:10 PM:

Activity Instructions

- Activity : Resume usual activity as tolerated
- Activity Instructions : ambulate with walker, elevate Left leg in bed.

Diet Instructions

- Diet Instructions : Pureed
- Additional Diet Instructions : or mechanical soft diet

Precautions

- Precautions : Fall

- Isolation : Standard

Skin Condition

- Wound Type 1 : Other
- Wound Location 1 : LLE
- Wound Description 1 : Venous insufficiency
- Wound Treatment Plan 1 : LLE - remove dressing wash leg with warm washcloth. liberally apply vaseline jelly to dry skin. irrigate wounds with NS, wipe exudates free with gauze, cover with xeroform ABD & kerlix daily & PRN. Leg elevation

Elimination

- Elimination : Continent bowel,Continent bladder

Medication Administration Instructions

- Med Administration Instructions : Whole with thin liquids

Additional Instructions

- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- adhesive tape causes Rash. Status:Active.
- Penicillins causes Rash. Status:Active.
- Sulfa (Sulfonamide Antibiotics) causes Rash. Status:Active.
- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Discharge medications

New medications

- acetaminophen 325 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 2 tablet oral every four hours PRN FEVER
- acidophilus-pectin, citrus 25 million cell-100 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral twice a day
- enoxaparin 40 mg/0.4 mL Syringe, Ordered By: Paul Luu, MD
  Directions: 40 mg subcutaneous daily
  Additional Instructions: discontinue when PT/INR reach therapeutic level
- HYDROcodone-acetaminophen 5 mg-325 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 2 tablet oral every four hours PRN SEVERE PAIN
  Additional Instructions: ORDERED: 1-2 TAB PO Q4H PRN
- pentoxifylline 400 mg Tablet Extended Release, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral every eight hours

Continued medications

- timolol maleate 0.5 % Drops, Ordered By: Paul Luu, MD
  Directions: 1 drop ophthalmic, both eyes twice a day
- warfarin (Coumadin) 5 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
- warfarin (Coumadin) 2.5 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral QThursday and Sunday
- atorvastatin calcium 10 mg PO daily
- Losartan potassium 12.5 mg PO daily
- Pentoxifylline ER 400 mg TID

Stopped medications

- None

Created by: CCDA Workflow on June 06, 2018

Confidential Report. Dispose of Appropriately!

1-eDisch Sum Luu, MD, Paul 6/6/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 6:36:20 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge: 20180604
Dictating Physician: Luu, MD, Paul

DATE OF SERVICE: 06/04/2018

HISTORY OF PRESENT ILLNESS:
This is an urgent admission for a 95-year-old Caucasian female, homeless, who has been followed at the Wound Care Center for multiple left lower extremity ulcers. The patient had been followed at the Wound Care Center for months to treat left lower extremity ulcers which failed conservative treatment. The workup in the past included vascular study which showed that the patient had moderate peripheral vascular disease together with also venous insufficiency. In the past the four ulcers over her left calf and ankle had significantly calcified materials which required local debridement. The wounds had been treated conservatively with different types of dressing but did not show any sign of improving. Treatment of her wounds was also complicated by being homeless. Unfortunately, the patient and her son were evicted and they are currently living in a tent nearby the church. She has a son who is the caregiver. The son definitely shows sign of caring, but occasionally her son performed wound care which was very alarming. In the past, the son was worried about her ulcers and he washed her leg and wounds with diluted bleach. Today, the patient returned to the Wound Care Center for followup and she was found that her left calf to the level of the toe has significant petechiae associated with skin redness. However, the patient denies any fever at home. The patient constantly complained of significant left leg pain even at rest. Examination at the Wound Care Center on the day of admission showed that slight touching her left calf caused significant pain. The patient is well known to have significant high pain tolerance, but at the clinic the patient was tearing and complained of constant left leg pain. Therefore, the patient was advised to be admitted directly under my service for treating her cellulitis and possible other problems, such as petechiae secondary to hypercoagulopathy. The patient was taking Coumadin secondary to history of remote deep venous thrombosis.

HOSPITAL COURSE:
The patient was admitted to the floor and she was started empirically on Ancef 1 g IV piggyback q.8 h. She was placed on bed rest with the left leg elevated above heart level. However, the patient was allowed to ambulate with the help of physical therapist. Physical therapist was ordered to do strengthening exercise and ambulate the patient as much as she can tolerate. Without ambulating the patient was required to elevate the left leg. The swab culture obtained from her wound grew out multiple bacteria, including Pseudomonas. However, within three days of intravenous antibiotics the

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge: 20180604
Dictating Physician: Luu, MD, Paul

cellulitis significantly improved. Dr. Cohen, Infectious Disease, who has been following the patient at the Wound Care Center, recommended to discontinue the intravenous antibiotic. White the patient was admitted, the blood test also showed the patient had sustained hypercoagulopathy secondary to Coumadin. On admission, the patient had a PT of 45.7 with INR of 4.9. Her Coumadin was held and she gradually was restarted on very low-dose of Coumadin until she became therapeutic. At the time of discharge, her PT was 13.4 with INR of 1.5. White the patient was in the hospital it was found that the patient was also significantly dehydrated. After two days of intravenous hydration together with patient's good oral intake; therefore, intravenous supplement was discontinued. Initially when the patient arrived at the hospital, her hematocrit was 35, however, it subsequently decreased to 29 with intravenous hydration. Inpatient team was also called to help to manage multiple medical problems. Dr. Plotkin evaluated the patient and recommend a few changes of her treatment. Dr. Plotkin also contacted Bainbridge official to help with the housing situation for the patient. It was very difficult for the patient to return to the homeless living situation which would complicate the wound care. Therefore, the decision that after her medical condition is improved the patient will be discharged to skilled nursing facility. The patient agreed with placement to the skilled nursing facility. White the patient was in the hospital, she was also evaluated by Vascular Surgery Service, who recommended that she be followed at the vascular clinic with Dr. Rollo, who saw the patient in the past as an outpatient. There is no emergent vascular procedure that needed to be done during this hospitalization.

Overall, after three days in the hospital her medical condition improved significantly. The petechiae of the left lower extremity is also improved. She always remained afebrile during the entire hospital course. Therefore, on June 4, 2018, the patient was discharged to skilled nursing facility, Park Ridge Rehabilitation Center. At the skilled nursing facility, the patient will continue to receive physical therapy to ambulate the patient with the help of a walker. She will also perform strengthening exercise. At the skilled nursing facility, the wound care nurse who works with me at Northwest Hospital will follow and treat her four ulcers of the lower extremity. The patient, at the time of discharge, her Coumadin dose had been resumed and will be monitored closely at the nursing home. While the patient was in the hospital, the social worker also contacted Adult Protective Services to monitor the patient to make sure the patient did not sustain any physical or emotional abuse from any other parties. I also had a long discussion with the patient and recommend that she remains in the skilled nursing facility until health official or the social worker can help her to find permanent housing.

1-eDisch Sum Luu, MD, Paul 6/6/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 6:36:20 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge: 20180604
Dictating Physician: Luu, MD, Paul

FINAL DISCHARGE DIAGNOSES:
1. Cellulitis of the left lower extremity.
2. Dehydration.
3. Peripheral arterial disease together with venous insufficiency.
4. Hypercoagulopathy secondary to Coumadin.

CONDITION AT TIME OF DISCHARGE:
Improved.

DISPOSITION:
The patient was transferred to the Park Ridge Skilled Nursing Facility.

FOLLOWUP:
The patient will be followed by the wound care nurse at the skilled nursing facility.

MLS: 296379
D: 06/06/2018 15:39:03
T: 06/07/2018 00:51:51
48465665 [ID1: 2002782]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 05/31/2018 1 DOB: 01/06/1925

Physician: Paul Luu, MD

Edited By Luu, M.D.,Paul 01-Jul-2018 15:40:38 -04:00

1-eDisch Sum Luu, MD, Paul 6/6/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 6:36:20 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge: 20180604
Dictating Physician: Luu, MD, Paul

Signed by Luu, M.D.,Paul on 01-Jul-2018 15:40:38 -04:00

Luu, MD, Paul

CC:

D: 06/06/2018 15:39 T: 06/07/2018 00:51 JOB: 48465665 MLS: 296379

UW Medicine & Northwest
Hospital and Medical Center
1550 N 115th St
Seattle, WA 98133-9733

Inpatient Coding Summary

Patient Name		Sex	Birth Date	Age	MR Number	Account Number
HOFFMAN, JEANNE LEONIE		**FEMALE**	**01/06/1925**	**93**	**U8170135**	**1827191558**
Admit Date	Discharge Date	LOS	Financial Class		Disposition	
05/31/18 10:58 AM	**06/04/18 03:50 PM**	**4**	**Medicare**		**03 - 03 SNF-SKILLED NURSING FACILITY**	
Attending Physician		Coder			Patient Type	
Luu,Paul MD		**Igor Gordin**			**Inpatient**	

MDC Code / Text
009 DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST

DRG Code / Text
603 CELLULITIS W/O MCC

CMS Weight	Average LOS	Geometric Mean LOS	Estimated Reimbursement
0.8503	**4.0**	**3.3**	**0.00**

Primary Diagnosis

Y L03116 Cellulitis of left lower limb

Secondary Diagnosis

E Z681 Body mass index (BMI) 19.9 or less, adult
Y L97321 Non-pressure chronic ulcer of left ankle limited to breakdown of skin
Y L97221 Non-pressure chronic ulcer of left calf limited to breakdown of skin
Y I771 Stricture of artery
Y I739 Peripheral vascular disease, unspecified
Y I872 Venous insufficiency (chronic) (peripheral)
Y I10 Essential (primary) hypertension
Y R197 Diarrhea, unspecified
Y A4901 Methicillin susceptible Staphylococcus aureus infection, unspecified site
Y B965 Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
E Z7901 Long term (current) use of anticoagulants
E Z86718 Personal history of other venous thrombosis and embolism
Y R636 Underweight
E Z590 Homelessness
Y F0390 Unspecified dementia without behavioral disturbance
Y G629 Polyneuropathy, unspecified

Procedures	Provider	Date

Clinical Notes Report

Generated from 05/31/2018 00:00 to 06/30/2018 23:59

Collected Date/Time: 06/05/18 14:08 **Collected By:** Emma Grumm-Johnson, MSW

Note: Pt dc'd to Park Ridge CC yesterday for skilled wound care. MSW f/up'd with APS @ 1-877-734-6277 to provide update that Pt has discharged. Per APS intake, Pt's case has been assigned to investigator CJ Balstad @ 360-473-2166. MSW left message for CJ with Pt's dc location and contact info. Provided this MSW's contact information for any follow up questions.

Collected Date/Time: 06/04/18 15:53 **Collected By:** Alemu Mulatu, RN

Note: Plan of Care Reviewed: :
Pt was discharged to Partridge SNF at 15:50 via a taxi cab, accompanied by her son. Pt was calm and cooperative with care throughout the day.

Collected Date/Time: 06/04/18 15:52 **Collected By:** Alemu Mulatu, RN

Note: ADT Time: 1550
Transported From: NWH MSE unit room 706
Transported To: Parkridge SNF
Transportation Method: Taxi
Accompanied By: Son
Condition on Arrival:
SBAR Report Provided to:
Location of Personal Belongings: Sent to SNF w/pt.
Belongings List Completed: Lori, CNA

Collected Date/Time: 06/04/18 05:12 **Collected By:** Portia Sharma, RN

Note: Plan of Care Reviewed: :
Pt is AOx3, able to make needs known, accepted all medications. PRN pain meds administered X2 with some effect. Dressing to LLE, CDI. PIV CDI. VSS, afebrile. Continue with POC.

Collected Date/Time: 06/03/18 10:04 **Collected By:** Anne-Marie Pasoquen, RN

Note: Plan of Care Reviewed: :
Pt is pleasant and cooperative with care, A&Ox3, up to toilet with SBA and use of FWW, voiding without difficulty, LLE dressing dry and intact, elevated on pillow while in bed. Lungs CTA, no c/o cough or SOB with exertion. IV to R wrist sl'd. Awaiting for placement to SNF.

Collected Date/Time: 06/03/18 06:51 **Collected By:** Jebotibin Sirma, RN

Note: Slept through the shift. No new issues overnight. WCTM

Collected Date/Time: 06/02/18 07:03 **Collected By:** Jebotibin Sirma, RN
Revised By: Jebotibin Sirma, RN

Note: Prothrombin Time Patient (NWH) -- 06/02/2018 06:26 16.1
¤Significant change in lab value, correlated with
supporting data for quali -- Christina Lee with Lab called with significant change in PTT and INR values. MD notified as below:

Clinical Notes Report

Generated from 05/31/2018 00:00 to 06/30/2018 23:59

Collected Date/Time: 06/02/18 07:03 **Collected By:** Jebotibin Sirma, RN
Revised By: Jebotibin Sirma, RN

SNNP to MD:FYI 706 Hoffman PTT this a.m down to 16.1 from previous 30.8 on 6/1/18 and INR is 1.7 down from 3.4 on 6/1/18. Thanks

---

Collected Date/Time: 06/02/18 06:03 **Collected By:** Jebotibin Sirma, RN

Note: Tolerated Ancef IV, PIV to R wrist patent, dressing CDI. Walks to bathroom with SBA, calls appropiately. Slept most of shift.VSS, afebrile. WCTM

Collected Date/Time: 06/01/18 20:00 **Collected By:** Jebotibin Sirma, RN

Note: ADT Time:19:50
Transported From:NWH 2E
Transported To:NWH MSE ROOM 706
Transportation Method:Wheelchair
Accompanied By: Three 2E staff members
Condition on Arrival:calm, cooperative in no acute distress
SBAR Report Provided to:Awet RN
Location of Personal Belongings:Pt's room 706
Belongings List Completed:Borry CNA
Items in Hospital Safe or Pharmacy Returned to Patient:
Comments:A&OX3. Severe HOH, has hearing aid to L ear. Able to make needs known. Pt is pleasant & cooperative with assessment. Abd soft, non distended BT+, denies pain., lungs clear, no s/s SOB, no CP, no N/V. PIV to R wrist patent, dressing CDI. Dressing to LLE CDI otherwise skin warm dry and intact. call light within reach. WCTM

Collected Date/Time: 06/01/18 18:18 **Collected By:** Bereket W Beyn, RN

Note: ADT Time:1900
Transported From:2E
Transported To:MSE
Transportation Method:W/chair
Accompanied By:2E staff
Condition on Arrival:NA
SBAR Report Provided to:Awet RN at MSE
Location of Personal Belongings:Sent with pt
Belongings List Completed:Eunice, CNA at 2E
Items in Hospital Safe or Pharmacy Returned to Patient:None
Comments:Pt aware of plan to transfer to MSE.

Collected Date/Time: 06/01/18 15:32 **Collected By:** Bereket W Beyn, RN

Note: Plan of Care Reviewed: :
A&Ox3, 93 years old patient with Hx of DVT, PVD, LLE infection admitted for cellulitis of LLE. On IV ABO to her R wrist PIV running with no complications. LLE dressing changed today by wound nurse. ON RA, denied chest pain/SOB. Ambulatory to bR with one person assist with a FWW. VSS.

Clinical Notes Report

Generated from 05/31/2018 00:00 to 06/30/2018 23:59

Collected Date/Time: 06/01/18 06:16 **Collected By:** Tomoko Hasumi, RN

Note: Plan of Care Reviewed: :
Pt calls for the bedside commode assistance. Bed alerm is on.

Collected Date/Time: 05/31/18 21:12 **Collected By:** Tomoko Hasumi, RN

Note: Plan of Care Reviewed: :
Pt is A&Ox3. Up with 1-2 person assist to the bedside commode with a walker. Both lungs are clear and bowel sound present. LLE a cast wrap and elevated with a pillow. She reported her pain is mild and refused to take pain medication. She is a fall risk, and bed alerm is on.

Collected Date/Time: 05/31/18 18:20 **Collected By:** Kusuma Mark, RN
Revised By: Kusuma Mark, RN

Note: A/Ox3, VSS, afebrile, LLE dressing intact, hold coumadin as order, no bleeding, clotting or bruising noted at this time, good apppetite and drink well at dinner.

Collected Date/Time: 05/31/18 15:07 **Collected By:** Rosita S Elamparo, RN

Note: Plan of Care Reviewed: :
Medicated x1 for leg pain.

Collected Date/Time: 05/31/18 11:00 **Collected By:** Rosita S Elamparo, RN

Note: ADT Time: 1100
Transported From: Doctors office
Transported To: 262
Transportation Method: wheelchair
Accompanied By: son
Condition on Arrival: Fair
SBAR Report Provided to:
Location of Personal Belongings:in room
Belongings List Completed: by Kay CNA
Items in Hospital Safe or Pharmacy Returned to Patient:
Comments:AAOx3. HOH. IVF started. Admission care rendered.

Clinical Notes Report

Generated from 05/31/2018 00:00 to 06/30/2018 23:59

Clinical Notes History

Collected Date/Time :	**06/02/18 07:03**		
Revision 1 :	Jebotibin Sirma, RN	Date of Revision :	06/02/18 07:04
Revised Collected Date/Time :	06/02/18 07:03	Status :	Complete
Reason for Revision :	edit		
Note :	Prothrombin Time Patient (NWH) -- 06/02/2018 06:26 16.1 ¤Significant change in lab value, correlated with supporting data for quali -- Christina Lee with Lab called with significant change in PTT and INR values. MD notified.		
Collected Date/Time :	**05/31/18 18:20**		
Revision 1 :	Kusuma Mark, RN	Date of Revision :	05/31/18 18:20
Revised Collected Date/Time :	05/31/18 18:20	Status :	Complete
Reason for Revision :	edit		
Note :	A/Ox3, VSS, afebrile, LLE dressing intact, hold coumadin as order, no bleeding, clotting or bruising noted at this time, good apppetite and dribk well at dinner.		

Orders Report

Generated from 5/31/2018 10:58 to END

Order Type: Care Management/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:04 05/31/18 12:04	Care Management, Rehab Placement Routine She is homeless. Please begin SNF placement after in house for three days.	Active	Paul Luu, MD	Paul Luu, MD
Instructions: She is homeless. Please begin SNF placement after in house for three days.				
06/01/18 07:10 06/01/18 07:10	Care Management, Rehab Placement Routine Social worker - please call Dr. Luu at 206-499-6458 to discuss of possible adult abuse	Active	Paul Luu, MD	Paul Luu, MD
Instructions: Social worker - please call Dr. Luu at 206-499-6458 to discuss of possible adult abuse				
06/03/18 17:36 06/03/18 17:36	Care Management, Rehab Placement Routine Transferred orders are written. If placing to SNF without NWH wound care nurse, the follow up with wound care center in 2 weeks.	Active	Paul Luu, MD	Paul Luu, MD
Instructions: Transferred orders are written. If placing to SNF without NWH wound care nurse, the follow up with wound care center in 2 weeks.				

Order Type: Consultation/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:04 05/31/18 12:04	Consult: Inpatient Team	Active	Paul Luu, MD	Paul Luu, MD
Instructions: Please evaluate for possible DVD, Coumadin drug reaction, etc. and treat accordingly. Thanks.				

Order Type: Consultation/Order Sub Type: NWH Consults

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:04 05/31/18 12:04	Wound Care Consult, Please evaluate wounds on left leg (two on calf and two on ankle) and treat accordingly	Active	Paul Luu, MD	Paul Luu, MD
Comments: Please evaluate wounds on left leg (two on calf and two on ankle) and treat accordingly				

Order Type: Food and Nutrition/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Diet Order: General	Active	Paul Luu, MD	Paul Luu, MD

Order Type: Laboratory/Order Sub Type: Chemistry

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:22 05/31/18 12:22	Comprehensive Metabolic Panel : Next Rounds	Complete	Paul Luu, MD	Paul Luu, MD
06/01/18 05:00 06/01/18 05:00	Basic Metabolic Panel : Routine Rounds 0500 rounds for 1 Times	Complete	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD
06/03/18 05:00 06/03/18 05:00	Comprehensive Metabolic Panel : Routine Rounds 0500 rounds for 1 Times	Complete	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD

Order Type: Laboratory/Order Sub Type: Coagulation

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 5/31/2018 10:58 to END

Order Type: Laboratory/Order Sub Type: Coagulation

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:15 05/31/18 12:15	Prothrombin Time (NWH) : Next Rounds	Complete	Paul Luu, MD	Paul Luu, MD
06/01/18 05:00 06/05/18 05:00	Prothrombin Time (NWH) : Routine Rounds 0500 rounds for 5 Times	In progress	Paul Luu, MD	Travis Yesiki, Pharm D

Order Type: Laboratory/Order Sub Type: Hematology

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:22 05/31/18 12:22	CBC, Diff/Smear Evaluation : Next Rounds	Complete	Paul Luu, MD	Paul Luu, MD
05/31/18 12:22 05/31/18 12:22	RBC Sedimentation Rate (ESR) : Next Rounds	Complete	Paul Luu, MD	Paul Luu, MD
06/01/18 05:00 06/01/18 05:00	CBC, Diff/Smear Evaluation : Routine Rounds 0500 rounds for 1 Times	Complete	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD
06/03/18 05:00 06/03/18 05:00	CBC, Diff/Smear Evaluation : Routine Rounds 0500 rounds for 1 Times	Complete	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD
06/04/18 05:00 06/04/18 05:00	CBC, Diff/Smear Evaluation : Routine Rounds 0500 rounds for 1 Times	Complete	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD

Order Type: Laboratory/Order Sub Type: Microbiology

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
06/02/18 14:53 06/02/18 14:53	C. difficile, Toxigenic by PCR : Timed Collection for 1 Times	Complete	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD
06/02/18 14:53 06/02/18 14:53	Stool C/S and Enteric Battery : Timed Collection for 1 Times	In progress	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD

Order Type: Laboratory/Order Sub Type: Misc

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Laboratory/Order Sub Type: Send Out

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:15 05/31/18 12:15	C_Reactive Protein : Next Rounds	Complete	Paul Luu, MD	Paul Luu, MD

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:33	ATORVASTATIN CALCIUM (LIPITOR) 10 MG = 1 TAB Oral QHS	Validated	LUU, PAUL	AIMEE E FORQUERA, PHARM D.
05/31/18 12:34	LOSARTAN POTASSIUM (COZAAR) 12.5 MG = 1 PRECUT Oral DAILY	Validated	LUU, PAUL	AIMEE E FORQUERA, PHARM D.
05/31/18 12:34	PENTOXIFYLLINE CR (TRENTAL) 400 MG = 1 TAB Oral Q8HWA	Validated	LUU, PAUL	AIMEE E FORQUERA, PHARM D.
05/31/18 12:34	TIMOLOL 0.5% MALEATE (TIMOPTIC OPHTH) 1 DROP = 1 DROP Eye-Both BID	Validated	LUU, PAUL	AIMEE E FORQUERA, PHARM D.

Orders Report

Generated from 5/31/2018 10:58 to END

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:49	WARFARIN SODIUM (COUMADIN) 2.5 MG = 1 TAB Oral THURSDAY Thursday, EVERY THURSDAY AND SUNDAY SEE ADDITIONAL ORDER # 16	Discontinue	LUU, PAUL	TRAVIS YESIKI, PHARM D.
05/31/18 12:50	WARFARIN SODIUM (COUMADIN) 2.5 MG = 1 TAB Oral SUNDAY SUNDAY, EVERY THURSDAY AND SUNDAY PER CPOE 15	Discontinue	LUU, PAUL	TRAVIS YESIKI, PHARM D.
05/31/18 12:53	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral TFS TFS, MONDAY, TUE, WED, FRI, SAT SEE CPOE 18 FOR ADDITIONAL	Discontinue	LUU, PAUL	TRAVIS YESIKI, PHARM D.
05/31/18 12:55	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral MONDAY Monday, MONDAY, TUE, WED, FRI, SAT PER CPOE 17	Discontinue	LUU, PAUL	TRAVIS YESIKI, PHARM D.
05/31/18 12:55	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral WEDNESDAY Wednesday, MONDAY, TUE, WED, FRI, SAT PER CPOE 17	Discontinue	LUU, PAUL	TRAVIS YESIKI, PHARM D.
05/31/18 12:56	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral MONDAY Monday, MONDAY, TUE, WED, FRI, SAT PER CPOE 17	Discontinue	LUU, PAUL	TRAVIS YESIKI, PHARM D.
05/31/18 12:15	DEXTROSE 5% 1/2 NS KCL 20MEQ/L (1000 ML bag) Intravenous @100mL/Hour Over 10H	Discontinue	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00	ACETAMINOPHEN (TYLENOL) 650 MG = 2 TAB Oral Q4HP PRN FEVER	Validated	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00	traMADol (ULTRAM) 50 MG = 1 TAB Oral Q6HP PRN MODERATE PAIN	Validated	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00	HYDROCODONE-APAP 5-325 MG (NORCO 5-325MG) 1 TAB = 1 TAB Oral Q4HP PRN MODERATE PAIN, ORDERED: 1-2 TAB PO Q4H PRN	Validated	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00	HYDROCODONE-APAP 5-325 MG (NORCO 5-325MG) 2 TAB = 2 TAB Oral Q4HP PRN SEVERE PAIN, ORDERED: 1-2 TAB PO Q4H PRN	Validated	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00	ONDANSETRON ODT (ZOFRAN ODT) 4 MG = 1 ODT Sublingual Q6HP PRN SEVERE NAUSEA	Validated	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00	diphenhydrAMINE HCl (BENADRYL) 25 MG = 1 TAB Oral Q6HP PRN ITCHING	Validated	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00	diphenhydrAMINE HCl 50 MG = 1 CAP Oral QHSP PRN INSOMNIA	Validated	Paul Luu, MD	Paul Luu, MD

Orders Report

Generated from 5/31/2018 10:58 to END

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00	BOWEL MANAGEMENT CARE (NOTE BOWEL MANAGEMENT CARE) 1 NOTE = 1 NOTE Miscellaneous complex, Clinician Dir:RN TO ENTER ORDERS M860 AS NEEDED IN SOARIAN	Validated	Paul Luu, MD	Paul Luu, MD
05/31/18 12:25	atorvastatin calcium 10 mg PO daily	Discontinue	Paul Luu, MD	Paul Luu, MD
05/31/18 12:25	Losartan potassium 12.5 mg PO daily	Discontinue	Paul Luu, MD	Paul Luu, MD
05/31/18 12:25	Pentoxifylline ER 400 mg TID	Discontinue	Paul Luu, MD	Paul Luu, MD
05/31/18 12:25	timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day	Discontinue	Paul Luu, MD	Paul Luu, MD
05/31/18 12:25	warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday	Discontinue	Paul Luu, MD	Paul Luu, MD
05/31/18 12:25	warfarin (Coumadin) 2.5 mg Tablet 1 tablet oral QThursday and Sunday	Discontinue	Paul Luu, MD	Paul Luu, MD
05/31/18 14:27	WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE Miscellaneous C, Clinician Dir:NO WARFARIN DOSE TODAY. DOSING BY PHARMACY	Discontinue	Travis Yesiki, Pharm D	Travis Yesiki, Pharm D
05/31/18 14:18	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral TFS TFS, MONDAY, TUE, WED, FRI, SAT SEE CPOE 18, 19 FOR ADDITIONAL ORDER	Discontinue	LUU, PAUL	TRAVIS YESIKI, PHARM D.
06/02/18 11:20	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral C, DOSING PER PHARMACIST	Discontinue	Suzanne H Lee, Pharm D	Suzanne H Lee, Pharm D
06/03/18 15:05	ACIDOPHILUS 25 MILLION UNITS 25000000 UNITS = 1 TAB Oral BID	Active	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD
06/03/18 15:14	WARFARIN SODIUM (COUMADIN) 7.5 MG = 1 TAB Oral C, DOSING PER PHARMACIST	Validated	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD
06/03/18 15:30	ENOXAPARIN SODIUM (LOVENOX) 40 MG = 0.4 ML Subcutaneous DAILY First Dose Now	Validated	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD

Order Type: Medication/IV/Order Sub Type: Injectable

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:04	ceFAZolin (ANCEF) 1 G Intravenous Q8HWA, Clinician Dir:CELLULITIS OF LEFT CALF AND ANKLE	Discontinue	Paul Luu, MD	Paul Luu, MD

Order Type: Nursing/Order Sub Type: Assessment-POC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 5/31/2018 10:58 to END

Order Type: Patient Care/Order Sub Type: Activity

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Activity as tolerated out of bed and ambulate TID. If not walking, please elevate left leg with pillows - to above heart level	Active	Paul Luu, MD	Paul Luu, MD
Instructions: out of bed and ambulate TID. If not walking, please elevate left leg with pillows - to above heart level				
05/31/18 12:00 05/31/18 12:00	May shower	Active	Paul Luu, MD	Paul Luu, MD

Order Type: Patient Care/Order Sub Type: ADT

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Reason for admission (specify): Cellulitis of left calf and ankle. Uncontrollable pain of left calf and ankle	Active	Paul Luu, MD	Paul Luu, MD
Instructions: Cellulitis of left calf and ankle. Uncontrollable pain of left calf and ankle				
05/31/18 12:00 05/31/18 12:00	Patient location: 2E	Active	Paul Luu, MD	Paul Luu, MD
Instructions: 2E				
06/04/18 10:05 06/04/18 10:05	Discharge to SNF when available	Active	Elizabeth A Plotkin, MD	Elizabeth A Plotkin, MD
Instructions: when available				

Order Type: Patient Care/Order Sub Type: Communication-PC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:13 05/31/18 12:13	Communication to nursing: Please monitor I/O. Any questons, please call Dr Luu at 206-499-6458	In progress	Paul Luu, MD	Paul Luu, MD
Instructions: Please monitor I/O. Any questons, please call Dr Luu at 206-499-6458				
05/31/18 12:04 05/31/18 12:04	Communication to nursing: She has severe hard of hearing and she she a hearing aid on left side. She is very active and vibrant. if she complains of pain, then it is severe	In progress	Paul Luu, MD	Paul Luu, MD
Instructions: She has severe hard of hearing and she she a hearing aid on left side. She is very active and vibrant. if she complains of pain, then it is severe				
05/31/18 12:00 05/31/18 12:00	Notify provider if HR greater than 120 or less than 50, RR greater than 24, SBP less than 80 or greater than 180, T greater than 38.5 C	Active	Paul Luu, MD	Paul Luu, MD
Instructions: HR greater than 120 or less than 50, RR greater than 24, SBP less than 80 or greater than 180, T greater than 38.5 C				
05/31/18 12:00 05/31/18 12:00	Notify provider if HCT less than 25%, UO less than 250 mL/8 hours, SpO2 less than 90%	Active	Paul Luu, MD	Paul Luu, MD
Instructions: HCT less than 25%, UO less than 250 mL/8 hours, SpO2 less than 90%				
05/31/18 12:00 05/31/18 12:00	Notify provider if pain greater than 6 on two consecutive measurements	Active	Paul Luu, MD	Paul Luu, MD
Instructions: pain greater than 6 on two consecutive measurements				
05/31/18 12:16 05/31/18 12:16	Communication to nursing: I spoke to the in-patient physician for consultation	In progress	Paul Luu, MD	Paul Luu, MD
Instructions: I spoke to the in-patient physician for consultation				

Orders Report

Generated from 5/31/2018 10:58 to END

Order Type: Patient Care/Order Sub Type: Communication-PC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:15 05/31/18 12:15	Communication to nursing: Swab wound culture has been collected in wound care center today.	In progress	Paul Luu, MD	Paul Luu, MD
Instructions: Swab wound culture has been collected in wound care center today.				
06/01/18 07:07 06/01/18 07:07	Communication to nursing: Please heplock IV since she is eating and drinking well. Thanks.	In progress	Paul Luu, MD	Paul Luu, MD
Instructions: Please heplock IV since she is eating and drinking well. Thanks.				
06/03/18 17:36 06/03/18 17:36	Communication to nursing: Discharge/transferred orders written. She can be transferred when SNF bed is available (do not have to wait for my rounding)	Active	Paul Luu, MD	Paul Luu, MD
Instructions: Discharge/transferred orders written. She can be transferred when SNF bed is available (do not have to wait for my rounding)				

Order Type: Patient Care/Order Sub Type: Treatments

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Incentive spirometer at bedside, encourage use	Active	Paul Luu, MD	Paul Luu, MD
06/01/18 15:54 06/01/18 15:54	Dressing change left leg - remove dressing wash leg with warm washcloth. liberally apply vaseline jelly to dry skin. irrigate wounds with NS, wipe exudates free with gauze, cover with xeroform ABD & kerlix daily & PRN. Leg elevation	Active	Teresa L Gegax-Martinez, ARNP	Teresa L Gegax-Martinez, ARNP
Instructions: left leg - remove dressing wash leg with warm washcloth. liberally apply vaseline jelly to dry skin. irrigate wounds with NS, wipe exudates free with gauze, cover with xeroform ABD & kerlix daily & PRN. Leg elevation				

Order Type: Patient Care/Order Sub Type: Vital Signs - I&O

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Vital Signs per Post-op protocol	Active	Paul Luu, MD	Paul Luu, MD
05/31/18 12:00 05/31/18 12:00	I & O	Active	Paul Luu, MD	Paul Luu, MD

Order Type: POC/Order Sub Type: POC Assessment

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: POC/Order Sub Type: POC Comm

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: POC/Order Sub Type: POC Education

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: POC/Order Sub Type: POC Treatment

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: PT/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 5/31/2018 10:58 to END

Order Type: PT/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
06/01/18 07:07 06/01/18 07:07	PT, Evaluation and Treat Patient was ambulating with walker. Please evaluate and assist her to ambulate as much as tolerated.	Active	Paul Luu, MD	Paul Luu, MD

Instructions: Patient was ambulating with walker. Please evaluate and assist her to ambulate as much as tolerated.

Order Type: Pt Status/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Inpatient: has a medical condition which necessitates an inpatient level of care, AND, is expected to need 2 or more nights of hospitalization (including ED/OR/OBS time); OR requires an inpatient only procedure	Active	Paul Luu, MD	Paul Luu, MD

Instructions: has a medical condition which necessitates an inpatient level of care, AND, is expected to need 2 or more nights of hospitalization (including ED/OR/OBS time); OR requires an inpatient only procedure

Order Type: RC/Order Sub Type: Respiratory General

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Incentive spirometry every 1 hour while awake	In progress	Paul Luu, MD	Paul Luu, MD

Instructions: every 1 hour while awake

Order Type: Resus Status/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 12:00 05/31/18 12:00	Code Status: Full Resuscitation	Active	Paul Luu, MD	Paul Luu, MD

Instructions: Full Resuscitation

Plan of Care Orders Report

Order Type: POC / Sub Type: POC Assessment

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 14:30	Assess discharge readiness	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Assess discharge barriers	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Assess support systems in place (CM)	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Assess VTE risk	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Assess pain	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Assess pain relief	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Assess medication side effects	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				

Order Type: POC / Sub Type: POC Comm

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 14:30	Communicate: care management	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Communicate: discharge facility	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Communicate: community resource	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				

Order Type: POC / Sub Type: POC Education

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Pt. Name: HOFFMAN, JEANNE L
MRN: U8170135
Acct No: 1827191558
Patient Type:IP

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, WA
POC Orders Report

Plan of Care Orders Report

Order Type: POC / Sub Type: POC Education

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 14:30	Educate: activity/mobility	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Educate: pharmacologic pain management	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Educate: pain communication	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Educate: medication side effects	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Educate: pain scale	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				

Order Type: POC / Sub Type: POC Treatment

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
05/31/18 14:30	Assist with ambulation	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				
05/31/18 14:30	Protocol: Pneumatic Compression Device (PCD) - POC	Active	Rosita S Elamparo, RN	Rosita S Elamparo, RN
Comments:				
Instructions:				

Plan Of Care Report

Generated from 05/31/2018 00:00 to 06/30/2018 23:59

Plan of Care

Last Reviewed By: Alemu Mulatu, RN
Last Reviewed Date: 06/04/2018 15:53

Standard Name	Date Assigned	Assigned By	Stop Date	Reason
Discharge Planning	05/31/2018 14:30	Elamparo, Rosita RN		
VTE Risk	05/31/2018 14:30	Elamparo, Rosita RN		
Acute Pain	05/31/2018 14:30	Elamparo, Rosita RN		

Problems associated to Selected Visit

Problem Name	Rank	Date Assigned	Date Closed	Assigned By	Closed By	Status
Problem Details	Value	Problem Details	Value	Problem Details	Value	
Acute Pain		05/31/2018 14:30		Rosita S Elamparo, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
Discharge Planning		05/31/2018 14:30		Rosita S Elamparo, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
VTE Risk		05/31/2018 14:30		Rosita S Elamparo, RN		Active
Comment:		Onset Date:		Onset:		
Status:						

Expected Outcomes

Expected Outcome Display Name	Status		Act. Outcome	Charted By
Comment	Target Completion Date	Target Completion Text	Status (Last)	Charted Date
Outcome Details Value	Outcome Details Value	Outcome Details Value	Outcome Details Value	
Control of Acute Pain	Active		Met	Alemu Mulatu, RN 06/04/2018 15:51
Effective Knowledge of Medication Regimen	Active		Met	Alemu Mulatu, RN 06/04/2018 15:51
Identified Safe Discharge Plan to go to Nursing home in 3 days	Active		Met	Alemu Mulatu, RN 06/04/2018 15:51
Knowledge of D/C Instructions	Active		Met	Alemu Mulatu, RN 06/04/2018 15:51
Knowledge of D/C Plan	Active		Met	Alemu Mulatu, RN 06/04/2018 15:51
No S/S of VTE	Active		Met	Alemu Mulatu, RN 06/04/2018 15:51

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Plan Of Care Report

Generated from 05/31/2018 00:00 to 06/30/2018 23:59

Problems History

Problem Name	Changed DTime	Changed By	Field Name	Old Value	New Value
Acute Pain					
	05/31/2018 14:29	Rosita S Elamparo, RN	Associated Visits		6846887
Discharge Planning					
	05/31/2018 14:29	Rosita S Elamparo, RN	Associated Visits		6846887
VTE Risk					
	05/31/2018 14:29	Rosita S Elamparo, RN	Associated Visits		6846887

Outcome History

Outcome Name	Changed DTime	Changed By	Field Name	Old Value	New Value
Identified Safe Discharge Plan					
	05/31/2018 15:24	Rosita S Elamparo, RN	Comment		to go to Nursing home in 3 days

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Care Management Progress Note

Assessment Sts Complete
Collected By Emma Grumm-Johnson, M
Collected DTime 05/31/2018 15:32

Care Management Progress Note

Progress Note

Referral from Dr. Luu for SNF placement for this Pt.:
Pt is a 93 yo widowed, homeless admitted for LLE cellulitis and has been started on IV abx. Pt is living with her son/DPOA Louis Hoffman in a tent on Bainbridge Island. Per Louis, Pt was living in subsidized housing until a few months ago with Louis when housing management began harrassing them. Louis states they moved out "willingly" and have been attempting to get housed in another subsidized building on Bainbridge Is with limited success. In the meantime, Louis states they have two tents under an overhang with a stove. They use the local church for showers/baths.

Dr. Luu indicates Pt will benefit from short term SNF stay. Inpatient order dated 5/31/18 @ 12:00 pm. Dr. Luu also stated he will order PT/OT to evaluate Pt's current functioning.

Next Steps

MSW will send out SNF referrals tomorrow AM when more clinicals are available.

Clinical Note:

Care Management Progress Note

Assessment Sts Complete
Collected By Emma Grumm-Johnson, M
Collected DTime 06/01/2018 15:40

Care Management Progress Note

Progress Note

Pt referred to SNFs for short term rehab and was accepted to 5 facilities in North King Co., per Pt/family's request. Two different facilities had onsite visits with the Pt: Richmond Beach SNF & The Oaks at Forest Bay. Both will reach out to son Louis, but could accept this Pt. Dr. Luu anticipates Pt will be stable for dc on Mon.

MSW met with Pt at bedside. She shared that she feels safe living in a tent on Bainbridge Is. The Pt has a SSA benefit ~$800/month, and also sits on her walker daily and asks for donations. She states son Louis gets his own SSA benefit. Louis is Pt's DPOA and, when MSW asked if she has any concerns about Louis, she strongly denied. Pt is agreeable to short term SNF placement, however states her goal is to find housing with Louis.

Pt requested MSW f/up with Louis re: accepting SNFs. MSW left message with Louis @ (360) 649-5702 and emailed him (w/o any PHI) requesting he choose preferred facility ASAP.

Care Management Progress Note

Assessment Sts Complete
Collected By Emma Grumm-Johnson, M
Collected DTime 06/01/2018 15:40

Care Management Progress Note

Dr. Luu submitted care mgmt order for concern of potential elder abuse. D/w Dr. Luu, who stated yesterday during a conversation son Louis seemed to be bragging about how much money the Pt gets when she is asking for donations on the street. The interaction felt uncomfortable and Dr. Luu had concern Louis is using the Pt to make more money in donations on the street. MSW made APS referral @ 1-877-734-6277. APS reported no current active case, however Pt is in the system with closed cases. Ashley with APS intake will f/up with MSW.

Next Steps MSW to f/up on SNF referrals and APS report.

Clinical Note:

Care Management Progress Note

Assessment Sts Complete
Collected By Emma Grumm-Johnson, M
Collected DTime 06/04/2018 13:23

Care Management Progress Note

Progress Note

Pt has been accepted to Park Ridge Care Center, and Pt and son agreeable to this placement. D/w Dr. Plotkin, who states Pt is stable for discharge today. Dr. Plotkin and Dr. Luu report Pt will be followed by NWH wound clinic at Park Ridge CC and therefore no f/up appointments are the wound clinic are needed at this time.

Discussed dc transportation with Pt and son, Louis. Pt does not have private pay funds for a cabulance. MSW contacted Hopelink as possible transportation, however she does not have active Medicaid and therefore does not qualify for services. Taxi voucher has been completed for the Pt and US will call for a taxi when Pt's discharge is complete; son Louis will go with the Pt.

Next Steps Pt will dc to Park Ridge CC for short term skilled stay.

Clinical Note:

Care Management Screen

Assessment Sts Complete
Collected By Ruth Baker, RN
Collected DTime 05/31/2018 15:37

Care Management Screen

Admitted From	ED	**Source of Information**	Patient, Medical Record
Reason for Admission	cellulitis Left LE	**Reason for Admission (Pt's Words)**	leg pain and redness
Family of Choice	son, Louis	**Current Living Environment**	Homeless, living in tent with son. goes to a church for showers
In Home Caregiver	No	**Communication Barriers**	Hearing Deficit
Communication Barrier Comment	hears an aid	**Additional Information**	has been followed in the Wound center. wounds not improving.
Goals for D/C	MD is stating pt needs a SNF. MSW referral sent.	**Length of Stay**	4-6
Acuity	Other Admission Point	**Peripheral Vascular Disease**	Peripheral Vascular Disease (+1)
Comorbidities Total	1	**ED Visits**	0
LACE Score Total	5	**Risk Tier**	Moderate
Referral to Social Work for Assessment	Yes		

Clinical Note:

Treatment Note (RD)

Assessment Sts	Complete	**Collected DTime**	06/01/2018 16:25
Collected By	Tiffany Gota, RD		

Treatment Note (RD)

Dietitian Treatment Note	Reviewed dietitian evaluation written by dietetic intern on 6/1. Agree with assessment and plan.

Clinical Note:

For your records only
NO response required

Patient Name:
Patient ID Number:
Physician:

91 7108 2133 3938 7063 4332

Department of Health & Human Services
Centers for Medicare & Medicaid Services
OMB Approval No. 0938–0692

1ST COPY

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO
Livanta, LLC
Telephone Number of QIO
1–877–588–1123

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - ❑ **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - ❑ If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call: Care Management Department at 206–668–1304.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative	Date/Time

Form CMS–R–193 (Exp. 03/31/2020)

U8170135 BD:1/6/1925 93YF
HOFFMAN
JEANNE
LEONIE
NW MSE
DOS:5/31, 2018
Enc:1827191558 RES:

T0005A

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M–1195 (07/2017) *File Under: Admitting Financial*

Page 1 of 2

Steps To Appeal Your Discharge

- **Step1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - ❑ Here is the contact information for the QIO:

Name of QIO (in bold)
Livanta, LLC
Telephone Number of QIO
1–877–588–1123

  - ❑ You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - ❑ Ask the hospital if you need help contacting the QIO.
  - ❑ The name of this hospital is : Northwest Hospital & Medical Center.

Hospital Name	Provider ID Number
Acute NPI:	**1700861580**
Geropsych NPI:	**1497766067**

- **Step 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4**: The QIO will review your medical records and other important information about your case.
- **Step 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - ❑ If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - ❑ If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

If You Miss The Deadline To Appeal, You Have Other Appeal Rights:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - ❑ If you have Original Medicare: Call the QIO listed above.
  - ❑ If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

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U8170135 BD:1/6/1925 93YF
HOFFMAN
JEANNE
LEONIE
NW MSE
DOS:5/31/2018
Enc:1827191558 RES:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M–1195 (07/2017) File Under: Admitting Financial

Patient Education

Assessment Sts	Complete	**Collected DTime**	05/31/2018 20:00
Collected By	Tomoko Hasumi, RN		

Patient Education

Hand Hygiene	Yes	**Person(s) Taught**	Patient
Plan	Reviewed Hand Hygiene in/out of room (for staff)	**Learner Response**	Teach back - restates information with assist

Clinical Note:

Category: Progress Notes
Date of Service: 06/05/2018 00:00
Document Status:
Title: Intake and Output Report
Document Version : 1

Encounter Number: 1827191558
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-05-31 10:58:00
Discharge Date Time: 2018-06-04 15:50:00

Intake and Output

	05/31/18 14:03	05/31/18 16:12	05/31/18 18:00	05/31/18 18:02	05/31/18 20:40	06/01/18 01:32
Collected By	Kay K Ensrude, CNA	Selamawit T Weldegebriel, CNA	Selamawit T Weldegebriel, CNA	Kusuma Mark, RN	Luzviminda C Imber, CNA	Tomoko Hasumi, RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	360 ml	120 ml	120 ml			
IV				464 ml		
Urine, Voided					300 ml	300 ml
Urine (0)		1 ml				

Intake and Output

	06/01/18 06:02	06/01/18 08:10	06/01/18 09:50	06/01/18 11:10	06/01/18 13:11	06/01/18 20:54
Collected By	Tomoko Hasumi, RN	Eunice Agwu, CNA	Eunice Agwu, CNA	Eunice Agwu, CNA	Eunice Agwu, CNA	Borry I Sowe, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral		240 ml			360 ml	
IV	126 ml					
Urine, Voided	250 ml					
Urine (0)		1 ml			1 ml	1 ml
Stool (0)		1 ml	1 ml		1 ml	1 ml
Stool, Incontinent (0)				1 ml		

Intake and Output

	06/02/18 04:23	06/02/18 07:01	06/02/18 11:02	06/02/18 15:42	06/02/18 18:23	06/03/18 09:10
Collected By	Borry I Sowe, CNA	Borry I Sowe, CNA	Elena Vinluan, CNA	Elena Vinluan, CNA	Elena Vinluan, CNA	Elena Vinluan, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral			240 ml	240 ml	120 ml	240 ml
Urine (0)	1 ml	1 ml	1 ml	1 ml		
Stool (0)		1 ml		1 ml		

Intake and Output

	06/03/18 09:27	06/03/18 12:46	06/03/18 20:02	06/04/18 00:33	06/04/18 08:53	06/04/18 09:30
Collected By	Elena Vinluan, CNA	Elena Vinluan, CNA	Borry I Sowe, CNA	Borry I Sowe, CNA	Rahwa W Teklesenbet, CNA	Lorraine F Moen, CNA
Clinical Note						

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Category: Progress Notes
Date of Service: 06/05/2018 00:00
Document Status:
Title: Intake and Output Report
Document Version : 1

Encounter Number: 1827191558
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-05-31 10:58:00
Discharge Date Time: 2018-06-04 15:50:00

Intake and Output

	06/03/18 09:27	06/03/18 12:46	06/03/18 20:02	06/04/18 00:33	06/04/18 08:53	06/04/18 09:30
Collected By	Elena Vinluan, CNA	Elena Vinluan, CNA	Borry I Sowe, CNA	Borry I Sowe, CNA	Rahwa W Teklesenbet, CNA	Lorraine F Moen, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral		120 ml				360 ml
Urine, Voided					BRP	
Urine (0)	1 ml		1 ml	1 ml	1 ml	

Intake and Output

	06/04/18 13:53
Collected By	Lorraine F Moen, CNA
Clinical Note	
Status	Complete
Oral	320 ml
Urine (0)	1 ml

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 14:17
Collected By	Rosita S Elamparo, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	2-Chairfast	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	19	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 16:00
Collected By	Kusuma Mark, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	2-Very Limited
Activity	3-Walks Occasionally	**Friction/Shear**	2-Potential Problem
Braden Score Total	18	**Plan of Care Initiated**	Already Implemented

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 20:00
Collected By	Tomoko Hasumi, RN		

Braden Skin Assessment

Sensory/Perception	3-Slightly Limited	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	2-Chairfast	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	18	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 00:10
Collected By	Tomoko Hasumi, RN		

Braden Skin Assessment

Sensory/Perception	3-Slightly Limited	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	2-Chairfast	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	18	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 12:06
Collected By	Bereket W Beyn, RN		

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	4-No Limitations
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	21		

Clinical Note:

Braden Skin Assessment

Assessment Sts	Complete	**Collected DTime**	06/03/2018 09:30
Collected By	Anne-Marie Pasoquen, RN		

Braden Skin Assessment

Assessment Sts Complete
Collected By Anne-Marie Pasoquen, RN
Collected DTime 06/03/2018 09:30

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	2-Probably Inadequate	**Mobility**	4-No Limitations
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	20		

Clinical Note:

Braden Skin Assessment

Assessment Sts Complete
Collected By Alemu Mulatu, RN
Collected DTime 06/04/2018 07:41

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	4-No Limitations
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	21		

Clinical Note:

Dietitian Evaluation

Assessment Sts Complete
Collected By Leilah Korbines, Dietitian G
Collected DTime 06/01/2018 13:47

Dietitian Evaluation

Initial Assessment	Yes	**Primary Diagnosis**	peripheral arterial disease, chronic venous stasis, hx of deep vein thrombosis (on anticoagulant), chronic L leg ulcers, comes in with cellulitis
Pertinent Medical History	benign HTN, abnormal liver function	**Medications**	warfarin, bowel management
Pt/Family Interview	Pt reports her weight has always been a bit unstable, but says her usual weight is about 120lbs though she is unable to say when she last weighed this weight. Pt is experiencing homelessness after a recent eviction. She now lives in a tent with her son who she says "cooks her meals over the fire". She says she has no appetite and doesn't feel hungry, but she eats 5 small meals per day and eats a lot of fruit and vegetables. Previous to being evicted, pt enjoyed cooking and canning her own foods. Pt is missing most of her top teeth, requires softer textured foods.	**Height (inches)**	5/6 ft,in
Weight (kg)	49.4 kg	**Accept RN Height?**	Yes
Accept RN Weight?	Yes	**Height (RD)**	5/6 ft,in
Weight (RD)	49.4 kg	**IBW (kg)**	63.8
IBW%	77.4	**BMI**	17.6

Dietitian Evaluation

Assessment Sts Complete
Collected By Leilah Korbines, Dietitian G
Collected DTime 06/01/2018 13:47

Dietitian Evaluation

FNS IBW M Calculation	63.8	**Weight History**	Per pt, UBW is 54.5kg; wt was 52.7kg on 2/1/18 - this is a weight loss of 3.3kg (~6% body weight) in 3 months.
Edema	None noted	**Diet Order**	General
GI Function	Pt reports loose stools today; BM x4 noted 6/1 (1 was incontinent); +BTs, abdomen nondistended, soft	**PO Intake**	100% at meals since admit
Current Labs Reviewed	Yes	**Comments**	glucose 132 (H)
Assessment "Feed At" Weight (kg)	49	**Estimated Calorie Needs**	25-30kcal/kg = 1250-1470kcal
Estimated Total Protein Needs	1.2-1.5g/kg = 60-75g	**Estimated Daily Fluid Needs**	1ml/kg = 1250-1470ml
Problem (1)	Increased energy needs related to wound healing as evidenced by multiple venous stasis ulcers on left leg.	**Malnutrition Screening Completed**	Yes
Date Completed	06/01/2018	**Malnutrition Screen Criteria Met**	No
Malnutrition Coding	Pt does not meet criteria for malnutrition at this time.	**(Enteral/Parenteral) Comments**	Encouraged pt to continue eating protein foods as she is able. Plan is to d/c her to a SNF, but she may need assistance with finding housing as well as regular access to food in the future.
Monitoring/Evaluation	Monitor PO intake, weight trend, labs, and plan of care.	**Physical Assessment**	Muscle and fat stores appear WNL for stated age at this time. Did not conduct a full nutrition-focused physical exam.
"Feed At" Weight Source	Current Weight	**Skin Condition**	chronic L leg ulcers

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Rosita S Elamparo, RN
Collected DTime 05/31/2018 11:30

Peripheral Insertion

(Periph Insert 1) Location	L Antecubital	**(Periph Insert 1) Site Prep**	Chlorhexidine
(Periph Insert 1) Catheter Size	24 g	**(Periph Insert 1) Catheter Length**	1 inch
(Periph Insert) Pt Respnse	Tolerated Well		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Kusuma Mark, RN
Collected DTime 05/31/2018 16:00

Invasive Lines

(Periph 1) Location	L Antecubital

Invasive Lines

Assessment Sts Complete
Collected By Kusuma Mark, RN
Collected DTime 05/31/2018 16:00

Invasive Lines

(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Infusing Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Tomoko Hasumi, RN
Collected DTime 05/31/2018 20:00

Invasive Lines

(Periph 1) Location L Antecubital
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Interventions Saline Locked

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Tomoko Hasumi, RN
Collected DTime 05/31/2018 22:00

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Infusing Without Difficulty
Comments L AC IV site infilterated and removed

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Tomoko Hasumi, RN
Collected DTime 06/01/2018 00:10

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Infusing Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Bereket W Beyn, RN
Collected DTime 06/01/2018 08:00

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Line Patency Flushes Without Difficulty
(Periph 1) Interventions Saline Locked

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Bereket W Beyn, RN
Collected DTime 06/01/2018 12:04

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema

Invasive Lines

Assessment Sts Complete
Collected By Bereket W Beyn, RN
Collected DTime 06/01/2018 12:04

Invasive Lines

(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Infusing Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Bereket W Beyn, RN
Collected DTime 06/01/2018 16:04

Invasive Lines

(Periph 1) Location	R Wrist	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Infusing Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Jebotibin Sirma, RN
Collected DTime 06/01/2018 20:00

Invasive Lines

(Periph 1) Location	R Wrist	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty
(Periph 1) Interventions	Saline Locked		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Jebotibin Sirma, RN
Collected DTime 06/02/2018 02:12

Invasive Lines

(Periph 1) Location	R Wrist	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty
(Periph 1) Interventions	Saline Locked		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Jebotibin Sirma, RN
Collected DTime 06/02/2018 04:09

Invasive Lines

(Periph 1) Location	R Wrist	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Infusing Without Difficulty, Flushes Without Difficulty
(Periph 1) Interventions	Saline Locked		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Jebotibin Sirma, RN
Collected DTime 06/02/2018 21:18

Invasive Lines

(Periph 1) Location	R Wrist	**(Periph 1) Site Assessment**	No Swelling/Erythema

Invasive Lines

Assessment Sts Complete
Collected By Jebotibin Sirma, RN
Collected DTime 06/02/2018 21:18

Invasive Lines

(Periph 1) Dressing Dry Intact
(Periph 1) Interventions Saline Locked
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Jebotibin Sirma, RN
Collected DTime 06/03/2018 01:32

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Interventions Saline Locked
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Jebotibin Sirma, RN
Collected DTime 06/03/2018 06:23

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Interventions Saline Locked
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Anne-Marie Pasoquen, RN
Collected DTime 06/03/2018 09:30

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Interventions Saline Locked
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Portia Sharma, RN
Collected DTime 06/03/2018 21:00

Invasive Lines

(Periph 1) Location R Wrist
(Periph 1) Site Assessment No Swelling/Erythema
(Periph 1) Dressing Dry Intact
(Periph 1) Interventions Saline Locked
(Periph 1) Line Patency Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Portia Sharma, RN
Collected DTime 06/04/2018 00:45

Invasive Lines

(Periph 1) Location R Wrist

Invasive Lines

Assessment Sts Complete
Collected By Portia Sharma, RN
Collected DTime 06/04/2018 00:45

Invasive Lines

(Periph 1) Site Assessment	No Swelling/Erythema	**(Periph 1) Dressing**	Dry Intact
(Periph 1) Line Patency	Flushes Without Difficulty	**(Periph 1) Interventions**	Saline Locked

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Portia Sharma, RN
Collected DTime 06/04/2018 04:48

Invasive Lines

(Periph 1) Location	R Wrist	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty
(Periph 1) Interventions	Saline Locked		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Alemu Mulatu, RN
Collected DTime 06/04/2018 08:05

Invasive Lines

(Periph 1) Location	R Wrist	**(Periph 1) Site Assessment**	Tender/Pain
(Periph 1) Discontinued	DC'd by Nurse		

Clinical Note:

Pain

Assessment Sts Complete
Collected By Rosita S Elamparo, RN
Collected DTime 05/31/2018 11:30

Pain

Patient c/o Pain	No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Rosita S Elamparo, RN
Collected DTime 05/31/2018 14:20

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left, Lower	**(Pain #1) Rating**	5-Moderate
(Pain #1) Duration	At Rest, Increases with Movement	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated		

Clinical Note:

Pain

Assessment Sts Complete
Collected By Rosita S Elamparo, RN
Collected DTime 05/31/2018 15:04

Pain

Nonverbal Patient	Sleeping	**Post Med Reassessment**	Yes
(Pain #1) Effectiveness	Good Effect	**Side Effects**	No Side Effects Noted

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/01/2018 08:08
Collected By	Bereket W Beyn, RN		

Pain

Patient c/o Pain	No		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/01/2018 12:05
Collected By	Bereket W Beyn, RN		

Pain

Patient c/o Pain	No		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/02/2018 02:12
Collected By	Jebotibin Sirma, RN		

Pain

Patient c/o Pain	No	**Pain Comments**	pt sleeping

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/03/2018 01:33
Collected By	Jebotibin Sirma, RN		

Pain

Patient c/o Pain	No	**Pain Comments**	pt sleeping

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/03/2018 09:30
Collected By	Anne-Marie Pasoquen, RN		

Pain

Patient c/o Pain	No		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/03/2018 21:10
Collected By	Portia Sharma, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Foot
(Pain #1) Descriptor	Left	**(Pain #1) Rating**	8-Severe
(Pain #1) Duration	At Rest	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Emotional Support		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/03/2018 22:00
Collected By	Portia Sharma, RN		

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted	**Pt Meeting Goals for Pain Relief**	Yes

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/04/2018 00:40
Collected By	Portia Sharma, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left	**(Pain #1) Rating**	7-Severe
(Pain #1) Duration	At Rest	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Emotional Support		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/04/2018 08:37
Collected By	Alemu Mulatu, RN		

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Hip
(Pain #1) Descriptor	Right	**(Pain #1) Rating**	6-Moderate
(Pain #1) Duration	At Rest, Chronic, Increases with Movement	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Repositioned		

Clinical Note:

Pain

Assessment Sts	Complete	**Collected DTime**	06/04/2018 10:27
Collected By	Alemu Mulatu, RN		

Pain

Patient c/o Pain	No	**Post Med Reassessment**	Yes
(Pain #1) Effectiveness	Good Effect	**Side Effects**	No Side Effects Noted
Pt Meeting Goals for Pain Relief	No		

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 14:21
Collected By	Rosita S Elamparo, RN		

Shift Assessment

Neurological WDL	Yes	**Psychosocial WDL**	Yes
Respiratory WDL	Yes	**Cardiovascular WDL**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal WDL**	Yes
Renal/Urinary WDL	Yes		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left, Lower
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Dressing**	Dry Gauze

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 14:21
Collected By	Rosita S Elamparo, RN		

Morse Fall Risk

Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	45	**Plan of Care Initiated**	Yes

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 16:00
Collected By	Kusuma Mark, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Swallow**	Normal
BUE Movement	5/5 Full Power	**BLE Movement**	4/5 Weak,Moves Agst Resist

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Encourage ADLs, Encourage Mobility		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular, No Distress

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Patient Reports	Pain Free	**Bipedal Edema**	0 Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Cap Refill**	< 3 Sec
BLE Edema	0 Absent	**R Dorsalis Pedis Pulse Quality**	2+ Normal
L Dorsalis Pedis Pulse Quality	2+ Normal	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**BLE Movement**	Movement With Pain
BLE Sensation	Full Sensation	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Urine Output Not Assessed	Yes	**Bladder Distended**	No

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 16:00
Collected By	Kusuma Mark, RN		

Skin/Skin Impairment

(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Dry Gauze

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left	**(Pain #1) Duration**	With Movement
Pain Interventions	Emotional Support		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 20:00
Collected By	Tomoko Hasumi, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
BUE Movement	5/5 Full Power	**BLE Movement**	4/5 Weak,Moves Agst Resist

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation

Respiratory

All Lobes Clear	Yes		

Cardiac

Rate and Rhythm	Regular	**Heart Sounds**	S1 S2
RLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Cool	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**RLE Movement**	Movement No Pain
RLE Sensation	Full Sensation	**LLE Movement**	Movement with Pain
LLE Sensation	Full Sensation	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Soft

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	05/31/2018 20:00
Collected By	Tomoko Hasumi, RN		

Renal/Urinary

Urine Output Not Assessed	Yes

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**(Impairment 1) Location**	Leg
(Impairment 1) Type	Venous Stasis Ulcer	**(Impairment 1) Descriptor**	Left
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Comment**	A cast applied at WCC.

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left	**(Pain #1) Rating**	2-Mild
(Pain #1) Characteristics	Aching	**Pain Interventions**	Repositioned, Patient Refused

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Yes

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	1- Sometimes/Always	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	1

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 00:10
Collected By	Tomoko Hasumi, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
BUE Movement	5/5 Full Power	**BLE Movement**	4/5 Weak,Moves Agst Resist

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 00:10
Collected By	Tomoko Hasumi, RN		

Skin/Skin Impairment

(Impairment 1) Comment	LLE cast wrap from WCC.

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Yes

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 12:08
Collected By	Bereket W Beyn, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Both Pupils Size**	2 mm
Both Pupils Shape	Round	**Both Pupils Reaction**	Brisk
Moves All Extremities	Yes	**BUE Movement**	4/5 Weak,Moves Agst Resist
BLE Movement	4/5 Weak,Moves Agst Resist	**Gait**	Unsteady

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour, Offered Support, Reassure		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Oral Mucus Membrane	Pink		

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Bipedal Edema	0 Absent	**BLE Edema**	0 Absent
BUE Edema	0 Absent		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 12:08
Collected By	Bereket W Beyn, RN		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No	**Patient Reports**	Voiding w/o difficulty

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Pink
(Impairment 1) Appearance	No Erythema	**(Impairment 1) Drainage**	Sero-sanguinous
(Impairment 1) Dressing	Roll Gauze	**(Impairment 1) Wound Care**	Dressing Changed
(Impairment 1) Comment	by wound nurse		

Pain

Patient c/o Pain	No		

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 16:05
Collected By	Bereket W Beyn, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	45	**Plan of Care Initiated**	Yes

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 20:00
Collected By	Jebotibin Sirma, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Moves All Extremities**	Yes
BUE Movement	4/5 Weak,Moves Agst Resist	**BLE Movement**	5/5 Full Power
Gait	Unsteady	**Comments**	uses FWW with 1 person SBA

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour, Offered Support, Orient to Unit	**Ongoing Risk**	No Suicide Ideation

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular, No Distress
Interventions	Deep Breathe, Cough	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Patient Reports	Pain Free	**R Pedal Edema**	0 absent
L Pedal Edema	Non-Pitting	**RLE Edema**	0 Absent
LLE Edema	1+ 2mm indent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Edema	1+ 2mm indent	**R Dorsalis Pedis Pulse Quality**	1+ Diminished
L Dorsalis Pedis Pulse Quality	1+ Diminished	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**BLE Movement**	Movement No Pain
BLE Sensation	Full Sensation	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Bladder Distended	No	**Patient Reports**	Voiding w/o difficulty

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/01/2018 20:00
Collected By	Jebotibin Sirma, RN		

Skin/Skin Impairment

Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 04:07
Collected By	Jebotibin Sirma, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Dressing Intact		

Pain

Patient c/o Pain	No	**Pain Comments**	pt sleeping

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	50	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 04:07
Collected By	Jebotibin Sirma, RN		

Delirium Observation Screening

Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 09:00
Collected By	Diana Ismail, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Both Pupils Size**	4 mm
Both Pupils Shape	Round	**Both Pupils Reaction**	Brisk
Moves All Extremities	Yes		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Encourage Expression, Encourage Mobility, Goal Setting, Observation q 1 Hour, Offered Support, Reassure		

Respiratory

All Lobes Clear	Yes	**All Lobes**	Clear
Respiratory Pattern	Regular, No Distress	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
R Pedal Edema	0 absent	**L Pedal Edema**	Non-Pitting
RLE Edema	0 Absent	**LLE Edema**	1+ 2mm indent
BUE Edema	0 Absent		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Normal
LLE Cap Refill	< 3 Sec	**LLE Edema**	1+ 2mm indent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 09:00
Collected By	Diana Ismail, RN		

Neurovascular

BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Urine Output Not Assessed	Yes	**Bladder Distended**	No

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	50	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 19:02
Collected By	Diana Ismail, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Wound Care	Cleansed, Dressing Applied, Dressing Changed		

Pain

Patient c/o Pain	No		

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 19:02
Collected By	Diana Ismail, RN		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	50	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 21:18
Collected By	Jebotibin Sirma, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Moves All Extremities**	Yes
BUE Movement	5/5 Full Power	**Right Leg Movement**	5/5 Full Power
Left Leg Movement	4/5 Weak,Moves Agst Resist	**Gait**	Unsteady
Comments	uses FWW with 1 person SBA		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour, Offered Support		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular, No Distress
Interventions	Deep Breathe, Cough	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Patient Reports	Pain Free	**R Pedal Edema**	0 absent
L Pedal Edema	Non-Pitting	**RLE Edema**	0 Absent
LLE Edema	Non-Pitting	**BUE Edema**	0 Absent
Interventions	Elevated Extremity	**Did pt tolerate intervention?**	Yes

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Reddened
LLE Cap Refill	< 3 Sec	**LLE Edema**	Non-Pitting
R Dorsalis Pedis Pulse Quality	1+ Diminished	**L Dorsalis Pedis Pulse Quality**	1+ Diminished
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/02/2018 21:18
Collected By	Jebotibin Sirma, RN		

Neurovascular

LLE Movement	Movement with Pain	**LLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Bladder Distended	No	**Patient Reports**	Voiding w/o difficulty

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Color**	Dusky, Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/03/2018 06:21
Collected By	Jebotibin Sirma, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Brown, Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/03/2018 06:21
Collected By	Jebotibin Sirma, RN		

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/03/2018 09:30
Collected By	Anne-Marie Pasoquen, RN		

Shift Assessment

Neurological WDL	Yes	**Psychosocial WDL**	Yes
Respiratory WDL	Yes	**Cardiovascular WDL**	Yes
Gastrointestinal WDL	Yes		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Moves All Extremities**	Yes
BUE Movement	5/5 Full Power	**BLE Movement**	5/5 Full Power
Gait	Unsteady	**Comments**	Pt uses FWW with SBA from bed to toilet.

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Observation q 1 Hour		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Oral Mucus Membrane	Pink		

Cardiac

Rate and Rhythm	Regular	**Bipedal Edema**	0 Absent
BLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	1+ Diminished
R Post Tib Pulse Quality	2+ Normal	**L Post Tib Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/03/2018 09:30
Collected By	Anne-Marie Pasoquen, RN		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry, Flaky, Fragile	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Dressing**	Roll Gauze, Petroleum Gauze

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	50	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/03/2018 21:00
Collected By	Portia Sharma, RN		

Neurological

LOC	Alert	**Oriented to**	x3, Person, Place, Time
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Both Pupils Size**	2 mm
Both Pupils Shape	Round	**Both Pupils Reaction**	Brisk
BUE Movement	5/5 Full Power	**BLE Movement**	5/5 Full Power
Gait	Unsteady	**Comments**	FWW with ambulation

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Bed Alarm, Observation q 1 Hour, Offered Support,		Reassure

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/03/2018 21:00
Collected By	Portia Sharma, RN		

Respiratory

All Lobes Clear	Yes	**All Lobes**	Clear
Respiratory Pattern	Regular	**Interventions**	Deep Breathe, Cough
Oral Mucus Membrane	Pink		

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Bipedal Edema	0 Absent	**BLE Edema**	0 Absent
BUE Edema	0 Absent		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**BLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	1+ Diminished	**L Dorsalis Pedis Pulse Quality**	1+ Diminished
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Bladder Distended	No	**Patient Reports**	Voiding w/o difficulty

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Roll Gauze, Petroleum Gauze

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	50	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/04/2018 04:46
Collected By	Portia Sharma, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/04/2018 04:46
Collected By	Portia Sharma, RN		

Shift Assessment

Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Appearance**	Dressing Intact
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Dry Gauze

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	45	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/04/2018 09:45
Collected By	Alemu Mulatu, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Moves All Extremities**	Yes
BUE Movement	4/5 Weak,Moves Agst Resist	**BLE Movement**	4/5 Weak,Moves Agst Resist
Gait	Unsteady	**Comments**	FWW for ambulation w/SBA

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Observation q 1 Hour, Offered Support	**Ongoing Risk**	No Suicide Ideation

Respiratory

All Lobes	Clear	**Respiratory Pattern**	Regular

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Heart Sounds	S1 S2	**Bipedal Edema**	0 Absent
BLE Edema	0 Absent		

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	06/04/2018 09:45
Collected By	Alemu Mulatu, RN		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BLE Temperature**	Warm
BLE Color	Normal	**BLE Cap Refill**	< 3 Sec
BLE Edema	0 Absent	**R Dorsalis Pedis Pulse Quality**	1+ Diminished
L Dorsalis Pedis Pulse Quality	1+ Diminished	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**BLE Movement**	Movement No Pain
BLE Sensation	Full Sensation	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Urine Output Not Assessed	Yes	**Bladder Distended**	No
Patient Reports	Voiding w/o difficulty		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Venous Stasis Ulcer
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Dusky, Pink
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Roll Gauze
(Impairment 1) Wound Care	Cleansed, Dressing Changed		

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	40	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Assessment History

Assessment Name: Dietitian Evaluation **Collected DateTime:** 06/01/2018 13:47

Version	Entered Date	Status	Reason Revised
Revision: 1.00	06/01/2018 16:22	Complete	Malnutrition coding

Dietitian Evaluation

Finding Name: Malnutrition Coding

Previous Value		User Name	Leilah Korbines, Dietitian Grad Student	Entered Date	06/01/2018 13:47
Revised Value	Pt does not meet criteria for malnutrition at this time.	User Name	Leilah Korbines, Dietitian Grad Student	Entered Date	06/01/2018 16:22

Finding Name: Physical Assessment

Previous Value		User Name	Leilah Korbines, Dietitian Grad Student	Entered Date	06/01/2018 13:47
Revised Value	Muscle and fat stores appear WNL for stated age at this time. Did not conduct a full nutrition-focused physical exam.	User Name	Leilah Korbines, Dietitian Grad Student	Entered Date	06/01/2018 16:22

Assessment Name: Shift Assessment **Collected DateTime:** 05/31/2018 16:00

Version	Entered Date	Status	Reason Revised
Revision: 1.00	05/31/2018 17:09	Complete	edit

Cardiac

Finding Name: Bipedal Edema

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	0 Absent	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: BLE Edema

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	0 Absent	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: LLE Edema

Previous Value	Non-Pitting	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Neurovascular

Finding Name: BUE Color

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	Normal	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: BUE Cap Refill

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	< 3 Sec	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: BLE Temperature

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	Warm	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: BLE Cap Refill

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	< 3 Sec	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: BLE Edema

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	0 Absent	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: LLE Edema

Previous Value	Non-Pitting	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Finding Name: R Dorsalis Pedis Pulse Quality

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	2+ Normal	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 05/31/2018 16:00

Version	Entered Date	Status	Reason Revised
Revision: 1.00	05/31/2018 17:09	Complete	edit

Neurovascular

Finding Name: L Dorsalis Pedis Pulse Quality

Previous Value		User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	2+ Normal	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Skin/Skin Impairment

Finding Name: Overall Condition

Previous Value	Dry	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:02
Revised Value	No Impairment	User Name	Kusuma Mark, RN	Entered Date	05/31/2018 17:09

Assessment Name: Shift Assessment **Collected DateTime:** 06/03/2018 09:30

Version	Entered Date	Status	Reason Revised
Revision: 1.00	06/03/2018 15:24	Complete	edit

Skin/Skin Impairment

Finding Name: Overall Condition

Previous Value	Fragile	User Name	Anne-Marie Pasoquen, RN	Entered Date	06/03/2018 09:41
Revised Value	Dry,Flaky,Fragile	User Name	Anne-Marie Pasoquen, RN	Entered Date	06/03/2018 15:24

ADL

Assessment Sts	Complete	**Collected DTime**	05/31/2018 14:02
Collected By	Kay K Ensrude, CNA		

ADL

Feeding	Independent	**Breakfast**	100
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Chair, Dangled, Stood at Bedside
Safety Check	Call Light within Reach, Bed Alarm on	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	05/31/2018 16:11
Collected By	Selamawit T Weldegebriel, (		

ADL

Activity/Transfer	Partial Assist	**Turned**	Partial Assist
Turn Frequency	Yes	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Partial Assist
Dressing Assist Type	Lower Body	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Full
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Semi-Fowlers
Siderails	x2	**HOB Elevation**	30 Degrees
Void Color	Yellow		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	05/31/2018 18:00
Collected By	Selamawit T Weldegebriel, (		

ADL

Feeding	Independent	**Dinner %**	100

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	06/01/2018 00:40
Collected By	Luzviminda C Imber, CNA		

ADL

Feeding	Independent	**Support Devices**	Walker
Activity/Transfer	Complete Assist	**Activity/Transfer**	Bed, Bedside Commode, Dangled, Stood at Bedside
Turned	Partial Assist	**Oral Care**	Independent
Oral Care Assist Type	Own Teeth	**Hygiene**	Complete Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Partial Assist
Toilet Method	Bedside Commode, Incontinent, Liner/Pad/Briefs	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	06/01/2018 10:00
Collected By	Eunice Agwu, CNA		

ADL

Feeding	Independent	**Breakfast**	100

ADL

Assessment Sts	Complete	**Collected DTime**	06/01/2018 10:00
Collected By	Eunice Agwu, CNA		

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet	**Turned**	Independent
Bathing	Partial Assist	**Bathing Assist Type**	Sponge Bath
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying, Face Wash/Dry
Toilet Method	Toilet	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	06/01/2018 13:12
Collected By	Eunice Agwu, CNA		

ADL

Feeding	Independent	**Lunch**	100
Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	06/01/2018 18:50
Collected By	Eunice Agwu, CNA		

ADL

Feeding	Independent	**Dinner %**	100
Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet	**Toilet Method**	Liner/Pad/Briefs, Toilet
Safety Check	Call Light within Reach, Bed Alarm on	**Patient Position**	Semi-Fowlers
Siderails	x2		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	06/02/2018 04:23
Collected By	Borry I Sowe, CNA		

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Ambulation	**Turned**	Independent
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying
Toilet Method	Incontinent, Liner/Pad/Briefs, Toilet	**Safety Check**	Call Light within Reach, Low Bed
Patient Position	Semi-Fowlers, HOB Flat	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	06/02/2018 10:00
Collected By	Elena Vinluan, CNA		

ADL

Assessment Sts Complete
Collected By Elena Vinluan, CNA
Collected DTime 06/02/2018 10:00

ADL

Feeding	Independent	**Breakfast**	100

Clinical Note:

ADL

Assessment Sts Complete
Collected By Elena Vinluan, CNA
Collected DTime 06/02/2018 11:52

ADL

Support Devices	Wheelchair	**Activity/Transfer**	Complete Assist
Turned	Independent	**Bathing**	Complete Assist
Bathing Assist Type	Shower, Wash Hair	**Hygiene**	Complete Assist
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry	**Dressing**	Complete Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Low Bed
Patient Position	Semi-Fowlers	**Siderails**	x3
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Elena Vinluan, CNA
Collected DTime 06/02/2018 12:42

ADL

Feeding	Independent	**Lunch**	100

Clinical Note:

ADL

Assessment Sts Complete
Collected By Elena Vinluan, CNA
Collected DTime 06/02/2018 18:23

ADL

Feeding	Independent	**Dinner %**	100

Clinical Note:

ADL

Assessment Sts Complete
Collected By Borry I Sowe, CNA
Collected DTime 06/03/2018 04:57

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Ambulation	**Turned**	Independent
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying
Toilet Method	Incontinent, Liner/Pad/Briefs, Toilet	**Safety Check**	Call Light within Reach, Bed Alarm on, Low Bed
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees		

Clinical Note:

ADL

ADL

Assessment Sts Complete
Collected By Elena Vinluan, CNA
Collected DTime 06/03/2018 09:10

ADL

Feeding	Independent	**Breakfast**	100

Clinical Note:

ADL

Assessment Sts Complete
Collected By Elena Vinluan, CNA
Collected DTime 06/03/2018 12:46

ADL

Feeding	Independent	**Lunch**	100
Support Devices	Walker	**Activity/Transfer**	Partial Assist
Turned	Independent	**Oral Care**	Independent
Oral Care Assist Type	Own Teeth, Mouth Care	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry, Toothbrushing	**Dressing**	Complete Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Liner/Pad/Briefs, Urinal
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Low Bed
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Borry I Sowe, CNA
Collected DTime 06/04/2018 03:43

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Ambulation	**Turned**	Independent
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care
Toilet Method	Liner/Pad/Briefs, Toilet	**Weight Bear**	Full
Safety Check	Call Light within Reach, Bed Alarm on, Low Bed	**Patient Position**	Semi-Fowlers
Siderails	x2	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts Complete
Collected By Rahwa W Teklesenbet, CN/
Collected DTime 06/04/2018 08:53

ADL

Activity/Transfer	Complete Assist	**Turned**	Complete Assist
Hygiene	Complete Assist		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Lorraine F Moen, CNA
Collected DTime 06/04/2018 09:30

ADL

Feeding	Independent	**Breakfast**	100
Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Ambulation	**Turned**	Independent

ADL

Assessment Sts Complete
Collected By Lorraine F Moen, CNA
Collected DTime 06/04/2018 09:30

ADL

Turn Frequency	Yes	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying, Comb Hair, Face Wash/Dry	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body, Lower Body	**Toilet Method**	Liner/Pad/Briefs, Toilet
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Lorraine F Moen, CNA
Collected DTime 06/04/2018 13:53

ADL

Feeding	Independent	**Lunch**	100
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet, Ambulation
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body, Lower Body
Toilet Method	Toilet	**Safety Check**	Call Light within Reach, Bed Alarm on
Siderails	x2		

Clinical Note:

Assessment History

Assessment Name: ADL **Collected DateTime:** 05/31/2018 18:00

Version	Entered Date	Status	Reason Revised
Revision: 1.00	05/31/2018 18:01	Complete	.

ADL

Finding Name: Feeding

Previous Value		User Name	Selamawit T Weldegebriel, CNA	Entered Date	05/31/2018 18:00
Revised Value	Independent	User Name	Selamawit T Weldegebriel, CNA	Entered Date	05/31/2018 18:01

Assessment Name: ADL **Collected DateTime:** 06/01/2018 13:12

Version	Entered Date	Status	Reason Revised
Revision: 1.00	06/01/2018 13:17	Complete	error

ADL

Finding Name: Safety Check

Previous Value	Call Light within Reach	User Name	Eunice Agwu, CNA	Entered Date	06/01/2018 13:12
Revised Value	Call Light within Reach,Bed Alarm on	User Name	Eunice Agwu, CNA	Entered Date	06/01/2018 13:17

Height/Weight

Assessment Sts Complete
Collected By Kay K Ensrude, CNA
Collected DTime 05/31/2018 11:03

Height/Weight

Height (inches)	5/6 ft,in	**Weight (kg)**	49.4 kg
How Obtained	Bed Scale	**BSA**	1.545
BMI	17.6 *L*		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Kay K Ensrude, CNA
Collected DTime 05/31/2018 11:06

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	72	**(Pulse) Site**	Radial
Respirations	16	**BP**	129/67
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Kay K Ensrude, CNA
Collected DTime 05/31/2018 14:01

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	81	**(Pulse) Site**	Radial
Respirations	16	**BP**	134/69
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	100
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Selamawit T Weldegebriel, (
Collected DTime 05/31/2018 19:03

Vitals (MS)

Temperature (C)	36.2 Cel	**(Temp) Site**	Oral
Pulse	78	**(Pulse) Site**	aut
Respirations	16	**BP**	105/50
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Luzviminda C Imber, CNA
Collected DTime 05/31/2018 22:00

Vitals (MS)

Temperature (C)	36.4 Cel	**(Temp) Site**	Oral
Pulse	72	**(Pulse) Site**	auto
Respirations	18	**BP**	118/64

Vitals (MS)

Assessment Sts Complete
Collected By Luzviminda C Imber, CNA
Collected DTime 05/31/2018 22:00

Vitals (MS)

(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Luzviminda C Imber, CNA
Collected DTime 06/01/2018 04:40

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	76	**(Pulse) Site**	auto
Respirations	20	**BP**	142/67
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Eunice Agwu, CNA
Collected DTime 06/01/2018 09:30

Vitals (MS)

Temperature (C)	36.1 Cel	**(Temp) Site**	Oral
Pulse	66	**(Pulse) Site**	Radial
Respirations	18	**BP**	112/60
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Eunice Agwu, CNA
Collected DTime 06/01/2018 15:00

Vitals (MS)

Temperature (C)	36.4 Cel	**(Temp) Site**	Oral
Pulse	61	**(Pulse) Site**	Radial
Respirations	18	**BP**	116/55
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Borry I Sowe, CNA
Collected DTime 06/01/2018 20:03

Vitals (MS)

Temperature (C)	36.5 Cel	**(Temp) Site**	Oral
Pulse	70	**(Pulse) Site**	Radial
Respirations	18	**BP**	149/72

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	06/01/2018 20:03
Collected By	Borry I Sowe, CNA		

Vitals (MS)

(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	06/02/2018 05:39
Collected By	Borry I Sowe, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	64	**(Pulse) Site**	Radial
Respirations	18	**BP**	110/59
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	06/02/2018 14:00
Collected By	Elena Vinluan, CNA		

Vitals (MS)

Temperature (C)	36.6 Cel	**(Temp) Site**	Oral
Pulse	66	**Respirations**	17
BP	136/76	**(BP) Site**	Left Arm
(BP) Position	Lying	**(BP) Method**	Dynamap
O2 Saturation (%)	100	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	06/02/2018 20:18
Collected By	Borry I Sowe, CNA		

Vitals (MS)

Temperature (C)	37.2 Cel	**(Temp) Site**	Oral
Pulse	78	**(Pulse) Site**	Radial
Respirations	18	**BP**	121/58
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	06/03/2018 05:23
Collected By	Borry I Sowe, CNA		

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	72	**(Pulse) Site**	Radial
Respirations	18	**BP**	143/73
(BP) Site	Left Arm	**(BP) Position**	Lying

Vitals (MS)

Assessment Sts Complete
Collected By Borry I Sowe, CNA
Collected DTime 06/03/2018 05:23

Vitals (MS)

(BP) Method	Dynamap	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Elena Vinluan, CNA
Collected DTime 06/03/2018 12:55

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	70	**Respirations**	16
BP	122/63	**(BP) Site**	Left Arm
(BP) Position	Lying	**(BP) Method**	Dynamap
O2 Saturation (%)	98	**Room Air**	Yes

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Borry I Sowe, CNA
Collected DTime 06/03/2018 20:21

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	85	**(Pulse) Site**	Radial
Respirations	16	**BP**	112/49
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Borry I Sowe, CNA
Collected DTime 06/04/2018 05:49

Vitals (MS)

Temperature (C)	36.2 Cel	**(Temp) Site**	Oral
Pulse	72	**(Pulse) Site**	Radial
Respirations	18	**BP**	163/60
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	99
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Lorraine F Moen, CNA
Collected DTime 06/04/2018 13:52

Vitals (MS)

Temperature (C)	36.2 Cel	**(Temp) Site**	Oral
Pulse	75	**(Pulse) Site**	Radial
Respirations	16	**BP**	131/69
(BP) Site	Left Arm	**(BP) Position**	Sitting
(BP) Method	Dynamap	**O2 Saturation (%)**	98

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	06/04/2018 13:52
Collected By	Lorraine F Moen, CNA		

Vitals (MS)

Room Air	Yes

Clinical Note:

Admission History

Assessment Sts	Complete	**Collected DTime**	05/31/2018 11:20
Collected By	Rosita S Elamparo, RN		

Admission History

Arrival Date/Time	05/31/2018 11:00	**Admitted From**	Other
Accompanied By	Son/Daughter	**Mode of Arrival**	Wheelchair
Source of Information	Son/Daughter		

Social History

Living Situation	Homeless/Shelter	**Comment**	282 knechtel way northeast
Work/Travel/Exposure	Retired	**Travel in Last 30 Days**	No
Hazardous Material Exposure?	No	**History of Abuse/Neglect?**	No
Abuse Important Things	No	**Abuse Sex**	No

Personal Habits

Tobacco Use?	Denies Ever Smoked	**Caffeine Use**	Yes
Difficulty with Sleep?	No	**Do you drink alcohol?**	No
No Recreational Drugs	Yes		

PMH

Denies Neuro History	Yes	**Denies CV History**	Yes
Denies Resp History	Yes	**Denies GI History**	Yes
Appendectomy	Yes	**Appendectomy Date**	1950
UTI	Yes	**Hysterectomy**	Yes
Hysterectomy Date	1960s		

PMH2

Muscle Weakness	Yes	**Osteoporosis**	Yes
Rheumatoid Arthritis	Yes	**Stasis Ulcers**	Yes
Other	LLE	**Denies Endo/Auto History**	Yes
Cataract	Yes	**Cataract Surgery**	Yes
Cataract Surgery Date	1988	**Denies Psych History**	Yes
Denies Cancer History	Yes		

Pain History

Do you have a history of pain?	No Reported Problems		

Current Function

Functional Impairment	No		

Nutrition

Home Diet	Regular/Unrestricted		

Educational Assessment

Ed Learning Barriers	Hearing		

Vaccine Assessment

Influenza Season?	Yes	**Influenza Vaccine Contraindicated**	Previously immunized since 7/1/17

VTE Assessment

PCD Protocol Initiated	Yes	**PCDs Applied**	Yes, see ADLs for ongoing documentation

Discharge Planning

Ad Current Community Services	Other	**Anticipated DC Needs**	Yes

Admission History

Assessment Sts	Complete	**Collected DTime**	05/31/2018 11:20
Collected By	Rosita S Elamparo, RN		

Discharge Planning

Referrals to be Made	Case Manager, MSW	**Comments**	Will go to Nursing home

Clinical Note:

Discharge Planning/Social Work Documentation

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Admission Date: 05/31/2018 10:58 (PT)
Patient Name: JEANNE LEONIE HOFFMAN
MRN: U8170135
Account Number: 1827191558
Date of Birth: 1/6/1925 Age: 90+ years
Location: NW MSE / 706-01

Admission Information

Admission Date:	05/31/2018 10:58 (PT)	**Patient Type:**	Inpatient
Service:	PLASTIC SURGERY	**Account Number:**	1827191558
Facility:	NWH	**Primary Diagnosis:**	Cellulitis of left lower limb
Location:	NW MSE-706-01	**Secondary Diagnosis:**	
Admitting Physician:	Luu, Paul	**Inital DRG:**	
Attending Physician:	Luu, Paul	**Working DRG:**	MS-DRG (603) CELLULITIS W/O MCC
Readmit:	No	**Final DRG:**	
Admit Source:	2-Clinic or Physician's Office	**SSN:**	

Discharge Information

Plan Status:		**Medically Cleared to Leave:**	06/04/2018
Discharge Date:	06/04/2018 15:50 (PT)	**CM D/C Disposition:**	03-SNF-SKILLED NURSING FACILITY
ADT D/C Disposition:	03-SNF-SKILLED NURSING FACILITY	**Projected Discharge Date:**	06/04/2018 11:00 (PT)
Transportation at D/C:		**Discharge Delay Reason:**	
Follow-Up Date:		**Discharge Slot:**	
Final Diagnosis:			

Placement Information

Referral Type:	Nursing Home/SNF	***Referral ID:***	SNF-46048471
Provider Name:	Park Ridge Care Center		
Address 1:	1250 NE145th St	**Phone Number:**	(206) 363-5856
Address 2:		**Fax Number:**	(206) 365-0568
City:	Shoreline	**Selection Factors:**	Patient/Family Choice
State:	WA	**Placement Note:**	

Patient Contact Information

Contact Name:	LOUIS (POA) HOFFMAN	**Relationship:**	Son
Address:	UNKNOWN	**Home Phone:**	
		Work Phone:	
City:	SEATTLE	**Alternate Phone**	
State/Zip Code:	WA 98101	**Email:**	

Financial Information

Financial Class:	MEDICARE	**Primary Plan Description:**	MEDICARE PART A AND B
		Secondary Plan Description:	QMB-QUALIFIED MEDICARE BENEFICIARY
		Tertiary Plan Description:	

Discharge Planning/Social Work Documentation

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Admission Date: 05/31/2018 10:58 (PT)
Patient Name: JEANNE LEONIE HOFFMAN
MRN: U8170135
Account Number: 1827191558
Date of Birth: 1/6/1925 Age: 90+ years
Location: NW MSE / 706-01

Diagnosis Information

Code:	L03.116	***Description:***	Cellulitis of left lower limb
Type:	Admitting	**POA:**	
Priority:	1	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	05/31/2018 0:00 (PT)

Code:	R52	***Description:***	Pain, unspecified
Type:	Admitting	**POA:**	
Priority:	2	**System:**	ICD-10-CM Dx
User:	B2B Feed System	**Date:**	05/31/2018 0:00 (PT)

Final Discharge Plan

Last Saved By:	Emma Grumm-Johnson	**Last Saved On:**	06/04/2018 13:36 (PT)
Created By:	Emma Grumm-Johnson	**Created On:**	06/04/2018 12:43 (PT)

Final Discharge Plan

Anticipated Discharge Date	Answers:	Anticipated Discharge Date	Notes:	6/4/18
Destination	Answers:	SNF	Notes:	Park Ridge CC
Services & Appointments	Answers:	Wound Clinic	Notes:	will follow her at Park Ridge Care Center
		Referrals	Notes:	to schedule with Dr. Rollo after SNF stay
Transportation	Answers:	Taxi Script		
Discussed Discharge Plan With:	Answers:	Patient		
		Son / Daughter	Notes:	Louis Hoffman
Forms Completed	Answers:	PASRR		

06/08/2018 05:10 — UNIVERSITY OF WASHINGTON MEDICAL CENTER — CUMULATIVE SUMMARY
INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NWMSE — Room: MSE70601
Acct: 1827191558 — Dr: Luu,Paul,MD

**** BLOOD ELECTROLYTES AND COMMON CHEMISTRIES ****

TEST:	NA	K	CL	CO2	ANION GAP	GLU	BUN	CREAT	GFR, Calculated, European American
UNITS:	mEq/L	mEq/L	mEq/L	mEq/L		mg/dL	mg/dL	mg/dL	mL/min/1.73_m2
LO-HI:	135-145	3.6-5.2	98-108	22-32	4-12	62-125	8-21	0.38-1.02	>59
05/31/18									
1315	145	4.0	111*	25	9	158*	13	0.76	>60
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
06/01/18									
0550	143	4.0	112*	25	6	132*	12	0.66	>60
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
06/03/18									
0528	145	3.7	112*	25	8	143*	12	0.80	>60
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}

**** BLOOD ELECTROLYTES AND COMMON CHEMISTRIES ****

TEST:	GFR, Calculated, African American	GFR, Information	TP	ALB	TOTAL BILI
UNITS:	mL/min/1.73_m2		g/dL	g/dL	mg/dL
LO-HI:	>59		6.0-8.2	3.5-5.2	0.2-1.3
05/31/18					
1315	>60	GFRCM4	6.7	3.6	0.4
	{NW}	{NW}	{NW}	{NW}	{NW}
06/01/18					
0550	>60	GFRCM4			
	{NW}	{NW}			
06/03/18					
0528	>60	GFRCM4	6.1	3.2*	0.3
	{NW}	{NW}	{NW}	{NW}	{NW}

---FOOTNOTES---
GFRCM4 Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function.
See http://depts.washington.edu/labweb/test/bclim/cGFR.html

CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

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Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NWMSE — Room: MSE70601
Acct: 1827191558 — Dr: Luu,Paul,MD

********** CALCIUM METABOLISM **********

TEST:	SERUM CALCIUM
UNITS:	mg/dL
LO-HI:	8.9-10.2
05/31/18 1315	9.1 {NW}
06/01/18 0550	8.3* {NW}
06/03/18 0528	8.5* {NW}

********** ENZYMES - BLOOD **********

TEST:	AST (GOT)	TOTAL ALK PHOS	ALT (GPT)
UNITS:	U/L	U/L	U/L
LO-HI:	9-38	49-199	7-33
05/31/18 1315	44* {NW}	112 {NW}	35* {NW}
06/03/18 0528	43* {NW}	81 {NW}	26 {NW}

********** BLOOD CHEMISTRY **********

TEST:	HIGH SENSITIVITY CRP
UNITS:	mg/L
LO-HI:	0.0-10.0
05/31/18 1315	4.3 {NW}

CONTINUED

06/08/2018 05:10 — UNIVERSITY OF WASHINGTON MEDICAL CENTER — CUMULATIVE SUMMARY
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Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NWMSE — Room: MSE70601
Acct: 1827191558 — Dr: Luu,Paul,MD

BLOOD CELL COUNT (HEMOGRAM)

TEST:	WBC	RBC	HB	HCT	MCV	MCH	MCHC	RDW-CV	PLT	ESR
UNITS:	THOU/uL	MIL/uL	g/dL	%	fL	pg	g/dL	%	THOU/uL	mm/hr
LO-HI:	4.3-10.0	3.80-5.00	11.5-15.5	36-45	81-98	27.3-33.6	32.2-36.5	11.6-14.4	150-400	0-20
05/31/18										
1315	5.42	3.64*	10.9*	35*	97	29.9	30.9*	14.6*	213	59*
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
06/01/18										
0550	4.52	3.05*	9.2*	29*	96	30.2	31.3*	14.8*	191	
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	
06/03/18										
0528	4.13*	3.43*	10.3*	33*	97	30.0	30.9*	14.8*	213	
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	
06/04/18										
0520	4.22*	3.25*	9.9*	32*	98	30.5	31.0*	15.0*	203	
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	

WBC DIFFERENTIAL (CELLS X 1000) - HEMATOLOGY

TEST:	TOTAL NEUTR	% NEUTR	LYMPHS	% LYMPHS	MONOS	% MONOS	EOS	% EOS	BASO	% BASO
UNITS:	THOU/uL	%	THOU/uL	%	THOU/uL	%	THOU/uL	%	THOU/uL	%
LO-HI:	1.80-7.00		1.00-4.80		0.00-0.80		0.00-0.50		0.00-0.20	
05/31/18										
1315	3.55	66	1.21	22	0.50	9	0.10	2	0.04	1
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
06/01/18										
0550	2.48	55	1.29	29	0.60	13	0.12	3	0.01	0
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
06/03/18										
0528	2.64	65	0.94*	23	0.43	10	0.10	2	0.01	0
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
06/04/18										
0520	2.05	49	1.36	32	0.65	15	0.12	3	0.03	1
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}

CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

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Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NWMSE — Room: MSE70601
Acct: 1827191558 — Dr: Luu,Paul,MD

WBC DIFFERENTIAL (CELLS X 1000) - HEMATOLOGY

TEST:	IMMATURE GRANULOCYTES	% IMMATURE GRANULOCYTES	NRBC	% NRBC
UNITS:	THOU/uL	%	THOU/uL	%
LO-HI:	0.00-0.05		0.00	
05/31/18 1315	0.02 {NW}	0 {NW}	0.00 {NW}	0 {NW}
06/01/18 0550	0.02 {NW}	0 {NW}	0.00 {NW}	0 {NW}
06/03/18 0528	0.01 {NW}	0 {NW}	0.00 {NW}	0 {NW}
06/04/18 0520	0.01 {NW}	0 {NW}	0.00 {NW}	0 {NW}

COAGULATION WORKUP

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
05/31/18 1315	45.7* {NW}	4.9* {NW}
06/01/18 0550	30.8* {NW}	3.4* {NW}
06/02/18 0626	16.1* DLTH2 {NW}	1.7*

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---
DLTH2 Significant change in lab value, correlated with supporting data for quality assurance purposes.

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06/08/2018 05:10 — UNIVERSITY OF WASHINGTON MEDICAL CENTER — CUMULATIVE SUMMARY
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CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NWMSE — Room: MSE70601
Acct: 1827191558 — Dr: Luu,Paul,MD

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3

<< CONTINUED FROM PREVIOUS PAGE >>

06/03/18 0528	12.2* {NW}	1.3 {NW}
06/04/18 0520	13.4* {NW}	1.4* {NW}

********** URINE/STOOL CULTURES **********

06/02/18 1530 Stool C/S and Enteric Battery
ACC. NO.: S76109 — TRANSPORT TIME: 0.1 — Final 06/07/2018
Specimen Description: Stool
Special Requests: None

Shiga Toxins: 1. Unable to perform Shiga toxins 1 and 2 testing: Specimen was improperly preserved for testing.

Culture: 1. No Salmonella, No Shigella, No E. coli O157, No Yersinia enterocolitica, No Aeromonas, No Plesiomonas, and No Vibrio isolated.
2. No Campylobacter species isolated

********** MICROBIOLOGY MOLECULAR DIAGNOSTICS **********

06/02/18 1530 C. difficile, Toxigenic by PCR
ACC. NO.: S76108 — TRANSPORT TIME: 0.1

C. difficile: 1. Negative

CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

06/08/2018 05:10 UNIVERSITY OF WASHINGTON MEDICAL CENTER
INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

CUMULATIVE SUMMARY

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWMSE Room: MSE70601
Acct: 1827191558 Dr: Luu,Paul,MD

********** MISCELLANEOUS SPECIMEN COLLECTION **********

06/02/18
0626 1st Extra Lime Green Top Additional collection tube {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

eProgress Note Pharmacy Medication Management/Review Travis Yesiki, Pharm D 6/4/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:47:16 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 06/04/2018 14:15

Note

Pharmacy Warfarin Management Note:

Subjective:
Patient is a 93 yof admitted for cellulitis. Pharmacy was consulted to dose warfarin for the indication of hx of remote DVT (verbal order from Dr. Luu).
Goal INR: 2-3
PMH includes: Hx of DVT, PVD, multiple treatments for LLE infection
Social hx: homeless

Patient's home warfarin regimen is: 2.5 mg on Thursday and Sunday; 5 mg all other days
Last dose taken: 7.5 mg on 6/3

Objective:
INR: 1.4
Hgb/Hct: 9.9/32
Plt: 203
Tmax: 36.8

Diet/PO intake: 100% of meals
Current potential drug-drug or drug-disease interactions with warfarin: enox 40 mg, PRN apap, PRN norco

Assessment:
INR remains subtherapeutic at 1.4 today despite increased dose of 7.5 mg last evening; possible patient is slow responder and increased PO intake is requiring a higher than normal warfarin dose to reach therapeutic levels. Pt remains on enox 40 mg/d for DVT prophy given INR < 2. Will continue 7.5 mg dose tonight and check INR tomorrow morning.

Based on patient's living situation or discharge disposition, patient will likely not need warfarin teaching/review.

Plan:
Continue warfarin 7.5 mg tonight.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
Next INR draw: 6/5 AM

Electronically signed by Travis Yesiki, Pharm D on 06/04/2018 14:23

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge: 20180604
Dictating Physician: Plotkin, MD, Elizabeth

DATE OF SERVICE: 06/04/2018

IDENTIFYING INFORMATION:
Patient is a 93-year-old woman with severe peripheral vascular disease both venous and arterial who came in with worsening stasis ulcers on her left lower extremity and cellulitis.

PROBLEMS DURING THIS HOSPITAL STAY:
1. Cellulitis left lower extremity.
2. Multiple venous ulcerations from stasis ulcers complicated by arterial insufficiency in her left lower extremity with acute worsening.
3. Coagulopathy without bleeding.
4. Hypertension.
5. Diarrhea, unclear etiology. C. diff negative.
6. Mild transaminitis of unclear etiology.

CONSULTATIONS THIS ADMISSION:
1. Vascular Surgery, Dr. Rollo.
2. Infectious disease, Dr. Cohen.
3. Wound Care, Teresa Gegax-Martinez, ARNP.

PROCEDURES THIS ADMISSION:
None.

BRIEF HISTORY OF PRESENT ILLNESS:
Please also see my admission note from 05/31/2018. The patient is a 93-year-old woman who has had known difficulties with left lower extremity chronic venous stasis ulcers complicated by arterial insufficiency. Unfortunately, she has not had a place to live for the past 2 months, living in a tent with her son. Living situation is not allowed for optimal care of her lower extremity wounds. She went into Wound Care Clinic and was seen to have probable cellulitis on exam and it was felt that admitting her would be the best way to manage this since she did not have good wound care at home. She was also complaining of severe pain in her leg when she first arrived.

HOSPITAL COURSE BY PROBLEM:
1. Cellulitis, left lower extremity. The patient received cefazolin initially on admission for presumed cellulitis. Her leg improved rapidly and she was assessed in the next 2 days and felt to no longer actually have

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge: 20180604
Dictating Physician: Plotkin, MD, Elizabeth

active infection. There was a wound culture obtained initially on admission and it ended up growing MSSA and Pseudomonas. I therefore had Infectious Disease see the patient to see whether the Pseudomonas needed coverage. Infectious Disease consulted and Dr. Cohen felt that the patient did not actively have cellulitis at this time and felt that no further antibiotics needed. We actually watched the patient off antibiotics for 48 hours with no worsening of her wounds or erythema of the leg. Therefore, at this time the culture represents colonization. It is felt that she will do best with aggressive wound care management. She was seen by the wound care team who put her on Xeroform with leg wraps but not pressure wraps. She showed improvement in her wounds even during her hospital stay here. She will go to a skilled nursing facility for further wound care and follow up with the Wound Care Clinic within a week.
2. Stasis ulcers of her legs. Please see discussion above. The patient had at least 5 ulcers of the leg. These were starting to have granulation tissue by the time of discharge. Because she has known peripheral vascular disease mainly venous but also some element of arterial, she was seen by the vascular team. They felt they could follow up as an outpatient to offer procedures once she is improved. She will see Dr. Rollo in followup.
3. Coagulopathy. On admission patient's INR was supratherapeutic at 4.9. She had no evidence of bleeding. We held her warfarin initially in order to let her INR come down to therapeutic. Unfortunately, she went below therapeutic and it is 1.4 at the time of this dictation. I have suggested she stay on enoxaparin until she is fully therapeutic on warfarin with an INR between 2 and 3. Indication for anticoagulation is chronic venous stasis disease with a past history of DVT with significant complications.
4. Hypertension. Patient's blood pressure was adequately controlled.
5. Abnormal liver tests. On initial blood testing patient had an elevated AST at 44 and ALT of 35. Her AST improved to 43, ALT normalized during the hospital stay. This is of unclear etiology, possibly nutritional.
6. Diarrhea. The patient had some loose stools in the hospital. She had reported this had happened prior to coming in as well. She was tested for C. diff and it was negative. She was tested for other enteric pathogens and that was negative. She was started on probiotics with some improvement in her loose stools.
7. Underweight. Patient's BMI was 17.6, making her underweight. She was encouraged to have nutritional supplements.

MEDICATIONS ON DISCHARGE:

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge: 20180604
Dictating Physician: Plotkin, MD, Elizabeth

1. Acetaminophen 650 mg q.4 h. p.r.n. fever or pain.
2. Acidophilus probiotic 1 tablet twice a day.
3. Enoxaparin 40 mg daily subcutaneous until INR is between 2 and 3.
4. Hydrocodone/acetaminophen 5/325, 2 tablets q.4 h. p.r.n. severe pain. May have 1 to 2 tablets.
5. Pentoxifylline 400 mg q.8 h.
6. Timolol 0.5% ophthalmic drops 1 drop both eyes twice a day.
7. Warfarin 5 mg every Monday, Tuesday, Wednesday, Friday and Saturday. 2.5 mg every Thursday and Sunday. Repeat INR q. Monday and Thursday.
8. Atorvastatin 10 mg a day.
9. Losartan 12.5 mg a day.

EXAMINATION ON THE DAY OF DISCHARGE:
VITAL SIGNS: Temperature 36.2, pulse 75, blood pressure 131/69.
GENERAL: She is alert, in no acute distress.
CHEST: Clear.
CARDIAC: Regular rate and rhythm. No murmur or gallop.
ABDOMEN: Nontender.
EXTREMITIES: Left lower extremity shows venous ulcerations with granulation tissue. No evidence of infection. The lower extremity between the knee and the ankle is dark red discoloration related to venous stasis. There is no edema.

CODE STATUS:
DURING THIS ADMISSION REMAINED FULL RESUSCITATION, HOWEVER PATIENT DOES NOT WANT PROLONGED RESUSCITATIVE EFFORTS IF THERE IS NO CHANCE OF HER RECOVERY.

FOLLOWUP:
Will be with Wound Care Clinic within 1 week after discharge from skilled nursing facility.

TIME SPENT:
Greater than 30 minutes spent on discharge activities on the day of discharge.

MLS: 292766
D: 06/04/2018 15:26:53
T: 06/04/2018 16:17:40
48453088 [ID1: 2000539]

NorthWest Hospital and Medical Center

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/31/2018
Date of Discharge: 20180604
Dictating Physician: Plotkin, MD, Elizabeth

MR#: U8170135
Acct#: 1827191558

Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/31/2018 1

MR#: U8170135
DOB: 01/06/1925

Physician: Elizabeth Plotkin, MD

Seth A. Cohen, MD
Dr. William Neighbor

Signed by Plotkin, M.D.,Elizabeth A on 05-Jun-2018 22:51:17 -04:00

Plotkin, MD, Elizabeth

CC: Paul Luu, MD
Seth A Cohen, MD
Dr. William Neighbor

D: 06/04/2018 15:26 T: 06/04/2018 16:17 JOB: 48453088 MLS: 292766

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 06/04/2018 15:15

Created on: June 04, 2018, 15:15:20 -0700 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	HOMELESS SEATTLE, WA 98133 Phone: 360-6495702 (Home) Phone: 206-0000000 (Work) Phone: 6495702 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** May 31, 2018		
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Plastic Surgery	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1827191558 NWHMC: Health Resources Northwest Locally-assigned Other Identifier(SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.327659

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Paul Luu , MD	**Contact Information**	Wound Care Center Seattle, WA 98133 Phone: 206-368-1244 (Work)
Attending Physician	Paul Luu , MD	**Contact Information**	Wound Care Center Seattle, WA 98133 Phone: 206-368-1244 (Work)

Table of Contents

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☑ Hospital Course

☑Hospital Discharge Instructions
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☑Medication

☑Reason For Visit

☑Chief Complaint

Cellulitis of left lower limb

☑Social History

Smoking Status from 5/31/2018 11:20 AM:

- Tobacco Use? : Denies Ever Smoked

☑Functional Status

Functional Status from 6/4/2018 3:10 PM:

- Behavior : Appropriate to situation
- Cognitive Status : No cognitive impairments

☑Vital Signs

Measurements from 5/31/2018 11:03 AM:

- Height (inches) : 5/6 ft,in
- Weight (kg) : 49.4/ kg
- BMI : 17.6

Measurements from 5/31/2018 11:06 AM:

- BP : 129/67

Measurements from 5/31/2018 2:01 PM:

- BP : 134/69

Measurements from 5/31/2018 7:03 PM:

- BP : 105/50

Measurements from 5/31/2018 10:00 PM:

- BP : 118/64

Measurements from 6/1/2018 4:40 AM:

- BP : 142/67

Measurements from 6/1/2018 9:30 AM:

- BP : 112/60

Measurements from 6/1/2018 1:47 PM:

- Height (inches) : 5/6 ft,in
- Weight (kg) : 49.4/ kg

Measurements from 6/1/2018 3:00 PM:

- BP : 116/55

Measurements from 6/1/2018 8:03 PM:

- BP : 149/72

Measurements from 6/2/2018 5:39 AM:

- BP : 110/59

Measurements from 6/2/2018 2:00 PM:

- BP : 136/76

Measurements from 6/2/2018 8:18 PM:

- BP : 121/58

Measurements from 6/3/2018 5:23 AM:

- BP : 143/73

Measurements from 6/3/2018 12:55 PM:

- BP : 122/63

Measurements from 6/3/2018 8:21 PM:

- BP : 112/49

Measurements from 6/4/2018 5:49 AM:

- BP : 163/60

Measurements from 6/4/2018 1:52 PM:

- BP : 131/69

Results

Hematology from 5/31/2018 1:15 PM

WBC 5.42 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.64 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 35 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 29.9 pg *(27.3-33.6 pg)*
MCHC 30.9 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 213 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.6 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 66 % (Reference Range: not available)

% Lymphocytes 22 % (Reference Range: not available)

% Monocytes 9 % (Reference Range: not available)

% Eosinophils 2 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.55 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.21 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.50 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.10 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.04 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*
RBC Sedimentation Rate (ESR) 59 mm/hr H *(0-20 mm/hr)*

Hematology from 6/1/2018 5:50 AM

WBC 4.52 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.05 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.2 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 29 % L *(36-45 %)*
MCV 96 fL *(81-98 fL)*
MCH 30.2 pg *(27.3-33.6 pg)*
MCHC 31.3 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 191 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.8 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 55 % (Reference Range: not available)

% Lymphocytes 29 % (Reference Range: not available)

% Monocytes 13 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 0 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.48 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.29 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.60 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.12 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.01 THOU/uL *(0.00-0.20 THOU/uL)*

Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 6/3/2018 5:28 AM

WBC 4.13 THOU/uL L *(4.3-10.0 THOU/uL)*
RBC 3.43 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.3 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 33 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 30.0 pg *(27.3-33.6 pg)*
MCHC 30.9 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 213 THOU/uL *(150-400 THOU/uL)*
RDW-CV 14.8 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 65 % (Reference Range: not available)

% Lymphocytes 23 % (Reference Range: not available)

% Monocytes 10 % (Reference Range: not available)

% Eosinophils 2 % (Reference Range: not available)

% Basophils 0 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.64 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 0.94 THOU/uL L *(1.00-4.80 THOU/uL)*
Monocytes 0.43 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.10 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.01 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 6/4/2018 5:20 AM

WBC 4.22 THOU/uL L *(4.3-10.0 THOU/uL)*
RBC 3.25 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 32 % L *(36-45 %)*
MCV 98 fL *(81-98 fL)*
MCH 30.5 pg *(27.3-33.6 pg)*
MCHC 31.0 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 203 THOU/uL *(150-400 THOU/uL)*
RDW-CV 15.0 % H *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 49 % (Reference Range: not available)

% Lymphocytes 32 % (Reference Range: not available)

% Monocytes 15 % (Reference Range: not available)

% Eosinophils 3 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 2.05 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.36 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.65 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.12 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.03 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 5/31/2018 1:15 PM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 111 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 9 *(4-12)*
Glucose 158 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 13 mg/dL *(8-21 mg/dL)*
Creatinine 0.76 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 6.7 g/dL *(6.0-8.2 g/dL)*
Albumin 3.6 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.4 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 44 U/L H *(9-38 U/L)*
ALT (GPT) 35 U/L H *(7-33 U/L)*
Alkaline Phosphatase (Total) 112 U/L *(49-199 U/L)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.

Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 9.1 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 6/1/2018 5:50 AM

Sodium 143 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 112 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 6 *(4-12)*
Glucose 132 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 12 mg/dL *(8-21 mg/dL)*
Creatinine 0.66 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.3 mg/dL L *(8.9-10.2 mg/dL)*

Chemistry from 6/3/2018 5:28 AM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 3.7 mEq/L *(3.6-5.2 mEq/L)*
Chloride 112 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 25 mEq/L *(22-32 mEq/L)*
Anion Gap 8 *(4-12)*
Glucose 143 mg/dL H *(62-125 mg/dL)*
Urea Nitrogen 12 mg/dL *(8-21 mg/dL)*
Creatinine 0.80 mg/dL *(0.38-1.02 mg/dL)*
Protein (Total) 6.1 g/dL *(6.0-8.2 g/dL)*
Albumin 3.2 g/dL L *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.3 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 43 U/L H *(9-38 U/L)*
ALT (GPT) 26 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 81 U/L *(49-199 U/L)*
eGFR, Calc, European American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.5 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 5/31/2018 1:15 PM

Prothrombin Time Patient (NWH) 45.7 s H *(8.9-12.1 s)*
Prothrombin INR 4.9 H *(0.8-1.3)*

Coagulation from 6/1/2018 5:50 AM

Prothrombin Time Patient (NWH) 30.8 s H *(8.9-12.1 s)*
Prothrombin INR 3.4 H *(0.8-1.3)*

Coagulation from 6/2/2018 6:26 AM

Prothrombin Time Patient (NWH) 16.1 s H *(8.9-12.1 s)*
Significant change in lab value, correlated with
supporting data for quality assurance purposes.
Prothrombin INR 1.7 H *(0.8-1.3)*

Coagulation from 6/3/2018 5:28 AM

Prothrombin Time Patient (NWH) 12.2 s H *(8.9-12.1 s)*
Prothrombin INR 1.3 *(0.8-1.3)*

Coagulation from 6/4/2018 5:20 AM

Prothrombin Time Patient (NWH) 13.4 s H *(8.9-12.1 s)*
Prothrombin INR 1.4 H *(0.8-1.3)*

Cardiac from 5/31/2018 1:15 PM

C_Reactive Protein 4.3 mg/L *(0.0-10.0 mg/L)*

Infectious Immunology from 6/2/2018 3:30 PM

C. difficile PCR Spec Desc Stool (Reference Range: not available)

C. difficile, Toxigenic by PCR Negative *(NRN)*

Problems

Encounter Diagnosis

- Acute Pain Status:Active.

Additional Problems

- Fall Risk Status:Resolved.

Encounters

Encounter Diagnosis

- Acute Pain Status:Active.

Plan of Care

Treatment Plan from 6/4/2018 1:00 PM:

- Additional Follow Up Appointment : Dr. Rollo (vascular surgery/outpatient)
- Follow Up Phone : (206) 668-1070
- When : son to call for appointment
- Referral : Physical therapy,Respiratory therapy,Wound care

Treatment Plan from 6/4/2018 3:10 PM:

- Additional Follow Up Appointment : Dr. Rollo (vascular surgery/outpatient)
- Follow Up Phone : (206) 668-1070
- When : son to call for appointment
- Referral : Physical therapy,Respiratory therapy,Wound care

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 6/4/2018 1:00 PM:

Activity Instructions

- Activity : Resume usual activity as tolerated
- Activity Instructions : ambulate with walker, elevate Left leg in bed.

Diet Instructions

- Diet Instructions : Pureed
- Additional Diet Instructions : or mechanical soft diet

Elimination

- Elimination : Continent bowel,Continent bladder

Medication Administration Instructions

- Med Administration Instructions : Whole with thin liquids

Additional Instructions

- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 6/4/2018 3:10 PM:

Activity Instructions

- Activity : Resume usual activity as tolerated
- Activity Instructions : ambulate with walker, elevate Left leg in bed.

Diet Instructions

- Diet Instructions : Pureed
- Additional Diet Instructions : or mechanical soft diet

Precautions

- Precautions : Fall

- Isolation : Standard

Skin Condition

- Wound Type 1 : Other
- Wound Location 1 : LLE
- Wound Description 1 : Venous insufficiency
- Wound Treatment Plan 1 : LLE - remove dressing wash leg with warm washcloth. liberally apply vaseline jelly to dry skin. irrigate wounds with NS, wipe exudates free with gauze, cover with xeroform ABD & kerlix daily & PRN. Leg elevation

Elimination

- Elimination : Continent bowel,Continent bladder

Medication Administration Instructions

- Med Administration Instructions : Whole with thin liquids

Additional Instructions

- Notify your provider if :

  Notify your Provider if you have any of the following signs or symptoms:

  - Fever of 100.5 F or higher or chills
  - Increased/ Excessive Bleeding
  - Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it
  - Frequency, burning, foul smelling or blood with urination or unable to urinate
  - Persistent diarrhea or constipation
  - Pain, redness and swelling in lower legs
  - Pain unrelieved with medication and rest
  - Unable to tolerate oral fluids or food
  - Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs
  - Swelling unrelieved by elevation, rest or ice
  - Severe leg/calf pain
  - Chest pain
  - Shortness of breath
  - Fatigue
  - Weight gain of more than 3 pounds in 3 days
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- adhesive tape causes Rash. Status:Active.
- Penicillins causes Rash. Status:Active.
- Sulfa (Sulfonamide Antibiotics) causes Rash. Status:Active.
- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Discharge medications

New medications

- acetaminophen 325 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 2 tablet oral every four hours PRN FEVER
- acidophilus-pectin, citrus 25 million cell-100 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral twice a day
- enoxaparin 40 mg/0.4 mL Syringe, Ordered By: Paul Luu, MD
  Directions: 40 mg subcutaneous daily
  Additional Instructions: discontinue when PT/INR reach therapeutic level
- HYDROcodone-acetaminophen 5 mg-325 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 2 tablet oral every four hours PRN SEVERE PAIN
  Additional Instructions: ORDERED: 1-2 TAB PO Q4H PRN
- pentoxifylline 400 mg Tablet Extended Release, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral every eight hours

Continued medications

- timolol maleate 0.5 % Drops, Ordered By: Paul Luu, MD
  Directions: 1 drop ophthalmic, both eyes twice a day
- warfarin (Coumadin) 5 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
- warfarin (Coumadin) 2.5 mg Tablet, Ordered By: Paul Luu, MD
  Directions: 1 tablet oral QThursday and Sunday
- atorvastatin calcium 10 mg PO daily
- Losartan potassium 12.5 mg PO daily
- Pentoxifylline ER 400 mg TID

Stopped medications

- None

Created by: CCDA Workflow on June 04, 2018

Confidential Report. Dispose of Appropriately!

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 1 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 22 (REVISED)
ACIDOPHILUS 25 MILLION UNITS 25000000 UNITS = 1 TAB
(ACIDOPHILUS 25 MILLION UNITS)
BID PO 2 TIMES A DAY
START: 06/03/18 15:05 STOP:

Nrs Verified By: APA6

06/03/18 18:00 ADMIN APA6 at: 06/03/18 17:42
06/04/18 09:00 ADMIN AMU2 at: 06/04/18 08:35

ORD# 10 (REVISED)
ATORVASTATIN CALCIUM 10 MG = 1 TAB
(LIPITOR)
QHS PO DAILY AT BEDTIME
START: 05/31/18 12:33 STOP:

Nrs Verified By: RSE

05/31/18 21:00 ADMIN THA4 at: 05/31/18 21:38
06/01/18 21:00 ADMIN JS15 at: 06/01/18 21:23
06/02/18 21:00 ADMIN JS15 at: 06/02/18 21:18
06/03/18 21:00 ADMIN PSH at: 06/03/18 21:07

ORD# 1
BOWEL MANAGEMENT CARE 1 NOTE = 1 NOTE
(NOTE BOWEL MANAGEMENT CARE)
complex MISC
RN TO ENTER ORDERS M860 AS
NEEDED IN SOARIAN
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 24
ENOXAPARIN SODIUM 40 MG = 0.4 ML
(LOVENOX)
DAILY SCUT ONCE A DAY
START: 06/03/18 15:30 STOP:

Nrs Verified By: APA6

06/03/18 15:30 ADMIN APA6 at: 06/03/18 16:14
Adm Site: LLQ Subcutaneous
06/04/18 09:00 ADMIN AMU2 at: 06/04/18 08:35
Adm Site: LLQ Subcutaneous

ORD# 11 (REVISED)
LOSARTAN POTASSIUM 12.5 MG = 1 PRECUT
(COZAAR)
DAILY PO ONCE A DAY
START: 05/31/18 12:34 STOP:

Nrs Verified By: RSE

06/01/18 09:00 ADMIN BBE5 at: 06/01/18 09:54

ORD# 11 (REVISED)
LOSARTAN POTASSIUM 12.5 MG = 1 PRECUT
(COZAAR)
DAILY PO ONCE A DAY
START: 05/31/18 12:34 STOP:

Nrs Verified By: RSE

06/02/18 09:00 ADMIN DIS at: 06/02/18 09:33
06/03/18 09:00 ADMIN APA6 at: 06/03/18 09:21
06/04/18 09:00 ADMIN AMU2 at: 06/04/18 08:35

ORD# 12 (REVISED)
PENTOXIFYLLINE CR 400 MG = 1 TAB
(TRENTAL)
Q8HWA PO EVERY 8 HOURS WHILE AWAKE
START: 05/31/18 12:34 STOP:

Nrs Verified By: RSE

05/31/18 14:00 ADMIN RSE at: 05/31/18 14:06
05/31/18 22:00 ADMIN THA4 at: 05/31/18 21:38
06/01/18 06:00 ADMIN THA4 at: 06/01/18 05:58
HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 3 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 12 (REVISED)
(CONTINUED)
06/01/18 14:00 ADMIN BBE5 at: 06/01/18 14:25

ORD# 12 (REVISED)
PENTOXIFYLLINE CR 400 MG = 1 TAB
(TRENTAL)
Q8HWA PO EVERY 8 HOURS WHILE AWAKE
START: 05/31/18 12:34 STOP:

Nrs Verified By: RSE

06/01/18 22:00 ADMIN JS15 at: 06/01/18 21:49
06/02/18 06:00 ADMIN JS15 at: 06/02/18 05:51
06/02/18 14:00 ADMIN DIS at: 06/02/18 14:46
06/02/18 22:00 ADMIN JS15 at: 06/02/18 21:18
06/03/18 06:00 ADMIN JS15 at: 06/03/18 05:30
06/03/18 14:00 ADMIN APA6 at: 06/03/18 16:14
06/03/18 22:00 ADMIN PSH at: 06/03/18 21:07
06/04/18 06:00 ADMIN PSH at: 06/04/18 06:29
06/04/18 14:00 ADMIN AMU2 at: 06/04/18 13:36

ORD# 13
TIMOLOL 0.5% MALEATE 1 DROP = 1 DROP
(TIMOPTIC OPHTH)
BID BEYE 2 TIMES A DAY
START: 05/31/18 12:34 STOP:

Nrs Verified By: RSE

05/31/18 18:00 ADMIN KMA8 at: 05/31/18 17:59
06/01/18 09:00 ADMIN BBE5 at: 06/01/18 09:54
06/01/18 18:00 ADMIN BBE5 at: 06/01/18 18:04
06/02/18 09:00 ADMIN DIS at: 06/02/18 09:33
06/02/18 18:00 ADMIN DIS at: 06/02/18 19:09
06/03/18 09:00 ADMIN APA6 at: 06/03/18 16:14
06/03/18 18:00 NOTADMIN APA6 at: 06/03/18 17:42
Charted Reason: Patient refused
06/04/18 09:00 ADMIN AMU2 at: 06/04/18 08:35

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 20
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
NO WARFARIN DOSE TODAY.
DOSING BY PHARMACY
START: 05/31/18 14:27 STOP:

Nrs Verified By: RSE

05/31/18 18:00 NOTADMIN KMA8 at: 05/31/18 17:59
Charted Reason: Noted
06/01/18 18:00 NOTADMIN BBE5 at: 06/01/18 18:04
Charted Reason: No dose today

ORD# 20 (REVISED)
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
NO WARFARIN DOSE TODAY.
DOSING BY PHARMACY
START: 05/31/18 14:27 STOP: 06/02/18 11:19

Nrs Verified By: DIS

**** ORDER DISCONTINUED ****

ORD# 21 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
DOSING PER PHARMACIST
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 06/02/18 11:20 STOP:

Nrs Verified By: DIS

06/02/18 18:00 ADMIN DIS at: 06/02/18 18:08

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 5 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 21 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
DOSING PER PHARMACIST
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 06/02/18 11:20 STOP: 06/03/18 15:14

Nrs Verified By: APA6

**** ORDER DISCONTINUED ****

ORD# 23
WARFARIN SODIUM 7.5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
DOSING PER PHARMACIST
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 06/03/18 15:14 STOP:

Nrs Verified By: APA6

06/03/18 18:00 ADMIN APA6 at: 06/03/18 17:42

*** PRN MEDICATIONS ***

ORD# 3
ACETAMINOPHEN 650 MG = 2 TAB
(TYLENOL)
Q4HP PO EVERY 4 HOURS AS NEEDED
FEVER
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 4
diphenhydrAMINE HCl 25 MG = 1 TAB
(BENADRYL)
Q6HP PO EVERY 6 HOURS AS NEEDED
ITCHING
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

ORD# 5
diphenhydrAMINE HCl 50 MG = 1 CAP
(diphenhydrAMINE HCl)
QHSP PO BEDTIME AS NEEDED
INSOMNIA
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

ORD# 6 (REVISED)
HYDROCODONE-APAP 5-325 MG 1 TAB = 1 TAB
(NORCO 5-325MG)
Q4HP PO EVERY 4 HOURS AS NEEDED
MODERATE PAIN
ORDERED: 1-2 TAB PO Q4H PRN
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

05/31/18 14:06 ADMIN RSE
06/03/18 21:12 ADMIN PSH
06/04/18 08:35 ADMIN AMU2

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 7
HYDROCODONE-APAP 5-325 MG 2 TAB = 2 TAB
(NORCO 5-325MG)
Q4HP PO EVERY 4 HOURS AS NEEDED
SEVERE PAIN
ORDERED: 1-2 TAB PO Q4H PRN
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

ORD# 8
ONDANSETRON ODT 4 MG = 1 ODT
(ZOFRAN ODT)
Q6HP SL EVERY 6 HOURS AS NEEDED
SEVERE NAUSEA
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

ORD# 9
traMADol 50 MG = 1 TAB
(ULTRAM)
Q6HP PO EVERY 6 HOURS AS NEEDED
MODERATE PAIN
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 8 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 9 (REVISED)
traMADol 50 MG = 1 TAB
(ULTRAM)
Q6HP PO EVERY 6 HOURS AS NEEDED
MODERATE PAIN
START: 05/31/18 12:00 STOP:

Nrs Verified By: RSE

06/04/18 00:41 ADMIN PSH

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED IVS ***

ORD# 14 UB: A
SEC SECONDARY SOLN
DEXTROSE 5% INJ BAG 50 ml
ceFAZolin 1 G = 10 ML
(ANCEF)
IV Q8HWA EVERY 8 HOURS WHILE AWAKE
RATE: 200 ml/hr RUN-IN: 0.25 hrs
INFECTION
CELLULITIS OF LEFT CALF AND
ANKLE
START: 05/31/18 12:04 STOP:

Nrs Verified By: RSE

05/31/18 14:00 ADMIN RSE at: 05/31/18 14:06
Adm Site: Peripheral
05/31/18 22:00 ADMIN THA4 at: 05/31/18 21:38
Adm Site: Peripheral
06/01/18 06:00 ADMIN THA4 at: 06/01/18 05:58
Adm Site: Peripheral
06/01/18 14:00 ADMIN BBE5 at: 06/01/18 14:25
Adm Site: Peripheral
06/01/18 22:00 ADMIN JS15 at: 06/01/18 21:23
Adm Site: Peripheral
06/02/18 06:00 ADMIN JS15 at: 06/02/18 05:51
Adm Site: Peripheral

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED IVS ***

ORD# 14 (REVISED) UB: A
SEC SECONDARY SOLN
DEXTROSE 5% INJ BAG 50 ml
ceFAZolin 1 G = 10 ML
(ANCEF)
IV Q8HWA EVERY 8 HOURS WHILE AWAKE
RATE: 200 ml/hr RUN-IN: 0.25 hrs
INFECTION
CELLULITIS OF LEFT CALF AND
ANKLE
START: 05/31/18 12:04 STOP: 06/02/18 11:48

Nrs Verified By: DIS

**** ORDER DISCONTINUED ****

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 15
WARFARIN SODIUM 2.5 MG = 1 TAB
(COUMADIN)
THURSDAY PO EVERY THURS
EVERY THURSDAY AND SUNDAY
SEE ADDITIONAL ORDER # 16
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:49 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 10 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 15 (REVISED)
WARFARIN SODIUM 2.5 MG = 1 TAB
(COUMADIN)
THURSDAY PO EVERY THURS
EVERY THURSDAY AND SUNDAY
SEE ADDITIONAL ORDER # 16
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:49 STOP: 05/31/18 14:25

Nrs Verified By: RSE

**** ORDER DISCONTINUED ****

ORD# 16
WARFARIN SODIUM 2.5 MG = 1 TAB
(COUMADIN)
SUNDAY PO EVERY SUN
EVERY THURSDAY AND SUNDAY
PER CPOE 15
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:50 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

ORD# 16 (REVISED)
WARFARIN SODIUM 2.5 MG = 1 TAB
(COUMADIN)
SUNDAY PO EVERY SUN
EVERY THURSDAY AND SUNDAY
PER CPOE 15
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:50 STOP: 05/31/18 14:25

Nrs Verified By: RSE

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 11 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 17
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
TFS PO EVERY TUES, FRI AND SAT
MONDAY, TUE, WED, FRI, SAT
SEE CPOE 18 FOR ADDITIONAL
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:53 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

ORD# 17 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
TFS PO EVERY TUES, FRI AND SAT
MONDAY, TUE, WED, FRI, SAT
SEE CPOE 18, 19 FOR
ADDITIONAL ORDER
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:53 STOP:

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 12 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 17 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
TFS PO EVERY TUES, FRI AND SAT
MONDAY, TUE, WED, FRI, SAT
SEE CPOE 18, 19 FOR
ADDITIONAL ORDER
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:53 STOP: 05/31/18 14:25

Nrs Verified By: RSE

**** ORDER DISCONTINUED ****

ORD# 18
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
MONDAY PO EVERY MON
MONDAY, TUE, WED, FRI, SAT
PER CPOE 17
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:55 STOP:

Nrs Verified By:

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 13 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 18 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
MONDAY PO EVERY MON
MONDAY, TUE, WED, FRI, SAT
PER CPOE 17
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:55 STOP: 05/31/18 14:25

Nrs Verified By: RSE

**** ORDER DISCONTINUED ****

ORD# 19
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
WEDNESDAY PO EVERY WED
MONDAY, TUE, WED, FRI, SAT
PER CPOE 17
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:55 STOP:

Nrs Verified By: RSE

**** NO OCCURRENCES CHARTED ****

ORD# 19 (REVISED)
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
WEDNESDAY PO EVERY WED
MONDAY, TUE, WED, FRI, SAT
PER CPOE 17
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 05/31/18 12:55 STOP: 05/31/18 14:25

Nrs Verified By: RSE

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 14 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** IVS ***

ORD# 2 UB: A
PRIMRY PRIMMARY SOLN
DEXTROSE 5% 1/2 NS KCL 20MEQ/L 1000 ml
IV 10 HRS
RATE: 100 ml/hr RUN-IN: 10 hrs
START: 05/31/18 12:15 STOP:

Nrs Verified By: RSE

05/31/18 12:15 ADMIN RSE at: 05/31/18 12:47
Adm Site: Peripheral

ORD# 2 (REVISED) UB: A
PRIMRY PRIMMARY SOLN
DEXTROSE 5% 1/2 NS KCL 20MEQ/L 1000 ml
IV 10 HRS
RATE: 100 ml/hr RUN-IN: 10 hrs
START: 05/31/18 12:15 STOP: 05/31/18 18:12

Nrs Verified By: THA4

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1827191558 DISCH LOC: MSE <PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

06/04/2018 16:05 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 15 OF 15
Northwest Hospital and Med Ctr

PATIENT NO: 1827191558 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: MSE/070601
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 06/04/2018
ATN DOCTOR: LUU, PAUL ADMIT DATE: 05/31/2018

*** NURSE IDENTIFICATION ***

AMU2	ALEMU MULATU
APA6	ANNE-MARIE PASOQUEN
BBE5	BEREKET BEYN, RN
DIS	DIANA A ISMAIL
JS15	JEBOTIBIN SIRMA
KMA8	KUSUMA MARK
PSH	PORTIA SHARMA
RSE	ROSITA ELAMPARO, RN
THA4	TOMOKO HASUMI

<PERMANENT CHART COPY>

eMAR 6/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 9:19:58 PM -04:00

END OF REPORT -- REPORT NAME=DCHMAR HOSP=W0 REGION=TA

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018-6/4/2018 I(A) PLS 1-eTransf Sum Plotkin, MD, Elizabeth 6/4/2018 CUSTDM10\W0TA_EPLOTKIN 6/5/2018 7:51:52 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge: 20180604
Dictating Physician: Plotkin, MD, Elizabeth

DATE OF SERVICE: 06/04/2018

IDENTIFYING INFORMATION:
Patient is a 93-year-old woman with severe peripheral vascular disease both venous and arterial who came in with worsening stasis ulcers on her left lower extremity and cellulitis.

PROBLEMS DURING THIS HOSPITAL STAY:
1. Cellulitis left lower extremity.
2. Multiple venous ulcerations from stasis ulcers complicated by arterial insufficiency in her left lower extremity with acute worsening.
3. Coagulopathy without bleeding.
4. Hypertension.
5. Diarrhea, unclear etiology. C. diff negative.
6. Mild transaminitis of unclear etiology.

CONSULTATIONS THIS ADMISSION:
1. Vascular Surgery, Dr. Rollo.
2. Infectious disease, Dr. Cohen.
3. Wound Care, Teresa Gegax-Martinez, ARNP.

PROCEDURES THIS ADMISSION:
None.

BRIEF HISTORY OF PRESENT ILLNESS:
Please also see my admission note from 05/31/2018. The patient is a 93-year-old woman who has had known difficulties with left lower extremity chronic venous stasis ulcers complicated by arterial insufficiency. Unfortunately, she has not had a place to live for the past 2 months, living in a tent with her son. Living situation is not allowed for optimal care of her lower extremity wounds. She went into Wound Care Clinic and was seen to have probable cellulitis on exam and it was felt that admitting her would be the best way to manage this since she did not have good wound care at home. She was also complaining of severe pain in her leg when she first arrived.

HOSPITAL COURSE BY PROBLEM:
1. Cellulitis, left lower extremity. The patient received cefazolin initially on admission for presumed cellulitis. Her leg improved rapidly and she was assessed in the next 2 days and felt to no longer actually have active infection. There was a wound culture obtained initially on admission and it ended up growing MSSA and Pseudomonas. I therefore had Infectious

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Disease see the patient to see whether the Pseudomonas needed coverage. Infectious Disease consulted and Dr. Cohen felt that the patient did not actively have cellulitis at this time and felt that no further antibiotics needed. We actually watched the patient off antibiotics for 48 hours with no worsening of her wounds or erythema of the leg. Therefore, at this time the culture represents colonization. It is felt that she will do best with aggressive wound care management. She was seen by the wound care team who put her on Xeroform with leg wraps but not pressure wraps. She showed improvement in her wounds even during her hospital stay here. She will go to a skilled nursing facility for further wound care and follow up with the Wound Care Clinic within a week.
2. Stasis ulcers of her legs. Please see discussion above. The patient had at least 5 ulcers of the leg. These were starting to have granulation tissue by the time of discharge. Because she has known peripheral vascular disease mainly venous but also some element of arterial, she was seen by the vascular team. They felt they could follow up as an outpatient to offer procedures once she is improved. She will see Dr. Rollo in followup.
3. Coagulopathy. On admission patient's INR was supratherapeutic at 4.9. She had no evidence of bleeding. We held her warfarin initially in order to let her INR come down to therapeutic. Unfortunately, she went below therapeutic and it is l.4 at the time of this dictation. I have suggested she stay on enoxaparin until she is fully therapeutic on warfarin with an INR between 2 and 3. Indication for anticoagulation is chronic venous stasis disease with a past history of DVT with significant complications.
4. Hypertension. Patient's blood pressure was adequately controlled.
5. Abnormal liver tests. On initial blood testing patient had an elevated AST at 44 and ALT of 35. Her AST improved to 43, ALT normalized during the hospital stay. This is of unclear etiology, possibly nutritional.
6. Diarrhea. The patient had some loose stools in the hospital. She had reported this had happened prior to coming in as well. She was tested for C. diff and it was negative. She was tested for other enteric pathogens and that was negative. She was started on probiotics with some improvement in her loose stools.
7. Underweight. Patient's BMI was 17.6, making her underweight. She was encouraged to have nutritional supplements.

MEDICATIONS ON DISCHARGE:
l. Acetaminophen 650 mg q.4 h. p.r.n. fever or pain.
2. Acidophilus probiotic 1 tablet twice a day.

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3. Enoxaparin 40 mg daily subcutaneous until INR is between 2 and 3.
4. Hydrocodone/acetaminophen 5/325, 2 tablets q.4 h. p.r.n. severe pain. May have 1 to 2 tablets.
5. Pentoxifylline 400 mg q.8 h.
6. Timolol 0.5% ophthalmic drops 1 drop both eyes twice a day.
7. Warfarin 5 mg every Monday, Tuesday, Wednesday, Friday and Saturday. 2.5 mg every Thursday and Sunday. Repeat INR q. Monday and Thursday.
8. Atorvastatin 10 mg a day.
9. Losartan 12.5 mg a day.

EXAMINATION ON THE DAY OF DISCHARGE:
VITAL SIGNS: Temperature 36.2, pulse 75, blood pressure 131/69.
GENERAL: She is alert, in no acute distress.
CHEST: Clear.
CARDIAC: Regular rate and rhythm. No murmur or gallop.
ABDOMEN: Nontender.
EXTREMITIES: Left lower extremity shows venous ulcerations with granulation tissue. No evidence of infection. The lower extremity between the knee and the ankle is dark red discoloration related to venous stasis. There is no edema.

CODE STATUS:
DURING THIS ADMISSION REMAINED FULL RESUSCITATION, HOWEVER PATIENT DOES NOT WANT PROLONGED RESUSCITATIVE EFFORTS IF THERE IS NO CHANCE OF HER RECOVERY.

FOLLOWUP:
Will be with Wound Care Clinic within 1 week after discharge from skilled nursing facility.

TIME SPENT:
Greater than 30 minutes spent on discharge activities on the day of discharge.

MLS: 292766
D: 06/04/2018 15:26:53
T: 06/04/2018 16:17:40
48453088 [ID1: 2000539]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018-6/4/2018 I(A) PLS 1-eTransf Sum Plotkin, MD, Elizabeth 6/4/2018 CUSTDM10\W0TA_EPLOTKIN 6/5/2018 7:51:52 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/31/2018
Date of Discharge: 20180604
Dictating Physician: Plotkin, MD, Elizabeth

MR#: U8170135
Acct#: 1827191558

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/31/2018 1

MR#: U8170135
DOB: 01/06/1925

Physician: Elizabeth Plotkin, MD

Seth A. Cohen, MD
Dr. William Neighbor

Signed by Plotkin, M.D.,Elizabeth A on 05-Jun-2018 19:51:17 -07:00

Plotkin, MD, Elizabeth
CC: Paul Luu, MD
Seth A Cohen, MD
Dr. William Neighbor

D: 06/04/2018 15:26 T: 06/04/2018 16:17 JOB: 48453088 MLS: 292766

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018-6/4/2018 I(A) PLS 1-eDisch Sum Luu, MD, Paul 6/6/2018 CUSTDM10\W0TA_PLUU 7/1/2018 12:41:34 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge: 20180604
Dictating Physician: Luu, MD, Paul

DATE OF SERVICE: 06/04/2018

HISTORY OF PRESENT ILLNESS:
This is an urgent admission for a 95-year-old Caucasian female, homeless, who has been followed at the Wound Care Center for multiple left lower extremity ulcers. The patient had been followed at the Wound Care Center for months to treat left lower extremity ulcers which failed conservative treatment. The workup in the past included vascular study which showed that the patient had moderate peripheral vascular disease together with also venous insufficiency. In the past the four ulcers over her left calf and ankle had significantly calcified materials which required local debridement. The wounds had been treated conservatively with different types of dressing but did not show any sign of improving. Treatment of her wounds was also complicated by being homeless. Unfortunately, the patient and her son were evicted and they are currently living in a tent nearby the church. She has a son who is the caregiver. The son definitely shows sign of caring, but occasionally her son performed wound care which was very alarming. In the past, the son was worried about her ulcers and he washed her leg and wounds with diluted bleach. Today, the patient returned to the Wound Care Center for followup and she was found that her left calf to the level of the toe has significant petechiae associated with skin redness. However, the patient denies any fever at home. The patient constantly complained of significant left leg pain even at rest. Examination at the Wound Care Center on the day of admission showed that slight touching her left calf caused significant pain. The patient is well known to have significant high pain tolerance, but at the clinic the patient was tearing and complained of constant left leg pain. Therefore, the patient was advised to be admitted directly under my service for treating her cellulitis and possible other problems, such as petechiae secondary to hypercoagulopathy. The patient was taking Coumadin secondary to history of remote deep venous thrombosis.

HOSPITAL COURSE:
The patient was admitted to the floor and she was started empirically on Ancef 1 g IV piggyback q.8 h. She was placed on bed rest with the left leg elevated above heart level. However, the patient was allowed to ambulate with the help of physical therapist. Physical therapist was ordered to do strengthening exercise and ambulate the patient as much as she can tolerate. Without ambulating the patient was required to elevate the left leg. The swab culture obtained from her wound grew out multiple bacteria, including Pseudomonas. However, within three days of intravenous antibiotics the cellulitis significantly improved. Dr. Cohen, Infectious Disease, who has been following the patient at the Wound Care Center, recommended to discontinue the

Patient Name: HOFFMAN, JEANNE LEONIE
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Dictating Physician: Luu, MD, Paul

intravenous antibiotic. White the patient was admitted, the blood test also showed the patient had sustained hypercoagulopathy secondary to Coumadin. On admission, the patient had a PT of 45.7 with INR of 4.9. Her Coumadin was held and she gradually was restarted on very low-dose of Coumadin until she became therapeutic. At the time of discharge, her PT was 13.4 with INR of 1.5. White the patient was in the hospital it was found that the patient was also significantly dehydrated. After two days of intravenous hydration together with patient's good oral intake; therefore, intravenous supplement was discontinued. Initially when the patient arrived at the hospital, her hematocrit was 35, however, it subsequently decreased to 29 with intravenous hydration. Inpatient team was also called to help to manage multiple medical problems. Dr. Plotkin evaluated the patient and recommend a few changes of her treatment. Dr. Plotkin also contacted Bainbridge official to help with the housing situation for the patient. It was very difficult for the patient to return to the homeless living situation which would complicate the wound care. Therefore, the decision that after her medical condition is improved the patient will be discharged to skilled nursing facility. The patient agreed with placement to the skilled nursing facility. White the patient was in the hospital, she was also evaluated by Vascular Surgery Service, who recommended that she be followed at the vascular clinic with Dr. Rollo, who saw the patient in the past as an outpatient. There is no emergent vascular procedure that needed to be done during this hospitalization.

Overall, after three days in the hospital her medical condition improved significantly. The petechiae of the left lower extremity is also improved. She always remained afebrile during the entire hospital course. Therefore, on June 4, 2018, the patient was discharged to skilled nursing facility, Park Ridge Rehabilitation Center. At the skilled nursing facility, the patient will continue to receive physical therapy to ambulate the patient with the help of a walker. She will also perform strengthening exercise. At the skilled nursing facility, the wound care nurse who works with me at Northwest Hospital will follow and treat her four ulcers of the lower extremity. The patient, at the time of discharge, her Coumadin dose had been resumed and will be monitored closely at the nursing home. While the patient was in the hospital, the social worker also contacted Adult Protective Services to monitor the patient to make sure the patient did not sustain any physical or emotional abuse from any other parties. I also had a long discussion with the patient and recommend that she remains in the skilled nursing facility until health official or the social worker can help her to find permanent housing.

FINAL DISCHARGE DIAGNOSES:
1. Cellulitis of the left lower extremity.

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2. Dehydration.
3. Peripheral arterial disease together with venous insufficiency.
4. Hypercoagulopathy secondary to Coumadin.

CONDITION AT TIME OF DISCHARGE:
Improved.

DISPOSITION:
The patient was transferred to the Park Ridge Skilled Nursing Facility.

FOLLOWUP:
The patient will be followed by the wound care nurse at the skilled nursing facility.

MLS: 296379
D: 06/06/2018 15:39:03
T: 06/07/2018 00:51:51
48465665 [ID1: 2002782]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 05/31/2018 1 DOB: 01/06/1925

Physician: Paul Luu, MD

Edited By Luu, M.D.,Paul 01-Jul-2018 12:40:38 -07:00

Signed by Luu, M.D.,Paul on 01-Jul-2018 12:40:38 -07:00

Luu, MD, Paul
CC:

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018-6/4/2018 I(A) PLS 1-eDisch Sum Luu, MD, Paul 6/6/2018 CUSTDM10\W0TA_PLUU 7/1/2018 12:41:34 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
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Date of Discharge: 20180604
Dictating Physician: Luu, MD, Paul

D: 06/06/2018 15:39 T: 06/07/2018 00:51 JOB: 48465665 MLS: 296379

Northwest Hospital and Medical Center
Seattle, Washington 98133

Discharge Summary

eProgress Note Infectious Disease (Progress Note) Seth A Cohen, MD 6/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:43:02 AM -04:00

Infectious Disease (Progress Note) - Inpatient SOAP Note

Collected On: 06/03/2018 11:23

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, admitted with cellulitis.
Subjective No new complaints this morning. Mild persistent posterior leg pain. .

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/03/2018 05:23

- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 72
- Respirations: 18
- BP: 143/73
- O2 Saturation (%): 99

Head/Ear/Nose/Throat poor dentition.
Eye low vision.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE with chronic ulceration and excoriation, persistent erythema with some darkining around the edges. xerosis over foot.
Neurological alert, hard of hearing.
Behavior/Emotional Appropriate; Cooperative.

Labs

Micro wound cx: MSSA and pseudomonas .
Lab Results/Comments WBC 4.5, Hct 29
INR 1.7.

Radiology

All current radiographs have been reviewed by myself as of 6/3/2018 11:25.

Assessment and Plan

1) Stasis Ulcer, Venous Stasis,
Clinical Status No Change,
Plan

eProgress Note Infectious Disease (Progress Note) Seth A Cohen, MD 6/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:43:02 AM -04:00

Infectious Disease (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/03/2018 11:23

appreciate vascular input
will need intensive wound care, concern that this may not be optimal if she returns to her current living situation
close f/u in wound care clinic .
2) Cellulitis,
Clinical Status Improving,
improved after a few days of cefazolin. colonized with MSSA, pseudomonas and others. stable off abx,
Plan
continue excellent wound care, watch closely while off antibiotics
if there are signs of clinical worsening despite adequate wound care, can consider short course of cephalexin. No need for pseudomonal coverage at this time.
.
Medical Decision Making Care Plan Discussed With Patient, Attending Physician.

Electronically signed by Seth A Cohen, MD on 06/03/2018 11:29

eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/3/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:43:44 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 06/03/2018 15:13

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, admitted with cellulitis.
Subjective Feels better, leg no longer hurts her. Swelling is improved. No Fever/chills, appetite good. Asked ID to see the patient due to wound cx which shows MSSA and pseudomonas. He elected to d/c all abx due to improvement in leg, assumed colonized, not infected at this time.
Pt c/o diarrhea, urgent, frequent. She said it started yesterday. Having incont. c diff negative
Per Dr. Cohen, pt no longer needs abx for the wounds.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/03/2018 12:55

- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 70
- Respirations: 16
- BP: 122/63
- O2 Saturation (%): 98
- Room Air: Yes

I have reviewed vital signs as listed in EMR Yes.
Head/Ear/Nose/Throat Normocephalic; Atraumatic, poor dentition.
Eye EOMI; PERRL.
Neck No JVD; No Bruits.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE with chronic ulceration and excoriation, persistent erythema with some darkining around the edges. xerosis over foot. No active infection, wounds clean.
Neurological AAO x 3; Nonfocal, alert, hard of hearing.
Behavior/Emotional Appropriate; Cooperative.

Labs

All current labs have been reviewed by myself as of 6/3/2018 15:16.
Micro wound cx: MSSA and pseudomonas
c diff negative.

eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/3/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:43:44 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/03/2018 15:13

Lab Results/Comments WBC 4.1, Hct 33
INR 1.3.

Assessment and Plan

1) Cellulitis,
Present On Admit Yes,
- mild cellulitis LLE appears to be responding to abx/local care
- per Dr. Cohen, well enough that she no longer needs abx
- he specifically does not think pseudomonas needs to be treated, more likely colonized, as no evidence skin infection,
Plan - discontinue cefazolin per ID.

2) Stasis Ulcer,
Present On Admit Yes,
- venous ulcers, possibly arterial ulcers in LLE, acute on chronic
- seen with wound care
- local care seems to be helping already
- will need more routine wound care and, since homeless, needs SNF at d/c,
Plan
- vascular consult suggested outpt f/u for consideration of venous stasis treatment
- continue wound care
- SNF d/c when ready.

3) Blood Coagulation Disorder,
- mild coagulopathy, no bleeding, now sub-therapeutic
- chronic anti-coag due to h/o DVT,
Plan - continue load with warfarin until therapeutic.

4) Benign Hypertension,
Plan - continue home meds.

5) Abnormal Liver Function,
- mild transaminitis (unclear etiology), improved on latest labs,
Plan - follow periodically .

6) Diarrhea,
- unclear etiology
- stool cx pending,
Plan - start probiotics (acidophilus) today.

Thromboprophylaxis Plan Thromboprophylaxis Yes LMWH Comment enox until therapeutic on warfarin; Warfarin.
Disposition Plan Discharge To SNF, Timeframe Tomorrow, Comment if facility available.
Medical Decision Making Care Plan Discussed With Patient, Consultant Consultant 1) 1) Provider Name/Group Cohen, Seth A MD (503928) - Infectious Disease.

Electronically signed by Elizabeth A Plotkin, MD on 06/03/2018 15:19

eProgress Note Progress Note Paul Luu, MD 6/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:44:01 AM -04:00

Progress Note - Inpatient SOAP Note

Collected On: 06/03/2018 17:29

Note

Patient is alert and oriented. She still has occasional left calf/leg pain but it is tolerable now. She has good oral intake and very talkative today. Afebrile and vital signs stable. She knows that she will be transferred to SNF and she agrees with the plan.
She may be transferred to SNF tomorrow if bed is available. It would be great that she can be placed in the SNF that the wound care nurse from the hospital will round on her. Otherwise, she can be followed at the wound care center. Vascular service recommended for her to follow with Dr. Rolla as an out patient for possible venous procedure. No antibiotic treatment requires now per recommendation of ID.
Given her age, lower extremity vascular problem, and ulcers over left calf, placing in SNF is the best for her and hopefully social working or APS can find a permanent place for her.
Transferred orders are written.

Paul Luu. M.D.

Electronically signed by Paul Luu, MD on 06/03/2018 17:35

Discharge Medication Instructions

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Take These Medications

timolol maleate 0.5 % Drops
Directions: 1 drop ophthalmic, both eyes twice a day
Additional Instructions:
Last Dose Given Date: _____ Time: _____

warfarin (Coumadin) 5 mg Tablet
Directions: 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
Additional Instructions:
Last Dose Given Date: _____ Time: _____

warfarin (Coumadin) 2.5 mg Tablet
Directions: 1 tablet oral QThursday and Sunday
Additional Instructions:
Last Dose Given Date: _____ Time: _____

atorvastatin calcium 10 mg PO daily
Last Dose Given Date: _____ Time: _____

Losartan potassium 12.5 mg PO daily
Last Dose Given Date: _____ Time: _____

Pentoxifylline ER 400 mg TID
Last Dose Given Date: _____ Time: _____

acetaminophen 325 mg Tablet
Directions: 2 tablet oral every four hours as needed for FEVER
Additional Instructions:
Last Dose Given Date: _____ Time: _____

acidophilus-pectin, citrus 25 million cell-100 mg Tablet
Directions: 1 tablet oral twice a day
Additional Instructions:
Last Dose Given Date: _____ Time: _____

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Discharge Medication Instructions

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Take These Medications

enoxaparin 40 mg/0.4 mL Syringe
Directions: 40 mg subcutaneous daily
Additional Instructions: discontinue when PT/INR reach therapeutic level
Last Dose Given Date: _____ Time: _____

HYDROcodone-acetaminophen 5 mg-325 mg Tablet
Directions: 2 tablet oral every four hours as needed for SEVERE PAIN
Additional Instructions: ORDERED: 1-2 TAB PO Q4H PRN
Last Dose Given Date: _____ Time: _____

pentoxifylline 400 mg Tablet Extended Release
Directions: 1 tablet oral every eight hours
Additional Instructions:
Last Dose Given Date: _____ Time: _____

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eProgress Note Pharmacy Medication Management/Review Catherine D Skoog, Pharm D 6/3/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:43:02 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 06/03/2018 11:32

Note

Pharmacy Warfarin Management Note:

S/O: 93 yo F admitted for cellulitis. Pharmacy was consulted to dose warfarin for the indication of hx of remote DVT (verbal order from Dr. Luu).
Goal INR: 2-3
PMH includes: Hx of DVT, PVD, multiple treatments for LLE infection
Social hx: will likely to dc to SNF

Patient's home warfarin regimen is: 2.5 mg on Thursday and Sunday; 5 mg all other days
Last dose taken: 5 mg on 5/30

Objective:
INR: 1.3
Hgb/Hct: 10.3/33, Plt: 213
Diet/PO intake: 100% of meals per nursing charting
Current potential drug-drug or drug-disease interactions with warfarin: cefazolin 1g q8h for cellulitis

A/P:
INR remains SUBtherapeutic, decreased from 1.7 yesterday to 1.3 today, after restarting warfarin yesterday at 5 mg. Likely still seeing the effect of held doses. Will continue warfarin with higher dose of 5 mg today in attempt to reach therapeutic level, otherwise anticipate daily dose needed to be 2.5-3 mg daily.

1) Continue warfarin with 5 mg x1 as bolus dose.
2) Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
3) Next INR draw: 6/4 AM

Electronically signed by Catherine D Skoog, Pharm D on 06/03/2018 11:34

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note Infectious Disease (Progress Note) Seth A Cohen, MD 6/3/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/3/2018 11:30:59 AM -07:00

Infectious Disease (Progress Note) - Inpatient SOAP Note

Collected On: 06/03/2018 11:23

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, admitted with cellulitis.
Subjective No new complaints this morning. Mild persistent posterior leg pain. .

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/03/2018 05:23

- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 72
- Respirations: 18
- BP: 143/73
- O2 Saturation (%): 99

Head/Ear/Nose/Throat poor dentition.
Eye low vision.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE with chronic ulceration and excoriation, persistent erythema with some darkining around the edges. xerosis over foot.
Neurological alert, hard of hearing.
Behavior/Emotional Appropriate; Cooperative.

Labs

Micro wound cx: MSSA and pseudomonas .
Lab Results/Comments WBC 4.5, Hct 29
INR 1.7.

Radiology

All current radiographs have been reviewed by myself as of 6/3/2018 11:25.

Assessment and Plan

1) Stasis Ulcer, Venous Stasis,
Clinical Status No Change,
Plan

Infectious Disease (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/03/2018 11:23

appreciate vascular input
will need intensive wound care, concern that this may not be optimal if she returns to her current living situation
close f/u in wound care clinic .
2) Cellulitis,
Clinical Status Improving,
improved after a few days of cefazolin. colonized with MSSA, pseudomonas and others. stable off abx,
Plan
continue excellent wound care, watch closely while off antibiotics
if there are signs of clinical worsening despite adequate wound care, can consider short course of cephalexin. No need for pseudomonal coverage at this time.
.
Medical Decision Making Care Plan Discussed With Patient, Attending Physician.

Electronically signed by Seth A Cohen, MD on 06/03/2018 11:29

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/3/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/3/2018 3:20:27 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 06/03/2018 15:13

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, admitted with cellulitis.
Subjective Feels better, leg no longer hurts her. Swelling is improved. No Fever/chills, appetite good. Asked ID to see the patient due to wound cx which shows MSSA and pseudomonas. He elected to d/c all abx due to improvement in leg, assumed colonized, not infected at this time.
Pt c/o diarrhea, urgent, frequent. She said it started yesterday. Having incont. c diff negative
Per Dr. Cohen, pt no longer needs abx for the wounds.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/03/2018 12:55

- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 70
- Respirations: 16
- BP: 122/63
- O2 Saturation (%): 98
- Room Air: Yes

I have reviewed vital signs as listed in EMR Yes.
Head/Ear/Nose/Throat Normocephalic; Atraumatic, poor dentition.
Eye EOMI; PERRL.
Neck No JVD; No Bruits.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE with chronic ulceration and excoriation, persistent erythema with some darkining around the edges. xerosis over foot. No active infection, wounds clean.
Neurological AAO x 3; Nonfocal, alert, hard of hearing.
Behavior/Emotional Appropriate; Cooperative.

Labs

All current labs have been reviewed by myself as of 6/3/2018 15:16.
Micro wound cx: MSSA and pseudomonas
c diff negative.

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/3/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/3/2018 3:20:27 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/03/2018 15:13

Lab Results/Comments WBC 4.1, Hct 33
INR 1.3.

Assessment and Plan

1) Cellulitis,
Present On Admit Yes,
- mild cellulitis LLE appears to be responding to abx/local care
- per Dr. Cohen, well enough that she no longer needs abx
- he specifically does not think pseudomonas needs to be treated, more likely colonized, as no evidence skin infection,
Plan - discontinue cefazolin per ID.

2) Stasis Ulcer,
Present On Admit Yes,
- venous ulcers, possibly arterial ulcers in LLE, acute on chronic
- seen with wound care
- local care seems to be helping already
- will need more routine wound care and, since homeless, needs SNF at d/c,
Plan
- vascular consult suggested outpt f/u for consideration of venous stasis treatment
- continue wound care
- SNF d/c when ready.

3) Blood Coagulation Disorder,
- mild coagulopathy, no bleeding, now sub-therapeutic
- chronic anti-coag due to h/o DVT,
Plan - continue load with warfarin until therapeutic.

4) Benign Hypertension,
Plan - continue home meds.

5) Abnormal Liver Function,
- mild transaminitis (unclear etiology), improved on latest labs,
Plan - follow periodically .

6) Diarrhea,
- unclear etiology
- stool cx pending,
Plan - start probiotics (acidophilus) today.

Thromboprophylaxis Plan Thromboprophylaxis Yes LMWH Comment enox until therapeutic on warfarin; Warfarin.
Disposition Plan Discharge To SNF, Timeframe Tomorrow, Comment if facility available.
Medical Decision Making Care Plan Discussed With Patient, Consultant Consultant 1) 1) Provider Name/Group Cohen, Seth A MD (503928) - Infectious Disease.

Electronically signed by Elizabeth A Plotkin, MD on 06/03/2018 15:19

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note Progress Note Paul Luu, MD 6/3/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/3/2018 5:36:43 PM -07:00

Progress Note - Inpatient SOAP Note

Collected On: 06/03/2018 17:29

Note

Patient is alert and oriented. She still has occasional left calf/leg pain but it is tolerable now. She has good oral intake and very talkative today. Afebrile and vital signs stable. She knows that she will be transferred to SNF and she agrees with the plan.
She may be transferred to SNF tomorrow if bed is available. It would be great that she can be placed in the SNF that the wound care nurse from the hospital will round on her. Otherwise, she can be followed at the wound care center. Vascular service recommended for her to follow with Dr. Rolla as an out patient for possible venous procedure. No antibiotic treatment requires now per recommendation of ID.
Given her age, lower extremity vascular problem, and ulcers over left calf, placing in SNF is the best for her and hopefully social working or APS can find a permanent place for her.
Transferred orders are written.

Paul Luu. M.D.

Electronically signed by Paul Luu, MD on 06/03/2018 17:35

eProgress Note Progress Note Paul Luu, MD 6/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:42:17 AM -04:00

Progress Note - Inpatient SOAP Note

Collected On: 06/02/2018 21:03

Note

Afebrile and stable vital signs. INR is 1.7 today, Coumadin dose is done by in-house pharmacist.

Patient is alert in bed and denies leg pain. She expressed that she "like it here". She verbally expressed that she is willing to go to SNF. Appreciated Dr. Cohen, Dr. Plotkin, and wound care nurse evaluated and treating her. I do not anticipate that all her wounds will heal due to severe lower extremity vascular problems (both PAD and venous), together with advanced age and being homeless. However, as long as she does not develop severe soft tissue infection and the wounds are monitored by healthcare staff, then she will do fine. I would not recommend any surgical or aggressive treatment to the wounds.

Anticipate to transfer patient to SNF in two days. She will need PT at the SNF.

Paul Luu, M.D.

Electronically signed by Paul Luu, MD on 06/02/2018 21:10

eProgress Note Pharmacy Medication Management/Review Rebecca L Sweeney, Pharm D 6/2/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:42:10 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 06/02/2018 18:18

Note

Pharmacy Warfarin Management Note:

Subjective:
Patient is a 93 yof admitted for cellulitis. Pharmacy was consulted to dose warfarin for the indication of hx of remote DVT (verbal order from Dr. Luu).
Goal INR: 2-3
PMH includes: Hx of DVT, PVD, multiple treatments for LLE infection
Social hx: will likely to dc to SNF
Patient's home warfarin regimen is: 2.5 mg on Thursday and Sunday; 5 mg all other days
Last dose taken: 5 mg on 5/30

Objective:
INR: 1.7 (3.4 on 6/1)
Hgb/Hct: 9.2/29
Plt: 191
Tmax: 36.9
Diet/PO intake: 100% of meals per nursing charting
Current potential drug-drug or drug-disease interactions with warfarin: cefazolin 1g q8h for cellulitis

Assessment:
INR remains SUBtherapeutic at 1.7 but significantly decreased from 3.4 yesterday and 4.9 on admit. Will resume warfarin with higher dose of 5 mg today in attempt to reach therapeutic level within the next 2 days, otherwise anticipate daily dose as 2.5 mg.

Plan:
Resume warfarin with 5 mg x1 as bolus dose.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
Next INR draw: 6/3 AM
Per Suzanne Lee

Electronically signed by Rebecca L Sweeney, Pharm D on 06/02/2018 18:20

eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/2/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:41:45 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 06/02/2018 13:57

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, comes in with cellulitis.
Subjective Feels better, leg no longer hurts her. Swelling is slightly improved. No Fever/chills, appetite good. Asked ID to see the patient due to wound cx which shows MSSA and pseudomonas. Met with son Louis who talked about the barriers to them getting housing.
Pt c/o diarrhea, urgent, frequent. She said it started yesterday. Having incont.
Per Dr. Cohen, pt no longer needs abx for the wounds.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/02/2018 05:39

- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 64
- Respirations: 18
- BP: 110/59
- O2 Saturation (%): 98

06/01/2018 13:47

- Weight (kg): 49.4kg

I have reviewed vital signs as listed in EMR Yes.
Head/Ear/Nose/Throat Normocephalic; Atraumatic, poor dentition.
Eye EOMI; PERRL.
Neck No JVD; No Bruits.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE bandages removed, excoriations of ant shin, ulcers x 5 of calf/shin. Previous skin graft area mostly intact. Some minimal erythema, swelling improved. No evidence of cellulits. Wound bases are clean.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

All current labs have been reviewed by myself as of 6/2/2018 14:00.

eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/2/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:41:45 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/02/2018 13:57

Micro wound cx: MSSA and pseudomonas (sens pdg).
Lab Results/Comments WBC 4.5, Hct 29
INR 1.7.

Assessment and Plan

1) Cellulitis,
Present On Admit Yes,
Clinical Status Improving,
- mild cellulitis LLE appears to be responding to abx/local care
- per Dr. Cohen, well enough that she no longer needs abx
- he specifically does not think pseudomonas needs to be treated, more likely colonized, as no evidence skin infection,
Plan - discontinue cefazolin per ID.
2) Stasis Ulcer,
Present On Admit Yes,
Clinical Status Improving,
- venous ulcers, possibly arterial ulcers in LLE, acute on chronic
- seen with wound care
- local care seems to be helping already
- will need more routine wound care and, since homeless, needs SNF at d/c,
Plan
- vascular consult suggested outpt f/u for consideration of venous stasis treatment
- continue wound care
- SNF d/c when ready.
3) Blood Coagulation Disorder,
- mild coagulopathy, no bleeding, now sub-therapeutic
- chronic anti-coag due to h/o DVT,
Plan - continue load with warfarin until therapeutic.
4) Benign Hypertension,
Plan - continue home meds.
5) Abnormal Liver Function,
- mild transaminitis (unclear etiology),
Plan - follow periodically .
Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Disposition Plan Discharge To SNF, Comment 2 days.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse.

Electronically signed by Elizabeth A Plotkin, MD on 06/02/2018 14:03

eProgress Note Pharmacy Medication Management/Review Suzanne H Lee, Pharm D 6/2/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:41:34 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 06/02/2018 11:27

Note

Pharmacy Warfarin Management Note:
Subjective:
Patient is a 93 yof admitted for cellulitis. Pharmacy was consulted to dose warfarin for the indication of hx of remote DVT (verbal order from Dr. Luu).
Goal INR: 2-3
PMH includes: Hx of DVT, PVD, multiple treatments for LLE infection
Social hx: will likely to dc to SNF
Patient's home warfarin regimen is: 2.5 mg on Thursday and Sunday; 5 mg all other days
Last dose taken: 5 mg on 5/30
Objective:
INR: 1.7 (3.4 on 6/1)
Hgb/Hct: 9.2/29
Plt: 191
Tmax: 36.9
Diet/PO intake: 100% of meals per nursing charting
Current potential drug-drug or drug-disease interactions with warfarin: cefazolin 1g q8h for cellulitis
Assessment:
INR remains SUBtherapeutic at 1.7 but significantly decreased from 3.4 yesterday and 4.9 on admit. Will resume warfarin with higher dose of 5 mg today in attempt to reach therapeutic level within the next 2 days, otherwise anticipate daily dose as 2.5 mg.
Plan:
Resume warfarin with 5 mg x1 as bolus dose.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
Next INR draw: 6/3 AM

Electronically signed by Suzanne H Lee, Pharm D on 06/02/2018 11:27

3-eConsultation Cohen, MD, Seth 6/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:52:17 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

DATE OF SERVICE: 06/02/2018

REQUESTING PHYSICIAN:
Dr. Plotkin.

REASON FOR CONSULTATION:
Left lower extremity cellulitis and venous insufficiency ulcers.

HISTORY OF PRESENT ILLNESS:
The patient is a 93-year-old woman with a history of venous insufficiency in the left lower extremity, chronic ulcerations and peripheral vascular disease who has been followed at the wound care clinic for some time for her chronic ulcerations. She was seen at the wound care clinic on May 31 out of concern for worsening cellulitis and nonhealing wounds. She was admitted to the hospital. She has not had systemic symptoms of infection. Denied fevers or chills. She was otherwise feeling well. She was started on cefazolin. Cultures of her wounds grew MSSA and Pseudomonas. She has been seen by Wound Care who recommended local care, Xeroform and Kerlix, as well as leg elevation. Vascular Surgery was consulted and will follow up with her as an outpatient. She has tolerated her antibiotics without side effects.

PAST MEDICAL HISTORY:
Chronic lower extremity ulcerations for many years, venous insufficiency, arterial insufficiency, bilateral lower extremity DVT about 30 years ago, on Coumadin, peripheral neuropathy, right lower extremity fractures.

MEDICATIONS:
She is currently on

1. Atorvastatin.
2. A bowel regimen.
3. Cefazolin.
4. Losartan.
5. Pentoxifylline.
6. Timolol.
7. Coumadin.

ALLERGIES:
She is allergic to ADHESIVE TAPE. She has reported allergies to PENICILLIN and

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

SULFA drugs which cause a rash.

SOCIAL HISTORY:
She is widowed. She has two sons. She has been living with her son in subsidized housing but was apparently evicted and has been living in an "igloo," which consists of two separate tents. She denies tobacco, alcohol or drugs.

FAMILY HISTORY:
Mother died of old age at 94.

REVIEW OF SYSTEMS:
A full review of systems was obtained and is negative except as mentioned in the HPI.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36.9, pulse 64, respirations 18, blood pressure 110/59, saturating 98% on room air.
GENERAL: She is an elderly, frail-appearing woman in no apparent distress.
HEENT: Oropharynx is clear. She has poor dentition. There is no thrush. She has no cervical or supraclavicular lymphadenopathy.
HEART: Regular rate and rhythm without murmurs, rubs, or gallops.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Soft, nontender, nondistended with normoactive bowel sounds.
NEUROLOGICAL: She is alert, conversant. She is hard of hearing with poor vision.
EXTREMITIES: The left lower extremity has severe venous insufficiency and discoloration. She has multiple chronic skin ulcers present with one on her posterior leg which is mildly tender. The remainder of her leg is not particularly tender. It is pink with stable erythema, compared to my prior exams.

LABORATORY DATA:

White blood cell count of 4.5, hemoglobin of 9.2, platelets 191. Creatinine 0.66. CRP 4.3. A calf swab shows 4+ MSSA, 3+ Pseudomonas and 3+ diphtheroids.

ASSESSMENT AND PLAN:
1. The patient is a 93-year-old woman with peripheral vascular disease, chronic lower extremity ulcers and severe venous stasis admitted with worsening erythema of her lower extremities. Her cellulitis appears to have improved significantly. A swab of her skin reflects heavy colonization with

3-eConsultation Cohen, MD, Seth 6/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:52:17 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

methicillin-sensitive Staphylococcus aureus, diphtheroids and Pseudomonas. Of the three, it is most likely that methicillin-sensitive Staphylococcus aureus may have caused her cellulitis initially. However, today there is no evidence of obvious cellulitis on exam. Her skin is mostly consistent with severe venous stasis and chronic ulceration. Based on her age and medical fragility, she is at extremely high risk of side effects from IV antibiotics. Her Pseudomonas does not need to be treated at this time. I prefer to hold antibiotics now that her infection has improved and watch closely for any signs of worsening. I suspect she will do quite well with aggressive supportive care. It will be important for her to follow up with Vascular Surgery as an outpatient. I also had a long discussion with her son today regarding appropriate skin care, reminding him that he should not use hard bristle brushes to scrape her legs, nor should he use hydrogen peroxide or any other products that are not recommended by Wound Care. Unfortunately, her skin care is complicated by homelessness and she would greatly benefit from wound care at a nursing facility if this is at all possible.
2. History of deep venous thrombosis, on Coumadin. As we transition off of antibiotics, her INR will need to be monitored closely.

Thank you very much for this consultation. The case was discussed with the primary team.

MLS: 360656
D: 06/02/2018 11:54:48
T: 06/02/2018 18:35:08
48444418 [ID1: 503928]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 05/31/2018 1 DOB: 01/06/1925

Physician: Seth A. Cohen, MD

3-eConsultation Cohen, MD, Seth 6/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:52:17 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/31/2018
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

MR#: U8170135
Acct#: 1827191558

Signed by COHEN, M.D.,SETH ALLEN on 05-Jun-2018 18:34:07 -04:00

Cohen, MD, Seth

CC: Elizabeth Plotkin, MD

D: 06/02/2018 11:54 T: 06/02/2018 18:35 JOB: 48444418 MLS: 360656

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 06/02/2018 13:57

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, comes in with cellulitis.
Subjective Feels better, leg no longer hurts her. Swelling is slightly improved. No Fever/chills, appetite good. Asked ID to see the patient due to wound cx which shows MSSA and pseudomonas. Met with son Louis who talked about the barriers to them getting housing.
Pt c/o diarrhea, urgent, frequent. She said it started yesterday. Having incont.
Per Dr. Cohen, pt no longer needs abx for the wounds.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/02/2018 05:39

- Temperature (C): 36.9 (35.5-38.3Cel)
- Pulse: 64
- Respirations: 18
- BP: 110/59
- O2 Saturation (%): 98

06/01/2018 13:47

- Weight (kg): 49.4kg

I have reviewed vital signs as listed in EMR Yes.
Head/Ear/Nose/Throat Normocephalic; Atraumatic, poor dentition.
Eye EOMI; PERRL.
Neck No JVD; No Bruits.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE bandages removed, excoriations of ant shin, ulcers x 5 of calf/shin. Previous skin graft area mostly intact. Some minimal erythema, swelling improved. No evidence of cellulits. Wound bases are clean.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

All current labs have been reviewed by myself as of 6/2/2018 14:00.

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/2/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/2/2018 2:04:27 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/02/2018 13:57

Micro wound cx: MSSA and pseudomonas (sens pdg).
Lab Results/Comments WBC 4.5, Hct 29
INR 1.7.

Assessment and Plan

1) Cellulitis,
Present On Admit Yes,
Clinical Status Improving,
- mild cellulitis LLE appears to be responding to abx/local care
- per Dr. Cohen, well enough that she no longer needs abx
- he specifically does not think pseudomonas needs to be treated, more likely colonized, as no evidence skin infection,
Plan - discontinue cefazolin per ID.
2) Stasis Ulcer,
Present On Admit Yes,
Clinical Status Improving,
- venous ulcers, possibly arterial ulcers in LLE, acute on chronic
- seen with wound care
- local care seems to be helping already
- will need more routine wound care and, since homeless, needs SNF at d/c,
Plan
- vascular consult suggested outpt f/u for consideration of venous stasis treatment
- continue wound care
- SNF d/c when ready.
3) Blood Coagulation Disorder,
- mild coagulopathy, no bleeding, now sub-therapeutic
- chronic anti-coag due to h/o DVT,
Plan - continue load with warfarin until therapeutic.
4) Benign Hypertension,
Plan - continue home meds.
5) Abnormal Liver Function,
- mild transaminitis (unclear etiology),
Plan - follow periodically .
Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Disposition Plan Discharge To SNF, Comment 2 days.
Medical Decision Making Care Plan Discussed With Patient, Family, Nurse.

Electronically signed by Elizabeth A Plotkin, MD on 06/02/2018 14:03

Progress Note - Inpatient SOAP Note

Collected On: 06/02/2018 21:03

Note

Afebrile and stable vital signs. INR is 1.7 today, Coumadin dose is done by in-house pharmacist.

Patient is alert in bed and denies leg pain. She expressed that she "like it here". She verbally expressed that she is willing to go to SNF. Appreciated Dr. Cohen, Dr. Plotkin, and wound care nurse evaluated and treating her. I do not anticipate that all her wounds will heal due to severe lower extremity vascular problems (both PAD and venous), together with advanced age and being homeless. However, as long as she does not develop severe soft tissue infection and the wounds are monitored by healthcare staff, then she will do fine. I would not recommend any surgical or aggressive treatment to the wounds.

Anticipate to transfer patient to SNF in two days. She will need PT at the SNF.

Paul Luu, M.D.

Electronically signed by Paul Luu, MD on 06/02/2018 21:10

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018-6/4/2018 I(A) PLS 3-eConsultation Cohen, MD, Seth 6/2/2018 CUSTDM10\W0TA_SCOHEN 6/5/2018 3:35:37 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

DATE OF SERVICE: 06/02/2018

REQUESTING PHYSICIAN:
Dr. Plotkin.

REASON FOR CONSULTATION:
Left lower extremity cellulitis and venous insufficiency ulcers.

HISTORY OF PRESENT ILLNESS:
The patient is a 93-year-old woman with a history of venous insufficiency in the left lower extremity, chronic ulcerations and peripheral vascular disease who has been followed at the wound care clinic for some time for her chronic ulcerations. She was seen at the wound care clinic on May 31 out of concern for worsening cellulitis and nonhealing wounds. She was admitted to the hospital. She has not had systemic symptoms of infection. Denied fevers or chills. She was otherwise feeling well. She was started on cefazolin. Cultures of her wounds grew MSSA and Pseudomonas. She has been seen by Wound Care who recommended local care, Xeroform and Kerlix, as well as leg elevation. Vascular Surgery was consulted and will follow up with her as an outpatient. She has tolerated her antibiotics without side effects.

PAST MEDICAL HISTORY:
Chronic lower extremity ulcerations for many years, venous insufficiency, arterial insufficiency, bilateral lower extremity DVT about 30 years ago, on Coumadin, peripheral neuropathy, right lower extremity fractures.

MEDICATIONS:
She is currently on

1. Atorvastatin.
2. A bowel regimen.
3. Cefazolin.
4. Losartan.
5. Pentoxifylline.
6. Timolol.
7. Coumadin.

ALLERGIES:
She is allergic to ADHESIVE TAPE. She has reported allergies to PENICILLIN and SULFA drugs which cause a rash.

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

SOCIAL HISTORY:
She is widowed. She has two sons. She has been living with her son in subsidized housing but was apparently evicted and has been living in an "igloo," which consists of two separate tents. She denies tobacco, alcohol or drugs.

FAMILY HISTORY:
Mother died of old age at 94.

REVIEW OF SYSTEMS:
A full review of systems was obtained and is negative except as mentioned in the HPI.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36.9, pulse 64, respirations 18, blood pressure 110/59, saturating 98% on room air.
GENERAL: She is an elderly, frail-appearing woman in no apparent distress.
HEENT: Oropharynx is clear. She has poor dentition. There is no thrush. She has no cervical or supraclavicular lymphadenopathy.
HEART: Regular rate and rhythm without murmurs, rubs, or gallops.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Soft, nontender, nondistended with normoactive bowel sounds.
NEUROLOGICAL: She is alert, conversant. She is hard of hearing with poor vision.
EXTREMITIES: The left lower extremity has severe venous insufficiency and discoloration. She has multiple chronic skin ulcers present with one on her posterior leg which is mildly tender. The remainder of her leg is not particularly tender. It is pink with stable erythema, compared to my prior exams.

LABORATORY DATA:

White blood cell count of 4.5, hemoglobin of 9.2, platelets 191. Creatinine 0.66. CRP 4.3. A calf swab shows 4+ MSSA, 3+ Pseudomonas and 3+ diphtheroids.

ASSESSMENT AND PLAN:
1. The patient is a 93-year-old woman with peripheral vascular disease, chronic lower extremity ulcers and severe venous stasis admitted with worsening erythema of her lower extremities. Her cellulitis appears to have improved significantly. A swab of her skin reflects heavy colonization with methicillin-sensitive Staphylococcus aureus, diphtheroids and Pseudomonas. Of the three, it is most likely that methicillin-sensitive Staphylococcus

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

aureus may have caused her cellulitis initially. However, today there is no evidence of obvious cellulitis on exam. Her skin is mostly consistent with severe venous stasis and chronic ulceration. Based on her age and medical fragility, she is at extremely high risk of side effects from IV antibiotics. Her Pseudomonas does not need to be treated at this time. I prefer to hold antibiotics now that her infection has improved and watch closely for any signs of worsening. I suspect she will do quite well with aggressive supportive care. It will be important for her to follow up with Vascular Surgery as an outpatient. I also had a long discussion with her son today regarding appropriate skin care, reminding him that he should not use hard bristle brushes to scrape her legs, nor should he use hydrogen peroxide or any other products that are not recommended by Wound Care. Unfortunately, her skin care is complicated by homelessness and she would greatly benefit from wound care at a nursing facility if this is at all possible.
2. History of deep venous thrombosis, on Coumadin. As we transition off of antibiotics, her INR will need to be monitored closely.

Thank you very much for this consultation. The case was discussed with the primary team.

MLS: 360656
D: 06/02/2018 11:54:48
T: 06/02/2018 18:35:08
48444418 [ID1: 503928]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018 1
DOB: 01/06/1925

Physician: Seth A. Cohen, MD

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018-6/4/2018 I(A) PLS 3-eConsultation Cohen, MD, Seth 6/2/2018 CUSTDM10\W0TA_SCOHEN 6/5/2018 3:35:37 PM -07:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

Signed by COHEN, M.D.,SETH ALLEN on 05-Jun-2018 15:34:07 -07:00

Cohen, MD, Seth
CC: Elizabeth Plotkin, MD

D: 06/02/2018 11:54 T: 06/02/2018 18:35 JOB: 48444418 MLS: 360656

---

eProgress Note Pharmacy Medication Management/Review Travis Yesiki, Pharm D 6/1/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:39:43 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 06/01/2018 13:09

Note

Pharmacy Warfarin Management Note:

Subjective:
Patient is a 93 yof admitted for cellulitis. Pharmacy was consulted to dose warfarin for the indication of hx of remote DVT (verbal order from Dr. Luu).
Goal INR: 2-3
PMH includes: Hx of DVT, PVD, multiple treatments for LLE infection
Social hx: homeless

Patient's home warfarin regimen is: 2.5 mg on Thursday and Sunday; 5 mg all other days
Last dose taken: 5 mg on 5/30

Objective:
INR: 3.4 (4.9 on 5/31)
Hgb/Hct: 9.2/29
Plt: 191
Tmax: 36.7

Diet/PO intake: 100% of meals
Current potential drug-drug or drug-disease interactions with warfarin: cefazolin 1g q8h

Assessment:
INR remains supratherapeutic at 3.4 but down significantly from 4.9 on admit. Expect INR to be in lower end of goal or slightly subtherapeutic tomorrow. Will hole for one more day and anticipate re-initiation tomorrow evening at a reduced dose compared to pt's home regimen.

Based on patient's living situation or discharge disposition, patient will likely not need warfarin teaching/review.

Plan:
Will HOLD warfarin tonight.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
Next INR draw: 6/2 AM

Electronically signed by Travis Yesiki, Pharm D on 06/01/2018 13:12

eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/1/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:40:26 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 06/01/2018 11:55

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, comes in with cellulitis.
Subjective Feels better, leg no longer hurts her. Swelling is slightly improved. No Fever/chills, appetite good.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/01/2018 09:30

- Temperature (C): 36.1 (35.5-38.3Cel)
- Pulse: 66
- Respirations: 18
- BP: 112/60
- O2 Saturation (%): 98
- Room Air: Yes

05/31/2018 11:03

- Weight (kg): 49.4kg

I have reviewed vital signs as listed in EMR Yes.
Head/Ear/Nose/Throat Normocephalic; Atraumatic, poor dentition.
Eye EOMI; PERRL.
Neck No JVD; No Bruits.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE bandages removed, excoriations of ant shin, ulcers x 5 of calf/shin. Previous skin graft area mostly intact. Some erythema, swelling slightly improved.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.
Skin see above.

Labs

All current labs have been reviewed by myself as of 6/1/2018 11:59.
Lab Results/Comments WBC 4.5, Hct 29
INR 3.4.

eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/1/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:40:26 AM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/01/2018 11:55

Assessment and Plan

1) Cellulitis,
Present On Admit Yes,
Clinical Status Improving,
- mild cellulitis LLE appears to be responding to abx/local care,
Plan - continue cefazolin.
2) Stasis Ulcer,
Present On Admit Yes,
Clinical Status Stable,
- venous ulcers, possibly arterial ulcers in LLE, acute on chronic
- seen with wound care
- local care seems to be helping already
- will need more routine wound care and, since homeless, needs SNF at d/c,
Plan
- vascular consult (Teresa to call Dr. Rollo)
- continue wound care
- SNF d/c when ready.
3) Blood Coagulation Disorder,
- mild coagulopathy, no bleeding
- chronic anti-coag due to h/o DVT,
Plan - continue to hold warfarin until therapeutic.
4) Benign Hypertension,
Plan - continue home meds.
5) Abnormal Liver Function,
- mild transaminitis (unclear etiology),
Plan - follow periodically .
Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Current Antibiotics cefazolin.
Disposition Plan Discharge To SNF, Comment 2 days.
Medical Decision Making Care Plan Discussed With Patient, Nurse, wound care--Teresa.

Electronically signed by Elizabeth A Plotkin, MD on 06/01/2018 12:03

eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/1/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:40:26 AM -04:00

Addendum

General Medical Adult (Progress Note) - Provider Free Text

Collected On: 06/01/2018 16:31

Additional problem: Underweight: patient's BMI 17.6
Encourage nutritional supplements

Electronically signed by Elizabeth A Plotkin, MD on 06/01/2018 16:31

3-eConsultation Ohlsson, MD, Anna 6/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 5:09:01 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Ohlsson, MD, Anna

DATE OF SERVICE: 06/01/2018

CONSULTING PROVIDER:
Paul Luu, MD.

REASON FOR CONSULTATION:
Concern for nonhealing left lower extremity wounds with known venous and peripheral arterial disease.

IDENTIFICATION/CHIEF COMPLAINT:
The patient is a 93-year-old woman with a history of venous insufficiency and peripheral arterial disease with chronic lower extremity wounds on the left leg who is admitted for concern for left lower extremity cellulitis. Vascular Surgery is consulted regarding her history of chronic venous disease and peripheral arterial disease in the setting of nonhealing wounds.

HISTORY OF PRESENT ILLNESS:
The patient has had left lower extremity wounds for the past year she states. She has been followed in the Wound Care Clinic previously and recently was admitted from clinic on May 31st for concern for possible cellulitis of her left leg. She was recently hospitalized in February of this year also for a cellulitis of her left leg. She states that she has had these left lower extremity wounds for the past year, but has had a new wound show up on her left posterior calf in the last week or so. She denies any fevers or chills, but states she has had terrible pain associated with her ulcers. She was admitted yesterday and started on cefazolin for possible cellulitis. Wound cultures were taken and are now growing GPCs and GNRs. She was also noted to be supratherapeutic on her warfarin, which she takes for a history of DVT. Her warfarin has been held and her INR has climbed to 4.9 from 3.4. Regarding her history of her wounds, she states that she has tried an Unna boot in the past as well as compression stockings and has had prior skin grafting to the area close to 30 years ago, but she says that her wounds have recurred. She has never to her knowledge had any venous or arterial surgeries done. In her prior hospitalization in February, she had both venous and arterial duplexes done. The arterial duplex demonstrated that she had 3-vessel runoff to both legs with 20% to 49% stenosis of bilateral SFAs and possible distal PT occlusion on the right. Her toe brachial indices were 0.49 on the right and 0.35 on the left. She also had a venous reflux duplex done at the same time demonstrating bilateral reflux in her greater saphenous veins to the common femoral veins.

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Ohlsson, MD, Anna

She denies any fevers, chills, shortness of breath, chest pain, abdominal pain, nausea, vomiting, diarrhea ,or constipation.

REVIEW OF SYSTEMS:
A complete review of systems is performed with the patient and is negative other than detailed in HPI.

PAST MEDICAL HISTORY:
1. History of chronic venous insufficiency.
2. Peripheral arterial disease.
3. History of left lower extremity wounds, status post skin grafting about 30 years ago.
4. History of left lower extremity DVT, on warfarin for the past 30 years.

MEDICATIONS:
1. Warfarin 5 mg q. Monday, Tuesday, Wednesday, Friday and Saturday, and 2.5 mg q. Thursday and Sunday.
2. Timolol malleate 0.5% drops 1 drop per eye b.i.d.
3. Atorvastatin 10 mg daily.
4. Losartan 12.5 mg daily.
5. Pentoxifylline extended release 400 mg t.i.d.

FAMILY HISTORY:
Family history of blood clots in her maternal grandmother. She is unsure what type of clot.

SOCIAL HISTORY:
She is currently homeless, living with her son in a tent. She states that she has been homeless for the past 3 months or so. She is a never smoker, drinks one beer per year, and denies any recreational drugs.

ALLERGIES:

1. ADHESIVE TAPE.
2. PENICILLIN.
3. SULFA.

PHYSICAL EXAM:
VITAL SIGNS: Temperature 36.4, heart rate 61, blood pressure 116/55, satting 99% on room air.
CONSTITUTIONAL: Well-appearing elderly woman, pleasantly demented.

3-eConsultation Ohlsson, MD, Anna 6/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 5:09:01 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Ohlsson, MD, Anna

HEENT: Normocephalic and atraumatic.
CARDIOVASCULAR: Regular rate and rhythm. Palpable bilateral femoral, popliteal, DP and PT pulses.
RESPIRATORY: Bilateral and symmetric chest rise. No increased work of breathing.
ABDOMEN: Soft, nontender, nondistended abdomen. No masses.
MUSCULOSKELETAL: Thin. Decreased muscle bulk. Somewhat cachectic appearance.
SKIN: There are three ulcerations on her left lower extremity--one on the left lateral malleolus, one on the posterior calf, and one on the medial ankle. The posterior calf lesion is approximately 4 cm wide. The left lateral ulcer is approximately 3 cm wide as is the medial ankle ulcer. There is minimal serous drainage from the wounds. The left leg below the knee has venous stasis dermatitis with some erythema noted.

LABORATORY VALUES:
INR is 4.9. Creatinine is 0.66. Hematocrit is 29, down from 35.

Wound cultures growing GPCs and GNRs.

Vascular studies reviewed: Venous duplex demonstrating bilateral greater saphenous and common femoral vein reflux.

Arterial duplex: Right toe brachial index is 0.49, right ABI is 1.54. Left ABI was unable to be obtained. Left toe brachial index was 0.35. The right popliteal artery had 20% to 49% stenosis with possible distal occlusion of the PT. Three-vessel runoff is seen. The left SFA and popliteal artery are graded at 20% to 49% stenosis. Three-vessel runoff is seen on the left.

ASSESSMENT AND PLAN:
The patient is a 93-year-old woman with a history of peripheral arterial disease and chronic venous insufficiency with nonhealing left lower extremity ulcers. Vascular Surgery is consulted regarding care for her nonhealing wounds. Given that the patient is currently undergoing treatment for cellulitis and has a supratherapeutic INR, we would not recommend any immediate intervention. As she is pending SNF placement in the next few days, we would recommend that she follow up as an outpatient for discussion of treatment for her venous disease, specifically radiofrequency ablation of her greater saphenous vein on the left leg. We would also discuss the option for microphlebectomies if she has any varicosities that may be contributing to her venous ulcers. Given that she has palpable pedal pulses, we do not suspect that her arterial disease is a significant cause of her inability to heal her wounds and it is more likely due to her venous disease. She should follow up

3-eConsultation Ohlsson, MD, Anna 6/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 5:09:01 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Ohlsson, MD, Anna

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as an outpatient with Dr. Rollo in clinic for discussion for treatment of her venous disease. In the meantime, she would benefit from elevation of her left leg and consideration for gentle compression with compression stockings.

Thank you for this interesting consult. Please page Vascular Surgery with any questions or concerns.

MLS: 367735
D: 06/01/2018 17:10:29
T: 06/01/2018 22:38:11
48441948 [ID1: 2087943]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 05/31/2018 1 DOB: 01/06/1925

Physician: Anna Ohlsson, MD

Signed by OHLSSON, M.D., ANNA on 09-Jun-2018 13:02:42 -04:00

Ohlsson, MD, Anna

CC: Johnathon Rollo, MD

3-eConsultation Ohlsson, MD, Anna 6/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 5:09:01 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge:
Dictating Physician: Ohlsson, MD, Anna

D: 06/01/2018 17:10 T: 06/01/2018 22:38 JOB: 48441948 MLS: 367735

NWH INPATIENT WOUND CONSULTATION

DATE OF SERVICE: 6/1/18

ID/CC: 93F admitted from wound clinic by Dr. Luu for left leg cellulitis, chronic mixed vascular leg ulcers. Dr Luu requests wound consult for this problem.

HPI: The patient, Jeanne is seen at the bedside with Dr. Plotkin and RN Bereket for exam, chart reviewed. I did see her during her February 2018 consultation for the same issue. She explains that she lost her housing and is living in a tent with her son in Bainbridge Island. In that context wound care has been challenging, she says every 2 or 3 days or so her son will help her with wound care using medihoney and dry dressings. She has not been in formal compression wrapping. She has multiple new areas of ulceration on the left leg and there was reported copious weeping on eval yesterday. LEA & LEV reflux study was done inpatient in February, unfortunately her outpatient vascular consultation never occurred. ABIs were unreliable, DBIs reduced .49 R on .35 L waveforms at the ankle on the left indicated moderate arterial insufficiency. Reflux exam demonstrated deep and superficial venous valvular insufficiency. Since admit WBCs have been WNL, she is afebrile, and is receiving IV cefazolin for the cellulitis which she is tolerating without ASE. Plan is for d/c to SNF in the Seattle area.

ROS: complete ROS is negative except as mentioned above.

PFSH: homeless living in a tent with her son. Habits: no ETOH, tobacco other drug use

PMH from H&P: Chronic lower extremity ulcerations of left leg for many years. History of venous insufficiency, left leg greater than right. History of arterial insufficiency. History of bilateral lower extremity DVT about 30 years ago, on chronic longstanding warfarin. History of poor balance. Possible peripheral neuropathy. History of right lower extremity fracture.
Medications/Allergies: reviewed in the EMR therefore not retyped here

O:

VS reviewed afebrile
Gen: alert, conversant, hard of hearing elderly female sitting up in hospital bed NAD.
Ext: no lower extremity edema. Feet are warm with non palpable pedal pulses.
Skin: right leg is intact without tissue loss. Left leg has extensive stasis dermatitis, and 5 separately identifiable ulceration L medial malleolus 3.5x3x0.3 cm no deep structure exposed mixed yellow slough/pink granulation tissue. L posterior calf 7x3 cm ulceration mixed tissue base (yellow/pink), left lateral foot 2x2x0.2 cm ulcer, L lateral calf with 2 separate ulcers proximal 4x2x0.2 cm mostly red granulation wound base, distal to that a shallow dermal ulcer 2x1cm. see page 2 for reference photos.

A:
93F with left lower extremity cellulitis (improved) mixed vascular disease and chronic, worsening left ankle and calf ulcers – subq level.

P:
-recommend vascular consult, discussed case with Dr. Rollo who kindly agreed to evaluate. Will appreciate input if compression would be tolerated, and if any vascular procedures would be of benefit.
-simple local care daily given exudate, wash leg, emollient to dry skin xeroform ABD & kerlix to the ulcers, leg elevation.
-continue antibiotics per attending team, cellulitis seems nicely resolving.
-will need SNF on discharge and continued OP WCC f/u.

Teresa Gegax-Martinez, ARNP
206-969-0145

Category: Consultations
Date of Service: 06/01/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1827191558
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-05-31 10:58:00
Discharge Date Time: 2018-06-04 15:50:00

6/1/18

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925
Acct#: 1827191558

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND CARE CONSULTATION

M−2109 (04/2017) File Under: Provider Reports

DR0135

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

eProgress Note Progress Note Paul Luu, MD 6/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:36:28 AM -04:00

Progress Note - Inpatient SOAP Note

Collected On: 06/01/2018 06:57

Note

Patient is sleeping well. Per nursing staff, she is eating and drinking well. IV fluid will be discontinued. On Ancef and pending culture result. Requested social worker to find SNF for patient. Hct was low at 29, meaning that she was dehydrated at the time of admission (it was 35). PT is ordered - ambulate with walker.

I spoke to the son yesterday and he was proudly said that she was making money from people donating - questionable both of them are food and money beggars? Son is not working and I don't know whether he has any source of income. Does she receive social security money? We must pay attention for possible adult abuse. In short, she should be placed SNF to help manage her overall condition including wound care.

Appreciated Dr. Plotkin evaluated and treated patient.
Wound care nurse will evaluate the wounds today.

Paul Luu, M.D.

Electronically signed by Paul Luu, MD on 06/01/2018 07:06

06/17/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWWND
Acct: 1826819003 Dr: Luu,Paul,MD

********** WOUND CULTURES **********

05/31/18 Wound C/S w/Gram
1032 ACC. NO.: H72227 TRANSPORT TIME: 7.5 Final 06/04/2018
Specimen Description: Wound Left lateral Calf
Special Requests: None

Gram Smear: 1. No polymorphonuclear cells seen
2. 3+ Gram Positive Cocci

Culture: 1. 4+ Staphylococcus aureus, coagulase positive : methicillin-susceptible (MSSA)
2. 3+ Pseudomonas aeruginosa
3. 3+ Diphtheroids

ANTIBIOTIC	Org #1 MSMIC SAUR	Org #2 MSMIC PAER
Amikacin		SN
Aztreonam		SN
Cefepime		SN
Cefazolin	SN	
Ciprofloxacin		SN
Clindamycin	SN	
Gentamicin		SN
Imipenem		SN
Levofloxacin	SN	SN
Oxacillin	SN	
Penicillin	SN	
Piperacillin/tazobactam		SN
Rifampin	SN	
Trimeth_Sulfamethoxazole	SN	
Tetracycline	SN	
Tobramycin		SN
Vancomycin	SN	

SN = Susceptible INT = Intermediate R = Resistant
SYNS = Synergy with a Beta Lactam or Glycopeptide Antibiotic is likely provided the organism is susceptible to that agent.
SYNR = Synergy with a Beta Lactam or Glycopeptide Antibiotic is not likely.

CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

06/17/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWWND
Acct: 1826819003 Dr: Luu,Paul,MD

********** GENERAL CULTURES **********

05/31/18 Wound Culture w/Gram Order
1032 ACC. NO.: H72227 TRANSPORT TIME: 7.5 Final 06/01/2018
Specimen Description: Wound Left LATERAL CALF
Special Requests: Cancel. Microbiology tracking only.

MICROBIOLOGY: 1. ESWAB RECEIVED
2. Cancel. Microbiology tracking only.

********** CANCELLED TESTS **********

05/31/18 1036 CANCELLED: MRSA Screen by PCR (NWH)
REASON: Cancelled by HIS
05/31/18 1043 CANCELLED: CBC, Diff/Smear Evaluation
REASON: Cancelled by HIS
05/31/18 1043 CANCELLED: Comprehensive Metabolic Panel
REASON: Cancelled by HIS
05/31/18 1043 CANCELLED: RBC Sedimentation Rate
REASON: Cancelled by HIS
05/31/18 1043 CANCELLED: CRP, high sensitivity
REASON: Cancelled by HIS
05/31/18 1043 CANCELLED: Prothrombin Time (NWH)
REASON: Cancelled by HIS
{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note Progress Note Paul Luu, MD 6/1/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/1/2018 7:07:26 AM -07:00

Progress Note - Inpatient SOAP Note

Collected On: 06/01/2018 06:57

Note

Patient is sleeping well. Per nursing staff, she is eating and drinking well. IV fluid will be discontinued. On Ancef and pending culture result. Requested social worker to find SNF for patient. Hct was low at 29, meaning that she was dehydrated at the time of admission (it was 35). PT is ordered - ambulate with walker.

I spoke to the son yesterday and he was proudly said that she was making money from people donating - questionable both of them are food and money beggars? Son is not working and I don't know whether he has any source of income. Does she receive social security money? We must pay attention for possible adult abuse. In short, she should be placed SNF to help manage her overall condition including wound care.

Appreciated Dr. Plotkin evaluated and treated patient.
Wound care nurse will evaluate the wounds today.

Paul Luu, M.D.

Electronically signed by Paul Luu, MD on 06/01/2018 07:06

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/1/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/1/2018 4:32:42 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 06/01/2018 11:55

Subjective

ID/CC: 93 yo with periph arterial disease, chronic venous stasis, h/o DVT on anticoag, chronic L leg ulcers, comes in with cellulitis.
Subjective Feels better, leg no longer hurts her. Swelling is slightly improved. No Fever/chills, appetite good.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
06/01/2018 09:30

- Temperature (C): 36.1 (35.5-38.3Cel)
- Pulse: 66
- Respirations: 18
- BP: 112/60
- O2 Saturation (%): 98
- Room Air: Yes

05/31/2018 11:03

- Weight (kg): 49.4kg

I have reviewed vital signs as listed in EMR Yes.
Head/Ear/Nose/Throat Normocephalic; Atraumatic, poor dentition.
Eye EOMI; PERRL.
Neck No JVD; No Bruits.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities RLE mild venous stasis, no edema
LLE bandages removed, excoriations of ant shin, ulcers x 5 of calf/shin. Previous skin graft area mostly intact. Some erythema, swelling slightly improved.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.
Skin see above.

Labs

All current labs have been reviewed by myself as of 6/1/2018 11:59.
Lab Results/Comments WBC 4.5, Hct 29
INR 3.4.

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/1/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/1/2018 4:32:42 PM -07:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/01/2018 11:55

Assessment and Plan

1) Cellulitis,
Present On Admit Yes,
Clinical Status Improving,
- mild cellulitis LLE appears to be responding to abx/local care,
Plan - continue cefazolin.
2) Stasis Ulcer,
Present On Admit Yes,
Clinical Status Stable,
- venous ulcers, possibly arterial ulcers in LLE, acute on chronic
- seen with wound care
- local care seems to be helping already
- will need more routine wound care and, since homeless, needs SNF at d/c,
Plan
- vascular consult (Teresa to call Dr. Rollo)
- continue wound care
- SNF d/c when ready.
3) Blood Coagulation Disorder,
- mild coagulopathy, no bleeding
- chronic anti-coag due to h/o DVT,
Plan - continue to hold warfarin until therapeutic.
4) Benign Hypertension,
Plan - continue home meds.
5) Abnormal Liver Function,
- mild transaminitis (unclear etiology),
Plan - follow periodically .
Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Current Antibiotics cefazolin.
Disposition Plan Discharge To SNF, Comment 2 days.
Medical Decision Making Care Plan Discussed With Patient, Nurse, wound care--Teresa.

Electronically signed by Elizabeth A Plotkin, MD on 06/01/2018 12:03

Account 1827191558 Hoffman, Jeanne Leonie 5/31/2018- I(A) PLS eProgress Note General Medical Adult (Progress Note) Elizabeth A Plotkin, MD 6/1/2018 CUSTDM10\IMSW0TA_Reports_TAW0 6/1/2018 4:32:42 PM -07:00

Addendum

General Medical Adult (Progress Note) - Provider Free Text

Collected On: 06/01/2018 16:31

Additional problem: Underweight: patient's BMI 17.6
Encourage nutritional supplements

Electronically signed by Elizabeth A Plotkin, MD on 06/01/2018 16:31

Pt Name: HOFFMAN, JEANNE L
DOB: 1/6/1925 00:00
MRN: U8170135
Acct No: 1827191558
Patient Type: IP

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, WA

Addendum to Soarian© Inpatient SOAP Note

Page 1 of 1

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1827191558	Visit Type:	Inpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Routine/Acute Care	Patient Conditon:	
Station:		Bed:		Unit Contacted:	Plastic Surgery
Isolation:		Complaint:	Cellulitis of left lower limb		
Admit D/T:	5/31/2018 10:58	Discharge D/T:	6/4/2018 15:50	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Admitting:	Paul Luu, M.D	2002782	Plastic Surgery	(206)368-1244	(206)368-1270
Attending:	Paul Luu, M.D	2002782	Plastic Surgery	(206)368-1244	(206)368-1270
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

eProgress Note Pharmacy Medication Management/Review Travis Yesiki, Pharm D 5/31/2018
CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:35:04 AM -04:00

Pharmacy Medication Management/Review - Inpatient SOAP Note

Collected On: 05/31/2018 14:32

Note

Pharmacy Warfarin Management Note:

Subjective:
Patient is a 93 yof admitted for cellulitis. Pharmacy was consulted to dose warfarin for the indication of hx of remote DVT (verbal order from Dr. Luu).
Goal INR: 2-3
PMH includes: Hx of DVT, PVD, multiple treatments for LLE infection
Social hx: homeless

Patient's home warfarin regimen is: 2.5 mg on Thursday and Sunday; 5 mg all other days
Last dose taken: 5 mg on 5/30

Objective:
INR: 4.9
Hgb/Hct: 10.9/35
Plt: 213
Albumin: 3.6
Baseline LFTs: 44/35
Tmax: 36.3

Diet/PO intake: Ate 100% of breakfast, no other meals charted
Current potential drug-drug or drug-disease interactions with warfarin: cefazolin 1g q8h

Assessment:
INR at baseline is supratherapeutic at 4.9 while on home regimen. Will hold warfarin tonight and anticipate re-initiation of warfarin at a lower dose. Elevated INR is possibly 2/2 decreased PO intake as patient is homeless. Plan is for patient to discharge to SNF following tx for cellulitis.

Based on patient's living situation or discharge disposition, patient will likely not need warfarin teaching/review.

Plan:
Will HOLD warfarin tonight.
Will continue to monitor for drug interactions, s/sx of bleeding/bruising/clotting, INRs, and adjust dose accordingly.
Next INR draw: 6/1 AM

Electronically signed by Travis Yesiki, Pharm D on 05/31/2018 14:40

NORTHWEST HOSPITAL & MEDICAL CENTER — Partners with the Community for Wellness

Our mission is to raise the long–term health status of our community by providing personalized, quality care with compassion, dignity, and respect.

	WHAT TO LOOK FOR?	WHAT TO DO?
HEART FAILURE	**Call your primary care provider for any of the symptoms below:** • Shortness of breath that gets worse or wakes you from sleep • Weight gain above 2lb per day or 3lb per week • Swollen/puffy feet, ankles or legs • Dizziness or light–headedness with standing • Feeling exhausted during routine activity	• Don't smoke! • Take medications on time, to control blood pressure, choles–terol and glucose • Check weight daily • Pace yourself. Slow down or stop when you need to rest • Participate in activities that you can do comfortably and build exercise into your daily routine • Avoid stress • Eat heart healthy diet: reduce salt, fat, cholesterol, and increase fiber • Limit alcohol intake • Follow up regularly with your primary care provider as directed
STROKE "Brain Attack!"	**Call 911 if you have:** • Sudden numbness or weakness of face, arm or leg • Sudden confusion, trouble speaking or understanding • Sudden change in vision in one or both eyes • Sudden difficulty with walking • Sudden dizziness, loss of balance or coordination • Sudden severe headache with un–known cause	**Know the 2 types of stroke** • Ischemic stroke – blocked artery • Hemorrhagic – ruptured artery **How to prevent stroke** • Don't smoke! • Control blood pressure • Take medications as directed • Manage diabetes • Eat a heart healthy diet: reduce salt, fat, cholesterol, and • increase fiber • Incorporate physical activity into your daily routine • Limit alcohol intake • Maintain healthy weight
QUIT SMOKING	**Did you know?** • Tobacco is the number 1 killer in America today • Second hand smoke is just as harmful to your health • 1/2 million Americans die from smok–ing related disease each year	• Get ready to quit and pick a date to stop smoking • Get support and encouragement from family, friends and co–workers • Do things differently to avoid triggers that make you want to smoke • Consider medication and use it correctly • Be prepared for relapse, it may take several attempts • Join a support group or telephone a quit–line

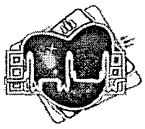
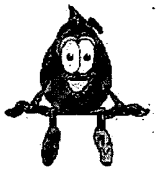
HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1827191558** MRN:**U8170135**
ADM: **05/31/2018**
CLASS: **IP**
SVC: **PLAST**

DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

COMMUNITY WELLNESS EDUCATION

© M–1199 (03/2013) File Under: Discharge Information

HEART ATTACK 	**Call 911 if you have:** • Chest pain or pressure lasting more than a few minutes • Arm, back, neck or jaw discomfort • Shortness of breath • Nausea • Cold sweat • Dizziness	**Heart Attack Prevention** • Don't smoke! • Control blood pressure • Take medications as directed • Eat heart healthy diet: reduce salt, fat, cholesterol, and increase fiber • Limit alcohol intake • Control diabetes • Maintain healthy weight • Incorporate physical activity into your daily routine
PNEUMONIA	**Call your primary care provider for any of the symptoms below:** • Fever • Fatigue • Confusion • Shortness of breath • Cough with mucous production	**Pneumonia Prevention** • Don't smoke! • Get pneumonia vaccine • Get influenza vaccine yearly • Avoid contact with others that are sick • Cover your cough • Control asthma and COPD (Chronic Obstructive Pulmonary Disease) • Incorporate physical activity into your daily routine • Practice good hand–washing
DIABETES	**Call your primary care provider for any of the symptoms below:** • Frequent urination • Frequent thirst or hunger • Unusual weight loss • Increased fatigue • Irritability • Blurry vision	**Diabetes Related Risk Prevention** • Don't smoke • Incorporate physical activity into your daily routine • Control blood pressure, cholesterol and weight • Monitor blood glucose as ordered • Eat heart healthy diet: reduce salt, fat, cholesterol, and increase fiber • Get influenza vaccine yearly • Regular follow–up with primary care provider
BLOOD CLOT PREVENTION 	**Call your primary care provider for any of the symptoms below:** • Calf pain/tenderness • Calf swelling or redness • Shortness of breath • Sharp chest pain • Rapid heart beat	• Don't smoke! • Maintain healthy weight • Avoid prolonged sitting and bed rest • Walk at least every 2 hours during the day to maintain mobility **If you are taking blood thinners:** • Take blood thinner as directed • Get regular blood level checks (PT/INR) as directed • Eat a consistent amount of foods containing Vitamin K • Diet & Medications can affect PT/INR levels • Do not change dietary habits or notify MD before changing habits • Blood Thinners increase risk of bleeding • Do not start/stop any medication (prescribed/over the counter) unless instructed by your MD

Received Information and Discharged on Date/Time _____

Patient / Caregiver Signature _____

Registered Nurse Signature _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

COMMUNITY WELLNESS EDUCATION

© M–1199 (01/2011) File Under: Discharge Tab

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Discharge Instructions

Allergies: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

VISIT SUMMARY INFORMATION

Discharging Provider	Paul Luu, MD
Primary Diagnosis	Left calf and ankle ulcers (four)
Other Major Diagnoses	history of left calf cellulitis, history of DVT, hard of hearing
Treatment of Primary Diagnosis	*antibiotics, leg elevated, resting*

ACTIVITY

Activity	Resume usual activity as tolerated
Activity Instructions	ambulate with walker, elevate Left leg in bed.

DIET

Diet Instructions	Pureed
Other Diet Instructions	or mechanical soft diet

PRECAUTIONS

Precaution Type	Fall
Isolation	*Standard*

FOLLOW UP APPOINTMENTS

	Provider Name	**Phone#**	**When to Follow Up**
Follow up Appt	Dr. Rollo (vascular *surgery/outpatient*)	(206) 668-1070	son to call for *appointment*
Referral	Physical therapy,Respiratory therapy,Wound care		
Referral Instructions	-Notify wound care nurse on arrival -PT: Ambulate with walker and theraputic exercises *-Left leg wound card: lotion to calf* look fewer to cover all four wounds. Gauge daily. Wound care will evaluate and change treatment		

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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CLASS: **IP**
SVC: **PLAST**

DC0001 - DC Info

Patient Name:	HOFFMAN, JEANNE L	**Account Number:**	1827191558
Date of Birth:	01/06/1925	**Age / Sex:**	93Y/F
Date Admitted:	05/31/2018	**Attending Physician:**	Luu, Paul MD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Discharge Instructions

Allergies: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

ADDITIONAL INSTRUCTIONS

Community Wellness Tool Reviewed, Signed and Given	Yes
Personal Belongings List Reviewed and signed	Yes
Medication Side Effects Fact Sheet given	Yes
Additional Instructions	Please monitor OT/IWR (therapeutic = 1.5xIWR normal) and adjust coumadin accurately! May use gentle leg compession hose/stocking to left leg to -- edema (hx of venous insufficiency and --)
Notify	Notify your Provider if you have any of the following signs or symptoms: Fever of 100.5 F or higher or chills Increased/ Excessive Bleeding Persistent nausea or vomiting or if vomit is greenish, looks like coffee grounds or has blood in it Frequency, burning, foul smelling or blood with urination or unable to urinate Persistent diarrhea or constipation Pain, redness and swelling in lower legs Pain unrelieved with medication and rest Unable to tolerate oral fluids or food Dizziness, fainting spells, difficulty breathing, heart suddenly beating very slowly or quickly, persistent weakness, persistent hiccoughs Swelling unrelieved by elevation, rest or ice Severe leg/calf pain Chest pain Shortness of breath Fatigue Weight gain of more than 3 pounds in 3 days

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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SKIN CONDITION

Type	Location	Description	Treatment Plan
Other	LLE	Venous insufficiency	LLE - remove dressing wash leg with warm washcloth. liberally apply vaseline jelly to dry skin. irrigate wounds with NS, wipe exudates free with gauze, cover with xeroform ABD & kerlix daily & PRN. Leg elevation

ELIMINATION

Elimination	Continent bowel,Continent bladder

SPECIAL MEDICATION ADMINISTRATION INSTRUCTIONS

Med Administration Instructions	Whole with thin liquids

VITAL SIGNS

BP	131/69 (6/4/2018 13:52)	**NBP Systolic (mmHg)**	
Respiration	16 (6/4/2018 13:52)	**NBP Diastolic (mmHg)**	
Temperature	36.2 Cel (6/4/2018 13:52)	**HR**	
Pulse	75 (6/4/2018 13:52)	**SpO2**	
O2 Sat(%)	98 (6/4/2018 13:52)	**Temperature**	
		Respiration	

Patient Name:	HOFFMAN, JEANNE L	**Account Number:**	1827191558
Date of Birth:	01/06/1925	**Age / Sex:**	93Y/F
Date Admitted:	05/31/2018	**Attending Physician:**	Luu, Paul MD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Discharge Instructions

Allergies:	adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

ADDITIONAL INFORMATION FOR RECEIVING FACILITY

Behavior	Appropriate to situation
Cognitive Status	No cognitive impairments

GEROPSYCHIATRIC ONLY

Mental/Behavioral Health Needs

Transportation		**Agrees with D/C Plan**	Yes
D/C Information Given to	*Parkridge, SNF, RN*		
D/C Information Faxed to	Parkridge SNF		

Thank you for entrusting your care to UW Medicine/Northwest Hospital & Medical Center. Your hospital visit summary is available online by clicking the "Request Account" link at this URL:
https://nwh.uwmedicineecare.org/NWH/Patient#

My discharge instructions have been reviewed with me and I have received a copy.

Patient/Representative Signature — 6/4/18 @ 1520 Date/Time

Discharging RN (print clearly) — 6/4/18 @ 1520 Date/Time

HOFFMAN, JEANNE LEONIE
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Patient Belongings Report

Patient Belongings

Timing of Inventory: Discharge | **Unit Inventory Completed: MSE** | **Room: 706**

	Item	Deposit/Balance	Disposition	With Pt at Transfer /Discharge
Hearing Aids	Left		With Patient	Yes
Glasses/Contacts	reading color		With Patient	Yes
Walking Aid	Walker red color		With Patient	Yes
Jewelry	gold color watch		With Patient	
Street Clothes	Pants; Shirt; Coat/Jacket; Socks		With Patient	Yes
Robe/Slippers/Shoes	shoes black			
Comments	hat,emergench bag (black), colorful unbrella			

I have received the belongings listed above at the time of discharge.

Date/Time: 6-4-18 **Patient/Responsible Party Signature** [signature]

Date/Time: 6-4-18 **Staff Signature** [signature]

HOFFMAN, JEANNE LEONIE
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CSN: **1827191558** MRN:**U8170135**
ADM: **05/31/2018**
CLASS: **IP**
SVC: **PLAST**

FS0010 - Valuables

Patient Name: HOFFMAN JEANNE
Date of Birth: 1/6/1925 00:00
Date Admitted: 5/31/2018 10:58

Account Number: 1827191558
Age/Sex:93Y/F
Attending Physician: Luu, Paul MD

Discharge Medication Instructions

Alrg: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Continue Taking These Home Medications

timolol maleate 0.5 % Drops
Directions: 1 drop ophthalmic, both eyes twice a day
Additional Instructions:
Last Dose Given Date: 6/3/18 Time: 1800

warfarin (Coumadin) 5 mg Tablet
Directions: 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
Additional Instructions:
Last Dose Given Date: 6/3/18 Time: 1800

warfarin (Coumadin) 2.5 mg Tablet
Directions: 1 tablet oral QThursday and Sunday
Additional Instructions:
Last Dose Given Date: 6/3/18 Time: 1800

atorvastatin calcium 10 mg PO daily
Last Dose Given Date: 6/4/18 Time: 2100

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1827191558 MRN:U8170135
ADM: 05/31/2018
CLASS: IP
SVC: PLAST

Losartan potassium 12.5 mg PO daily
Last Dose Given Date: 6/4/18 Time: 0900

Pentoxifylline ER 400 mg TID
Last Dose Given Date: 6/4/18 Time: 0900

Start Taking These New Medications

ME0020 - Med Reconciliation

Electronically signed by: Elizabeth A Plotkin, MD 6/4/2018 9:56:30AM

Discharge Medication Instructions

Alrg: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Start Taking These New Medications

acetaminophen 325 mg Tablet
Directions: 2 tablet oral every four hours as needed for FEVER
Additional Instructions:
Last Dose Given Date: ø Time: ø

acidophilus-pectin, citrus 25 million cell-100 mg Tablet
Directions: 1 tablet oral twice a day
Additional Instructions:
Last Dose Given Date: 6/4/18 Time: 0900

enoxaparin 40 mg/0.4 mL Syringe
Directions: 40 mg subcutaneous daily
Additional Instructions: discontinue when PT/INR reach therapeutic level
Last Dose Given Date: 6/4/18 Time: 0900

HYDROcodone-acetaminophen 5 mg-325 mg Tablet
Directions: 2 tablet oral every four hours as needed for SEVERE PAIN
Additional Instructions: ORDERED: 1-2 TAB PO Q4H PRN
Last Dose Given Date: 6/4/18 Time: 0835

pentoxifylline 400 mg Tablet Extended Release
Directions: 1 tablet oral every eight hours
Additional Instructions:
Last Dose Given Date: 6/4/18 Time: 0900

HOFFMAN, JEANNE LEONIE
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CSN: **1827191558** MRN:**U8170135**
ADM: **05/31/2018**
CLASS: **IP**
SVC: **PLAST**

Electronically signed by: Elizabeth A Plotkin, MD 6/4/2018 9:56:30AM

NO CURSIVE: ALL PRESCRIPTIONS MUST BE PRINTED WITH LETTERS THAT ARE NOT CONNECTED.

PROHIBITED ABBREVIATIONS at NWHMC

OD, QD, QOD, SQ, CC, U, IU, MS, MSO4, MGSO4, µ, TIW, X.0 (TRAILING ZERO), .X (LACK OF LEADING ZERO)

PATIENT

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE

HOFFMAN, JEANNE LEONIE 093 Y – F
DOB: 01/06/1925 MRN:U8170135
CSN: 1827191558
ADM: 05/31/2018
CLASS: IP
SVC: PLAST

DATE	TIME	
	05/31/2018	Admit to Dr Brown (Attendy) (2E Room 262)
		Dx= (L) leg cellulitis, uncontrollable pain.
		Please see orders in Epic (Epic.)

DATE, TIME AND SIGNATURE ARE REQUIRED FOR ALL ENTRIES

☐ _____ NO THERAPEUTIC INTERCHANGE PERMITTED
(DRUG NAME)

NO CURSIVE: ALL PRESCRIPTIONS MUST BE PRINTED WITH LETTERS THAT ARE NOT CONNECTED.

PROHIBITED ABBREVIATIONS at NWHMC

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PATIENT

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE

HOFFMAN, JEANNE LEONIE 093 Y – F
DOB: 01/06/1925 MRN:U8170135
CSN: 1827191558
ADM: 05/31/2018
CLASS: IP
SVC: PLAST

DATE	TIME

PO0001 - Orders

DATE, TIME AND SIGNATURE ARE REQUIRED FOR ALL ENTRIES

☐ _____ NO THERAPEUTIC INTERCHANGE PERMITTED
(DRUG NAME)

PHYSICIAN'S ORDER SHEET M-29
File Under: Physician's Orders

NORTHWEST HOSPITAL & MEDICAL CENTER
SEATTLE, WASHINGTON
04/10

NO[redacted]RSIVE: ALL PRES[redacted]PTIONS MUST BE P[redacted]TED WITH LETTER[redacted]HAT ARE NOT CON[redacted]TED.
PROHIBITED ABBREVIATIONS at NWHMC:
OD, QD, QOD, SQ, CC, U, IU, MS, MSO4, MGSO4, µ , TIW, X.0 (TRAILING ZERO), .X (LACK OF LEADING ZERO)

DISCHARGE ORDERS

HOSPITAL PHYSICIANS:
Discharging Physician: Paul Lum
Consultants (significant): _____

DEVICES:
☐ Disc. Foley on: _____
☐ Disc. PICC/midline on: _____

EDUCATION:
☐ Materials Provided by MD: _____
☐ RN to provide Krames discharge educational materials of primary diagnosis on Soarian problem list
☐ RN to provide discharge educational materials on: _____

FOLLOW-UP APPOINTMENTS
☐ Unit Secretary to schedule ☐ Family/Patient/SNF to schedule
Dr. _____ within _____ days
Dr. Rollo (vascular surgery/outpatient) Go to call for appt as within _____ days

Confirmed Follow-up Appointments:
Date: _____ Time: _____
Date: _____ Time: _____

☒ Patient d/c to SNF, follow-up with SNF MD. ☐ Establish care with new PCP within _____ days. Please provide list of PCPs.

DISCHARGE TO: ☐ Home ☒ SNF _____ ☐ ALF/AFH _____ ☐ Other _____

Primary Diagnosis: Left calf & ankle ulcers (Four)

Other Major Diagnosis: Hx of (R) calf cellulitis, Hx of DVT, Hard of Hearing

Treatment of Primary Diagnosis: Antibiotics & resting & leg elevation

Invasive Procedures: _____

MEDICATIONS: For all medications and allergies, see attached Discharge Medication Orders and/or Prescriptions.

POST DISCHARGE SERVICES

* Home Health orders require additional documentation. Please fill out the Addendum to Orders for Home Health Care (M-1364) prior to discharge.

☐ Home Health*
☒ SNF
☐ Outpatient

Agency Name: _____

		New	Resume
☒ RN ☒ PT ☐ OT ☐ RT	- Notify wound care nurse on Arrival	☐	☐
☐ MSW		☐	☐
☐ Bath Aid	- PT: ambulate with walker & therapy exercises	☐	☐
☐ Speech / Swallow		☐	☐
☐ Home Oxygen	@ leg wound care: lotion to calfs BID	☐	☐
☐ Home Infusion	Xeroform to cover all four ulcers	☐	☐
☐ Hospice	→ gauze daily. wound care nurse	☐	☐
☒ Wound Care	will evaluate & change treatment	☐	☐

D/C Staples/Sutures on _____

Date: 6/4/2018 (Required) **Time:** 1300 (Required) **Physician Signature:** _____ (Required)

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1827191558** MRN:**U8170135**
ADM: **05/31/2018**
CLASS: **IP**
SVC: **PLAST**

P00040

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PHYSICIAN DISCHARGE ORDERS

© M-1224 (02/17) File Under: Physician Discharge Orders

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PROHIBITED ABBREVIATIONS at NWHMC:
OD, QD, QOD, SQ, CC, U, IU, MS, MSO4, MGSO4, µ, TIW, X.0 (TRAILING ZERO), .X (LACK OF LEADING ZERO)

DIET ☐ RN/SLS/RD to provide educational materials on dietary restrictions
☐ General ☐ Na Restricted_____gm. ☐ No Salt added ☐ ADA/Low Cal____ ☐ AHA low chol./low sat. fat
☒ Pureed ☐ Dysphagia Stimulation ☐ Dysphagia Blenderized ☐ Dysphagia Mechanical ☐ Dysphagia Advanced
☐ NPO ☐ Thin Liquid (normal) ☐ Nectar thick Liquid ☐ Honey thick Liquid ☐ Spoon thick Liquid
☐ 1:1 Supervision ☐ Tube Feeding_____ ml/hr ☐ Other Or mechanical soft diet

MEDICATION ADMINISTRATION
☐ Whole w/ Liquid ☐ One at a time ☐ Whole w/ Puree ☐ Crushed w/ Puree ☐ Alternate Route

MOBILITY & PRECAUTIONS
☒ Up ad lib ☐ Bed Rest ☐ Fall Precautions ☐ Amb w/ Assist
☐ Right ☐ Left
☐ PWB_____% ☐ WBAT ☐ NWB
Hip: ☐ Right ☐ Left ☐ Anterior Hip Precautions ☐ Posterior Hip Precautions ☐ Flexion to ____°
Upper Extremity Limitation (e.g. ROM or Weight Bearing): _____
☐ Sternal Precautions ☒ Other: Ambulate with walker, elevate (L) leg in bed

Notify Provider: ☐ per printed educational materials
☐ Other: _____

Additional Orders/Patient Instructions/Wound Care Orders/Outpatient Studies & Labs:

☐ **Attach wound care instructions from Wound Care RN Note:**

Please monitor PT/INR (→ therapeutic = 1.5 x INR normal) & adjust coumadin accordingly.
* May use gentle leg compression socks (stockinette to (L) leg to control edema (Hx venous insufficiency & mild CHF).

Date: 6/4/2018 (Required) **Time:** 1300 (Required) **Physician Signature:** _____ (Required)

If patient is discharging to a SNF, the following section MUST ALSO be completed:

CODE STATUS
☒ Full Code ☐ No Code, Full Medical ☐ Comfort Care ☐ POLST Form Completed
☐ Indicate when/with whom discussed: _____

VITAL SIGNS ☐ Q Shift x 3 days ☒ NH Routine Other:

LAB OR X-RAY Lab/Study _____ on _____ (date) Lab/Study _____ on _____ (date)

Certification for Skilled Nursing Care

I certify that post hospital Skilled Nursing Care is medically necessary on a continuing basis for any of the conditions for which he/she received care during this hospitalization.

Physician Signature: _____ Date: 06/04/2018

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1827191558** MRN:**U8170135**
ADM: **05/31/2018**
CLASS: **IP**
SVC: **PLAST**

PO0040

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PHYSICIAN DISCHARGE ORDERS

© M–1224 (02/17) File Under: Physician Discharge Orders

2-eH and P Plotkin, MD, Elizabeth 5/31/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:40:24 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Plotkin, MD, Elizabeth

DATE OF SERVICE: 05/31/2018

IDENTIFYING INFORMATION:
Patient is a 93-year-old woman admitted via the Wound Care Clinic by Dr. Paul Luu for management of left lower extremity cellulitis and venous insufficiency ulcers.

HISTORY OF PRESENT ILLNESS:
The patient is a vibrant 93-year-old who has suffered with very difficult problems with venous insufficiency in her left lower extremity, chronic ulcerations, as well as arterial insufficiency with peripheral vascular disease. She has been followed at the Wound Care Clinic because of these vascular ulcers. The patient, unfortunately, was evicted with her son (circumstances unclear) and has
been living in a tent for the past couple of months and, therefore, has not had optimal access to hygiene and leg elevation. Over the past couple of days, she has had increasing pain in her left lower extremity to the point where it is quite intolerable. Her skin has become much more excoriated again which has happened in the past. She was seen at the Wound Care Clinic and Dr. Luu was quite alarmed that she had cellulitis and wanted her admitted for further treatment as well as local wound care. The patient's pain is improved with her leg up in bed at this time. She has not had any notable fever or chills that she can report. She has been attempting usual wound care, but again has not been in optimal circumstances. She has no other specific complaints currently.

PAST MEDICAL HISTORY:
1. Chronic lower extremity ulcerations of left leg for many years.
2. History of venous insufficiency, left leg greater than right.
3. History of arterial insufficiency.
4. History of bilateral lower extremity DVT about 30 years ago, on chronic longstanding warfarin.
5. History of poor balance.
6. Possible peripheral neuropathy.
7. History of right lower extremity fracture.

CURRENT MEDICATIONS:
1. Atorvastatin 10 mg a day.
2. Losartan 12.5 mg a day.
3. Pentoxifylline extended release 400 mg 3 times daily.

4. Warfarin 2.5 mg on Thursdays and Sundays, and 5 mg the other days of the week.
5. Timolol eye drops 0.5%, 1 drop both eyes twice a day.

ALLERGIES:
1. ADHESIVE TAPE
2. PENICILLIN.
3. SULFA.

SOCIAL HISTORY:
The patient was married. She has two sons. She is now widowed. She had been living with her son in subsidized housing and apparently the landlord was affected by her son's behavior, as well as her other son's bullying, and eventually evicted them a couple of months ago (per SW note the son reports they left "willingly". She is quite self-sufficient. Does her own canning of vegetables and fruits. She and her son walk to the Safeway every day to beg for money.

HABITS:
Cigarettes: None. Alcohol: None. Recreational drugs: None.

FAMILY HISTORY:
Mother died of old age at 94. Father died of an infection.

REVIEW OF SYSTEMS:
Complete review of systems is done and is negative except as above.

PHYSICAL EXAM:
VITAL SIGNS: Temperature 36.6, pulse 72, blood pressure 129/67, respiratory rate 16, O2 sat 99% on room air.
GENERAL: The patient is an elderly woman who looks younger than her stated age and is somewhat disheveled.
HEENT: Sclerae anicteric. Oropharynx shows poor dentition.
NECK: Without adenopathy.
CHEST: Clear to auscultation and percussion.

CARDIAC: Regular rate and rhythm. No murmur or gallop.
ABDOMEN: Positive bowel sounds. Soft, nontender. No hepatosplenomegaly or masses.
EXTREMITIES: Right lower extremity shows no edema. There is venous insufficiency, discoloration, and skin appears to be intact. Left lower extremity is wrapped currently in a dressing from below the knee to mid foot.

The areas of skin I can see on the foot are somewhat excoriated as well as those on the upper leg that are visible just below the upper bandage. I have not unwrapped the leg, but there are apparently four venous ulcers present as well as erythema from below the knee to the foot. No obvious edema.
NEUROLOGIC: Patient is alert and oriented x3. Cranial nerves intact. She is able to move all four extremities.

LABS:
Hematocrit 35, white count 5.4, platelets normal. INR is elevated at 4.9. Electrolytes within normal limits. BUN 13, creatinine 0.76, glucose 158, AST 44, ALT 35, bilirubin normal. C-reactive protein is 4.3.

No imaging done today.

IMPRESSION AND PLAN:
1. Left lower extremity venous ulcerations with localized cellulitis and poor access to appropriate skin care. The patient is admitted and started on IV antibiotics with cefazolin. Cellulitis appears to be fairly mild and her white count is normal as well as her CRP. At this time, we will also get acute Wound Care consult for management of skin appropriately. Patient will be able to be in bed with legs elevated which also should help with her pain and seems to have done so, so far. We will co-manage with Dr. Luu currently in the hospital. Most likely, patient will need skilled nursing facility transfer for further wound care at the time of discharge.
2. Coagulopathy. The patient has a history of deep venous thrombosis and is on chronic warfarin. Her INR is elevated. We will hold warfarin for now and ask Pharmacy to help manage to keep INR between 2 and 3.
3. Chronic venous insufficiency as well as arterial insufficiency. The patient will continue on pentoxifylline.
4. Elevated transaminases. This is of unclear etiology. She has not shown this in the past. We will image her liver with an ultrasound for completeness.
5. Homelessness. This certainly is a problem for this patient for appropriate wound care. As mentioned, I suspect she may need skilled nursing facility for ongoing wound care after discharge.
6. Hypertension. Blood pressure is well controlled. Continue low-dose losartan.
7. VTE prophylaxis. Patient is therapeutically anticoagulated.
8. Code status. I began a discussion with the patient about this. At the moment, she wants FULL RESUSCITATION; however, if the case is "hopeless," she would want to be left to die peacefully. For this moment, we will make her FULL RESUSCITATION.

2-eH and P Plotkin, MD, Elizabeth 5/31/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:40:24 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1827191558
Date of Discharge:
Dictating Physician: Plotkin, MD, Elizabeth

MLS: 367735
D: 05/31/2018 18:02:26
T: 05/31/2018 20:07:36
48435984 [ID1: 2000539]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 05/31/2018 1 DOB: 01/06/1925

Physician: Elizabeth Plotkin, MD

William Neighbor, MD

Edited By Plotkin, M.D.,Elizabeth A 01-Jun-2018 19:23:01 -04:00

Signed by Plotkin, M.D.,Elizabeth A on 01-Jun-2018 19:23:02 -04:00

Plotkin, MD, Elizabeth

CC: Paul Luu, MD
William Neighbor, MD

2-eH and P Plotkin, MD, Elizabeth 5/31/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:40:24 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/31/2018
Acct#: 1827191558
Date of Discharge:
Dictating Physician: Plotkin, MD, Elizabeth

D: 05/31/2018 18:02 T: 05/31/2018 20:07 JOB: 48435984 MLS: 367735

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Admission Rec marked Complete on: 5/31/2018 12:24 **By:** Paul Luu, MD

Home Medications

Status: Complete Collected On: 5/31/2018 12:16 By: Paul Luu, MD
Comments:

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
Action Taken: Continued and Create Order
Medication Status: active

warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
Action Taken: Continued and Create Order
Medication Status: active

warfarin (Coumadin) 2.5 mg Tablet 1 tablet oral QThursday and Sunday
Action Taken: Continued and Create Order
Medication Status: active

atorvastatin calcium 10 mg PO daily
Action Taken: Continued and Create Order

Losartan potassium 12.5 mg PO daily
Action Taken: Continued and Create Order

Pentoxifylline ER 400 mg TID
Action Taken: Continued and Create Order

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Current Orders

Medication Name	Dose	Route	Frequency
acetaminophen Oral (325 mg)	2 tablet	oral	every four hours
Ancef 1 g Intravenous Q8HWA, cellulitis of left calf and ankle			
BOWEL MANAGEMENT CARE (NOTE BOWEL MANAGEMENT CARE) 1 NOTE = 1 NOTE Miscellaneous complex, Clinician Dir:RN TO ENTER ORDERS M860 AS NEEDED IN SOARIAN			
DEXTROSE 5% 1/2 NS KCL 20MEQ/L (1000 ML bag) Intravenous @100mL/Hour Over 10H			
diphenhydrAMINE oral (25 mg)	1 tablet	oral	every six hours
diphenhydrAMINE oral (50 mg)	1 capsule	oral	daily
HYDROcodone-acetaminophen Oral (5 mg-325 mg)	1 tablet	oral	every four hours
HYDROcodone-acetaminophen Oral (5 mg-325 mg)	2 tablet	oral	every four hours
ondansetron Oral (4 mg)	1 ODT	sublingual	every six hours

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Current Orders

Medication Name	Dose	Route	Frequency
traMADol Oral (50 mg)	1 tablet	oral	every six hours

Planned Orders

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
warfarin (Coumadin) 2.5 mg Tablet 1 tablet oral QThursday and Sunday
atorvastatin calcium 10 mg PO daily
Losartan potassium 12.5 mg PO daily
Pentoxifylline ER 400 mg TID

Home Medication List

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Status: Complete Collected On: 5/31/2018 12:16:00PM By: Paul Luu, MD
Comments:

Home Medications

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
Medication Status: active

warfarin (Coumadin) 5 mg Tablet 1 tablet oral daily QMonday, Tuesday, Wednesday, Friday, and Saturday
Medication Status: active

warfarin (Coumadin) 2.5 mg Tablet 1 tablet oral QThursday and Sunday
Medication Status: active

atorvastatin calcium 10 mg PO daily

Losartan potassium 12.5 mg PO daily

Pentoxifylline ER 400 mg TID

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1827217539	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:	Cellulitis of left lower limb		
Admit D/T:	5/31/2018 17:41	Discharge D/T:	6/4/2018 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Admitting:	Paul Luu, M.D	2002782	Plastic Surgery	(206)368-1244	(206)368-1270
Attending:	Paul Luu, M.D	2002782	Plastic Surgery	(206)368-1244	(206)368-1270
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	Paul Luu, M.D	2002782	Plastic Surgery	(206)368-1244	(206)368-1270

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

2-eH and P Luu, MD, Paul 5/31/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:44:02 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1826819003
Date of Discharge: 20180531
Dictating Physician: Luu, MD, Paul

DATE OF SERVICE: 05/31/2018

HISTORY OF PRESENT ILLNESS:
This is a direct admit for a 93-year-old Caucasian female who had been treated for multiple wounds over the left lower extremity at the Wound Care Center. The patient was seen at the Wound Care Center today and she was found to have a significant amount of skin excoriate with a copious amount of drainage together with uncontrolled pain of the left lower extremity. Therefore, the patient was advised to be admitted to the hospital for treating cellulitis, complicated by peripheral vascular disease together with uncontrollable pain. According to the son, the patient began to feel severe leg pain for the last 2-3 days. He also mentioned that the patient did not elevate the leg at home very well. Currently, her living situation is not adequate to take care of her left lower extremity wounds. The patient is homeless and she lives in a tent with her son. Both take shower and cook at a church near the tents. Otherwise, the son does not know whether the patient had a fever at home. At the present time, the patient complains of severe left leg pain, specifically the calf and ankle at rest without any motion. Typically, the patient has a very high tolerance for pain and at this time she complains of pain associated with tearing in her eyes. The patient denies any recent fever or any lower extremity trauma, blunt trauma. Her son also mentioned that she used her walker with a homeless sign to beg for money.

PAST MEDICAL HISTORY:
Significant for:

1. History of remote deep venous thrombosis with the patient on chronic anticoagulation with Coumadin.
2. History of peripheral vascular disease.
3. History of multiple bouts of local left leg infection. The last hospital admission was on February 1, 2018, for left calf cellulitis.

ALLERGIES:
1. PENICILLIN, which caused a rash and the last time she took was approximately 35 years ago. At that time, the patient also took SULFA, which also caused a rash.
2. Allergic to TAPE.
3. It is questionable that she is very sensitive to side effects of

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1826819003
Date of Discharge: 20180531
Dictating Physician: Luu, MD, Paul

NARCOTIC PAIN MEDICATION.

MEDICATIONS:
Please see the nursing sheet for complete list.

SOCIAL HISTORY:
The patient is currently homeless and living in a tent with her son, who is the primary caregiver for the patient. Otherwise, she has no history of tobacco abuse.

PHYSICAL EXAMINATION:
GENERAL: This is a well-developed, thin, crying female in no acute respiratory distress.
VITAL SIGNS: Today at the Wound Care Center showed the blood pressure was 140/62, pulse 88, respiration rate 16. The temperature was 97.7. She weighed 112 pounds.
HEENT: Throat grossly normal. The patient definitely is hard of hearing and she is wearing a hearing aid on the left side.
CHEST: Clear to auscultation.
CARDIAC: Regular rhythm.
ABDOMEN: Soft.
EXTREMITIES: Focal examination of the left lower extremity showed that the patient has severe left calf and ankle skin excoriated or macerated with multiple petechiae. There is a copious amount of serous fluid drainage circumferentially along her leg. Otherwise, the left calf and ankle are moderately edematous and the skin from the calf to the toe is moderately red. Without palpation, the patient definitely has rest pain. Upon slight compression on the leg, the patient has significant amount of pain. Nevertheless, there is no sign that the patient has a compartment syndrome. On the left leg, the patient had a total of four ulcers; two ulcers over the ankle and two ulcers over the calf. The dimension of the ulcer, the larger one is approximately 6.4 cm in length by 3.5 cm in width and approximately 0.3 cm deep. This wound is located on the left lateral calf. There is another left posterior left calf ulcer with dimension 6.8 cm x 3.4 cm and approximately 0.2 cm deep. There is a left medial ankle wound with the dimension 3.8 cm x 4.2 cm with 0.2 cm deep. There is also a left anterolateral ankle ulcer with dimension 1.4 cm in length by 1.4 cm in width and approximately 0.3 cm deep. All ulcers are covered with fibrin exudate. (In the past, these wounds had a significant amount
of calcification, especially over the calf wounds and the calcified materials had been removed. There was no foul odor and there was no purulent discharge at this wound site.

2-eH and P Luu, MD, Paul 5/31/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:44:02 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/31/2018 **Acct#:** 1826819003
Date of Discharge: 20180531
Dictating Physician: Luu, MD, Paul

LABORATORY:
None at the present time. She had vascular study in the past which shoed moderate PAD (but adequate distal arterial perfusion) and positive for venous incompetence or insufficiency.

ASSESSMENT AND PLAN:
This is a 93-year-old female, homeless, with a history of peripheral vascular disease who has severe left leg rest pain associated with cellulitis. I strongly recommend the patient to be admitted to the hospital for treating her cellulitis and together with wound care to prevent further deterioration of the four wounds of her left leg. Unfortunately, the patient is homeless at the present time which would complicate the treatment of wounds. The patient is currently on Coumadin with the presence of petechiae. Blood work will be drawn to check PT and IRN level. We will keep the patient in the hospital to treat her cellulitis and then
subsequently the patient will be transferred to a skilled nursing facility. I discussed the plan of treatment with the patient and she agreed to be admitted to the skilled nursing facility in the future and to the hospital today. While the patient
is in the hospital, her wounds will be treated and followed by the wound care nurse. I will also ask the inpatient team to help to treat her medical problems. Otherwise, a swab culture of the serous fluid drainage will be sent for culture and sensitivity. The patient would be then started empirically on Ancef 1 g IV Q8 hours.

MLS: 855286
D: 05/31/2018 13:32:17
T: 05/31/2018 14:06:40
48434431 [ID1: 2002782]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 05/31/2018 0 DOB: 01/06/1925

Physician: Paul Luu, MD

2-eH and P Luu, MD, Paul 5/31/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 4:44:02 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/31/2018
Date of Discharge: 20180531
Dictating Physician: Luu, MD, Paul

MR#: U8170135
Acct#: 1826819003

Edited By Luu, M.D.,Paul 03-Jun-2018 20:56:41 -04:00

Signed by Luu, M.D.,Paul on 03-Jun-2018 20:56:43 -04:00

Luu, MD, Paul

CC:

D: 05/31/2018 13:32 T: 05/31/2018 14:06 JOB: 48434431 MLS: 855286

Category: Orders
Date of Service: 05/31/2018 00:00
Document Status:
Title: Home Medication List
Document Version : 1

Encounter Number: 1826819003
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-05-31 09:24:00
Discharge Date Time: 2018-05-31 10:59:00

Home Medication List

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Status: Complete Collected On: 5/31/2018 10:37 By: Paul Luu, MD
Comments:

Home Medications

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
Medication Status: active

Atorvastatin calcium 10 mg PO daily

Coumadin 2.5 mg PO every Thursday and Sunday

Coumadin 5 mg PO every Monday, Tuesday, Wednesday, Friday and Saturday

Losartan potassium 12.5 mg PO daily

Pentoxifylline ER 400 mg PO TID

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Admission Rec marked Complete on: 5/31/2018 10:42:21AM **By:** Paul Luu, MD

Home Medications

Status: Complete Collected On: 5/31/2018 10:37:00AM By: Paul Luu, MD
Comments:

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
Action Taken: Continued and Create Order
Medication Status: active

Atorvastatin calcium 10 mg PO daily
Action Taken: Continued and Create Order

Coumadin 2.5 mg PO every Thursday and Sunday
Action Taken: Continued and Create Order

Coumadin 5 mg PO every Monday, Tuesday, Wednesday, Friday and Saturday
Action Taken: Continued and Create Order

Losartan potassium 12.5 mg PO daily
Action Taken: Continued and Create Order

Pentoxifylline ER 400 mg PO TID
Action Taken: Continued and Create Order

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Current Orders

Medication Name	Dose	Route	Frequency
D5%-0.45% NS Potassium Chl 20 mEq (1000 mL bag) Intravenous @ 100 mL/hr Continuous			
diphenhydrAMINE oral (25 mg)		oral	every six hours
diphenhydrAMINE oral (50 mg)		oral	daily
heparin (porcine) injection (5,000 unit/mL)		subcutaneous	every twelve hours
HYDROcodone-aceta minophen Oral (5 mg-325 mg)		oral	every four hours
HYDROcodone-aceta minophen Oral (5 mg-325 mg)		oral	every four hours
ondansetron Oral (4 mg)		sublingual	every six hours
traMADol Oral (50 mg)		oral	every six hours

Planned Orders

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day

Atorvastatin calcium 10 mg PO daily

Coumadin 2.5 mg PO every Thursday and Sunday

Coumadin 5 mg PO every Monday, Tuesday, Wednesday, Friday and Saturday

Losartan potassium 12.5 mg PO daily

Pentoxifylline ER 400 mg PO TID

Pt Name: HOFFMAN, JEANNE L
MRN: U8170135
Acct No: 1826819003
Patient Type:OP

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, WA

Admission Medication Reconciliation Report

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1826819003	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:	Non-pressure chronic ulcer of left calf with fat layer exposed		
Admit D/T:	5/31/2018 9:24:44AM	Discharge D/T:	5/31/2018 10:59:48AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-5	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:	
Contact:				Group No:		Policy:	131149826D6
						CoPay:	
						Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:	
	HOMELESS					Sub SSN:	531264736
	SEATTLE	WA	98133			Sub Phone:	
Insurance 2:	WA MEDICAID			Plan:	8027	Status:	
Contact:				Group No:	S99	Policy:	100675002WA
	PO BOX 9248					CoPay:	
	OLYMPIA	WA	98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:	
	HOMELESS					Sub SSN:	531264736
	SEATTLE	WA	98133			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1826819751	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	5/17/2018 10:44:10AM	Discharge D/T:	5/21/2018 9:36:12PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:	
Contact:				Group No:		Policy:	131149826D6
						CoPay:	
						Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:	
	HOMELESS					Sub SSN:	531264736
	SEATTLE	WA	98133			Sub Phone:	
Insurance 2:	WA MEDICAID			Plan:	8027	Status:	
Contact:				Group No:	S99	Policy:	100675002WA
	PO BOX 9248					CoPay:	
	OLYMPIA	WA	98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:	
	HOMELESS					Sub SSN:	531264736
	SEATTLE	WA	98133			Sub Phone:	

05/27/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1826819751

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
05/17/18 1053	17.0* {NW}	1.7* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1826211455	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:	Non-pressure chronic ulcer of left ankle with fat layer exposed		
Admit D/T:	5/17/2018 08:59	Discharge D/T:	5/17/2018 10:34	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
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				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:4/26/18 LUU, PAUL
Enc:1826003523 RES:33282145

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1	(L)Dlateral	medihoney - Vaselenegauze, gauze wrap gauze	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☒ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
2	(L)Dlateralankle		
3	(L)Dmedialankle		☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
4	(L)Dplantar		

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 3A times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____
Follow Up in 3 Week(s) with Dr. Luu On (Day) 5/17/18 (Date) _____ at (Time) 1000
Nurse Visit in: ____ days for a: ☐ Dressing Change ☒ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date: APR 26 2018 Time: 915
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: APR 26 2018 Time: 915
I have received and understand the above instructions:
Patient Signature: Jeanne L Hoffman Date: APR 26 2018 Time: 915

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: CS07F_Physician Orders.doc • Rev (8/2012)
To Order Call Plc•A•Poc @ (631) 981-2094

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CHIEF COMPLAINT

Multiple R lower extremity ulcers
NO new complaint

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	4
Laterality	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: APR 26 2018 Time: 920
Physician or Physician Extender Printed Name*: PAUL LUM Date: _____ Time: 925

**Asterisked items are required to meet TJC standard RC.02.01.03*

APR 26 2018

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1826003523** MRN:**U8170135**
ADM: **04/26/2018**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None
Actual Area Debrided	Length 6.5 cm x Width 4.0 cm =Total Square CM: ____	Length 2.8 cm x Width 1.2 cm =Total Square CM: ____	Length 3 cm x Width 3.5 cm =Total Square CM: ____	Length 5 cm x Width 3.4 cm =Total Square CM: ____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.5 Width: 4.0 Depth: 0.2 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.8 Width: 1.2 Depth: 0.2 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 3 Width: 3.5 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 5 Width: 3.4 Depth: 0.2 cm
Procedure Tolerated: ☑ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: APR 26 2018 Time: 9:20

Physician or Physician Extender Printed Name*: _____ Date: APR 26 2018 Time: 9:20

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1826003523** MRN:**U8170135**
ADM: **04/26/2018**
CLASS: **OP**
SVC:

PNO001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

pt she did not receive any med - drug sply

PROCEDURE NOTE/FINDINGS*

Multiple L lower extremity ulcers - pt L knee pain from fall 2 > 1 weeks ago. Pain is better now

She had her day in court → Ruling in her favor

→ next step → she will meet with DHS for housing situation -

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

Re. All four wounds of L calf + ankle → covering with significant time →

ASSESSMENT

wound many ulcers → debrided all fibrin + subcutaneous tissues → Calf ulcer (1 x 2) bled moderately, ankle ulcers (x2) had some

slough cellulitis - L knee skin: slightly yellow in SQ hematoma resolving

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

+ Continue medihoney dressing x 2 weeks
+ Order new dressing supplies
+ Educate pt as much as possible
+ Pineapple juice for benefit

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: APR 26 2018 Time: 1920

Physician or Physician Extender Printed Name*: _____ Date: APR 26 2018 Time: 1922

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1826003523** MRN:**U8170135**
ADM: **04/26/2018**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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DATE: APR 26 2018 **TIME:** 850 | Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches | Weight: 113.2 lbs.

Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured | Source: ☐ Stated ☐ Measured

Accompanied by: SON

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission–Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.2 Pulse: 72 Respirations: 14 Blood pressure (mmHg): 120/50

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☒ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: MaryMueller RN for APR 26 2018 Time: 850

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☒ Yes ☐ No Location of pain: (L) ankle / calf

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☒ Intermittent

Character of Pain: ☐ Aching ☒ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☒ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☒ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management Ø

Modification to Pain Management Ø

NOTES:

Nurse Signature: MaryMueller RN Date: _____ Time: 850 APR 26 2018

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1826003523** MRN:**U8170135**
ADM: **04/26/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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Category: Progress Notes
Date of Service: 04/26/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1826003523
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-04-26 08:35:00
Discharge Date Time: 2018-04-26 11:15:00

WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:				
▲ Location:	(L) calf	(L) calf ankle	(L) medial ankle	(L) Post calf
▲ Current Wound Stage/Grade:	FTS	FTS	FTS	FTS
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
▲ Length:	6.5 cm	2.8 cm	3.0 cm	5.0 cm
▲ Width:	4.0 cm	1.2 cm	3.5 cm	3.4 cm
▲ Depth:	0.1 cm	0.1 cm	0.2 cm	0.1 cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Exudate Amount	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed

NURSE'S NOTES

APR 26 2018

Nurse Signature: Marjorie RN Initials: M Date: _____ Time: 850
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1826003523** MRN:**U8170135**
ADM: **04/26/2018**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

▲ Wound/Ulcer Number (cont):	1	2	3	4
	PERI–WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)
Tenderness on Palpation:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No

	EDEMA ASSESSMENT	
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	☑ Yes ☐ No	☐ Yes ☐ No
Calf	29.5 centimeters with point of measurement 32 centimeters from the medial instep	X centimeters with point of measurement centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

	VASCULAR ASSESSMENT	
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: maryanneR Initials: MR Date: APR 26 2018 Time: 80
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

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▲ Wound/Ulcer Number (cont):	1	2	3	4
TREATMENT/PROCEDURES				
▲ Procedure Performed	☒ Yes* ☐ No *Time-out taken: (Time: 920) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 920) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 920) ☑ Correct Patient ☐ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 92) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: MN
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type:	Type:	Type:	Type:
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☑ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☑ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☑ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Medihoney VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Pt continues to look for housing. Wounds look ok once debrided no SIS of infection.

Nurse Signature: Maryjane RN Initials: MN Date: APR 26 2018 Time: 930
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1826003523** MRN:**U8170135**
ADM: **04/26/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1826003523	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	4/26/2018 08:35	Discharge D/T:	4/26/2018 11:15	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

April 19, 2018

From: Paul Luu, M.D.
Northwest Hospital Wound Care Center
1560 No 115th Street, Suite 201
Seattle, WA 98133

To Bainbridge Municipal Court

Re: Hoffman, Jeanne Leonie
DOB: 04/19/1918

To whom it may concern:

I have been treated Mrs. Hoffman at the wound care center for over one year. She has multiple wounds over the left lower extremity. These wounds need to have dressing change at least every other day.

I was informed that she was evicted from her apartment due to various reasons. She is currently living in a tent with her son who is the primary care giver for her and her wounds.

I strongly believe that it would be best that she should be living in an apartment independently with her son as a primary care giver. Her son will continue to care for the leg wounds. I concern that living in a tent will cause the leg wounds to deteriorate or to be infected. This can lead to leg amputation.

Please feel free to contact me for any questions.

Sincerely yours.

Paul Luu, M.D.

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOB:4/19/18 LUU, PAUL
Enc:1825804184 RES:33221540

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PROGRESS NOTES

Wound Care/Hyperbaric Center

1560 N 115th St MS-W201 Seattle, WA 98133 206.368.1244 Fax 206.368.1270 www.nwhospital.org

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:4/19/18 LUU, PAUL
Enc:1825804184 RES:33221540

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____

Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____ ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☒ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1-4	☐ Calf ☐ Post calf ☐ Ankle ☐ lat ☐ Ankle medio	medi honey vaseline gauze gauze wrap gauze	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
		compression sup	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ~~☐~~ Elevate legs to the level of the heart or above for 30 minutes 4 times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs_____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) 4/26/18 at (Time) 900AM

Follow Up in 1 Week(s) with Dr. Luu On (Day) Thursday (Date) _____ at (Time) _____

Nurse Visit in: ____ days for a: ☑ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: APR 19 2018 Time: 925

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: APR 19 2018 Time: 925

I have received and understand the above instructions.

Patient Signature: _____ Date: APR 19 2018 Time: 925

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (3/2012)
To Order Call Pic-A-Poc @ (631) 981-2094

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CHIEF COMPLAINT

Multiple wounds of R leg
She still lives in a tent - Homeless

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1 lateral calf	2 lateral ankle	3 med ankle	4 post calf
Laterality	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ **Type and Level of Debridement**	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: APR 19 2018 Time: 920

Physician or Physician Extender Printed Name*: Mark Lewis Date APR 19 2018 Time: 920

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825804184** MRN:**U8170135**
ADM: **04/19/2018**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:
Severity	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone
Instrument(s) Used	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:
Bleeding Controlled with	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable
Estimated Blood Loss*	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None
Specimen	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None
Actual Area Debrided	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____
Post Wound Care	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

OTHER PROCEDURES

❑ Application of Total Contact Cast ❑ Left ❑ Right	❑ Paring of Benign Lesions Location:	❑ Incision and Drainage of:	❑ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ❑ Manufacturer's Guidelines Followed ❑ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____
How Affixed	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: APR 19 2018 Time: 910

Physician or Physician Extender Printed Name*: _____ Date: APR 19 2018 Time: 910

**Asterisked items are required to meet TJC standard RC.02.01.03*

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Rue is still home alone
Rue fell recently & sue ⓟ knee → bruise

Rt ① leg & ellustrate ⓟ few abrasions
(superficial) over patellar area

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

❑ **Same as Pre–Procedure/Operative Diagnosis** ⓟ superficial skin abr over patellar area

ASSESSMENT

All four wounds of ankle & calf → no change
in appt (post wound ⓑ f/u)

PLAN OF CARE

❑ **Refer to *Physician Orders* dated:** ❑ **See dictated note date:**

Recommend: ① letter for Bandaging card
② Abr wounds: medihoney → hydrofilm bandage 3x/wk
③ Adapter to resp prn tube ins.
④ Compression garb. Transfer to palliative primary

DISCHARGE

❑ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: APR 19 2018 Time: 9:10
Physician or Physician Extender Printed Name*: Paul Lum Date: APR 19 2018 Time: 9:10

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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Photo #_____

Photo #_____

Reference

5170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:4/19/18 LUU, PAUL
Enc:1825804184 RES:33221540

CD0010

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND CARE PHOTO(S)

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Page 1 of 1

DATE: APR 19 2018 TIME: 0900 | Type of Service: ☐ Initial Visit ☐ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☑ Ambulatory ☐ Cane ☐ Crutches ☑ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☑ None ☐ Other:

Height: _____ inches | Weight: _____ lbs.

Source: ☐ Stated/Not Measured ☐ Measured ☑ Not measured | Source: ☐ Stated ☐ Measured

Accompanied by: son - Wills

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☐ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☐ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.9 Pulse: 72 Respirations: 20 Blood pressure (mmHg): 120/70

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☑ Yes ☐ No 2 days ago in knee
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☐ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☐ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☐ N/A

Blood glucose under control: ☐ Yes ☐ No ☐ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☑ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☑ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES: I hurt all over but on knee

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Jeanne Hoffman RN BSN Date: APR 19 2018 Time: 905

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan primary knee now

With Dressing Changes: ☐ Yes ☐ No Location of pain: Walking from fall unable to give quantify

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☑ Intermittent

Character of Pain: ☑ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☑ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☑ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: Jeanne Hoffman RN Date: APR 19 2018 Time: 905

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:	1	2	3	4
▲ Location:	(L) lateral calf	(L) lateral ankle	(L) med ankle	(L) post calf
▲ Current Wound Stage/Grade:	FTS	FTS	FTS	FTS
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
▲ Length:	6.1 cm	2.6 cm	3.0 cm	4.6 cm
▲ Width:	3.8 cm	1.0 cm	3.4 cm	3.1 cm
▲ Depth:	0.1 cm	0.2 cm	0.1 cm	0.2 cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☑ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: [illegible] Date: APR 19 2018 Time: 905

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825804184** MRN:**U8170135**
ADM: **04/19/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
PERI–WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

EDEMA ASSESSMENT		
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	30.5 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT		
	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: _____ Date: APR 19 2018 Time: 915
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825804184** MRN:**U8170135**
ADM: **04/19/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
TREATMENT/PROCEDURES				
▲ Procedure Performed	☐ Yes* ☑ No 925 *Time-out taken: (Time: 925) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:	☐ Yes* ☑ No 925 *Time-out taken: (Time: 925) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:	☐ Yes* ☑ No 925 *Time-out taken: (Time: 925) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:	☐ Yes* ☐ No 925 *Time-out taken: (Time: 925) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type:	Type:	Type:	Type:
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ Debridement Performed	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☑ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☑ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☑ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☑ Yes* ☐ No *If Yes, Type: Compression Wrap	☑ Yes* ☐ No *If Yes, Type: Compression Wrap	☑ Yes* ☐ No *If Yes, Type: Compression	☑ Yes* ☐ No *If Yes, Type: Compression Wrap
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	mederma vaseline gauze			
Covered/Secured With:	gauze kerlix gauze compression wrap			

NURSE'S NOTES:

pt fell on (R) knee 2 days ago - swollen + very tender, intact ecchymotic area on knee will reevaluate @ next visit. pt + son were excited - currently living in forest, no others living in area. son build a sheeted igloo over 2 compartment tent so "they are dry & covered over them" Have court appt tomorrow

Nurse Signature: _____ Initials: _____ Date: APR 19 2018 Time: 925

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1825804184 MRN:U8170135
ADM: 04/19/2018
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1825804184	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	4/19/2018 8:57:35AM	Discharge D/T:	4/19/2018 9:51:04AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1825799085	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	4/12/2018 9:05:47AM	Discharge D/T:	4/16/2018 9:36:31PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

04/22/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:11 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1825799085

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
04/12/18 0913	25.0* {NW}	2.5* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:4/12/18 LUU, PAUL
Enc:1825657595 RES:33162187

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

- ☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
  Site: _____
  Diagnosis: _____
- ☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
  Site: _____
  Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____
- Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____
- Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____ ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____
- Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1	(R) Dorsal	Santyl, saline dampen gauze, gauze, Kling	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
2	(R) Lateral Ankle		
3	(L) Medial Ankle		☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
4	(L) Posterior Calf		

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1000AM

Follow Up in 1 Week(s) with Dr. Luu On (Day) 4/19/18 (Date) _____ at (Time) _____

Nurse Visit in ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: APR 12 2018 Time: 1015

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: Marjorie RN Date: APR 12 2018 Time: 1015

I have received and understand the above instructions:

Patient Signature: X Jeanne F Hoffman Date: APR 12 2018 Time: 1015

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Plc•A•Poc @ (631) 981-2094

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DATE / TIME / DISCIPLINE	
4/16/18	pt's son Louis called asking if Hyperbaric treatment would be beneficial for healing his mom's wounds — Jessica RN
4/17/18 2:00pm	left voicemail for Louis + Jeanne that she would qualify for Hyperbaric treatments as she is Insulin diabetic & has osteomyelitis but we can discuss further if any questions on her Thursday 4/19/18 appt Jessica Dozier

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:4/12/18 LUU, PAUL
Enc:1825657595 RES:33162187

CHIEF COMPLAINT

Multiple wound over @ calf/ankle

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	4
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☑ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☑ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☑ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☑ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: APR 12 2018 Time: 10:20
Physician or Physician Extender Printed Name*: _____ Date: APR 12 2018 Time: 10:20

Asterisked items are required to meet TJC standard RC.02.01.03

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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None
Actual Area Debrided	Length 7.0 cm x Width 4.2 cm =**Total Square CM:** _____	Length 3.2 cm x Width 1.0 cm =**Total Square CM:** _____	Length 2.8 cm x Width 4 cm =**Total Square CM:** _____	Length 4.3 cm x Width 3.7 cm =**Total Square CM:** _____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☑ Improved ☐ Requires Further Debridement ☐ Other:_____ Length: 7.0 Width: 4.2 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:_____ Length: 3.2 Width: 1.0 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:_____ Length: 2.8 Width: 4 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:_____ Length: 4.3 Width: 3.7 Depth: 0.3 cm

Procedure Tolerated: ☑ Yes ☐ No* – *See Narrative*

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: _____ Lot Number: _____ Expiration Date: _____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: _____ Lot Number: _____ Expiration Date: _____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: _____ Lot Number: _____ Expiration Date: _____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: _____ Lot Number: _____ Expiration Date: _____
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	☐ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	☐ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	☐ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	☐ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:

Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: _____ Time: 10 30

Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 10 30

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825657595** MRN:**U8170135**
ADM: **04/12/2018**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

She is currently "homeless" lives in a tent was known at a church, use to eat at church a Hartford.

Denies pain at rest 0/10

PE: - D calf: no edema. Pulses and Brad

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

four wounds → all covered with very thick fibrin.

ASSESSMENT

→ one curette → external debrided including subcutaneous tissue → two scaly ulcers → keep wet and the two small ulcers → not bleeding much

0 cellulitis 0 purulent odor

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

Plan: Discussed Tx w/ wound; pain to heal (complicated by living situation)
→ consider to refer to palliative program
→ offloading → wounds will not heal but need to be monitored
I will ask a RN to help her to get home.

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: APR 12 2018 Time: 10:20

Physician or Physician Extender Printed Name*: _____ Date: APR 12 2018 Time: 10:21

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825657595** MRN:**U8170135**
ADM: **04/12/2018**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1825657595	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Wound Care Clinic
Isolation:		Complaint:			
Admit D/T:	4/12/2018 9:17:20AM	Discharge D/T:	4/12/2018 10:22:39AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:	
Contact:				Group No:		Policy:	131149826D6
						CoPay:	
						Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:	
	HOMELESS					Sub SSN:	531264736
	SEATTLE	WA	98133			Sub Phone:	
Insurance 2:	WA MEDICAID			Plan:	8027	Status:	
Contact:				Group No:	S99	Policy:	100675002WA
	PO BOX 9248					CoPay:	
	OLYMPIA	WA	98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:	
	HOMELESS					Sub SSN:	531264736
	SEATTLE	WA	98133			Sub Phone:	

Category: Progress Notes
Date of Service: 04/12/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1825657595
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-04-12 09:17:00
Discharge Date Time: 2018-04-12 10:22:00

DATE: APR 12 2018 TIME: 925A | Type of Service: ☐ Initial Visit ☑ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☑ Ambulatory ☐ Cane ☐ Crutches ☑ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☑ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☑ Not measured

Weight: 110.4 lbs.
Source: ☐ Stated ☒ Measured

Accompanied by: son

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☑ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.0 Pulse: 60 Respirations: 16 Blood pressure (mmHg): 116/58
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☐ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☑ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☑ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☑ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☑ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☑ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Jeanne Hoffman RN Date: APR 12 2018 Time: 930

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain: Sometime big pain sometimes little all around legs

Current Pain Level: ☐ Insensate (0) 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☑ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☑ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☑ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☑ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management Dressing changes

NOTES:

Nurse Signature: Jeanne Hoffman RN Date: APR 12 2018 Time: 930

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825657595** MRN: **U8170135**
ADM: **04/12/2018**
CLASS: **OP**
SVC:

AS001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:	1	2	3	4
▲ Location:	(L) lat calf	(L) lat ankle	(L) med ankle	(L) post calf
▲ Current Wound Stage/Grade:	FTC	FTS	FTS	FTS
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
▲ Length:	7.0 cm	3.2 cm	2.8 cm	4.3 cm
▲ Width:	4.2 cm	1.0 cm	4.0 cm	3.7 cm
▲ Depth:	0.1 cm	0.2 cm	0.2 cm	0.2 cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Exudate Amount	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☑ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☑ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Jeanne O'Neill Initials: JO Date: APR 12 2018 Time: 930

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825657595** MRN:**U8170135**
ADM: **04/12/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
PERI–WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash Rim of red around wound
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☑ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☑ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☑ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☑ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT		
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☑ Not Applicable ☐ Not Assessed
Lower Limb Edema	22.5 ☐ Yes ☐ No	☐ Yes ☐ No
Calf	____ centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT		
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: [signature] Initials: [initials] Date: APR 12 2018 Time: 930
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825657595** MRN:**U8170135**
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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☑ Yes* ☐ No *Time-out taken: (Time: 1000) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1000) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1000) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1000) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type:	Type:	Type:	Type:
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☑ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☑ No *If Yes, Type:	☐ Yes* ☑ No *If Yes, Type:	☐ Yes* ☑ No *If Yes, Type:	☐ Yes* ☑ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	sorbsil saline gauze VG			
Covered/Secured With:	PSD			

NURSE'S NOTES:

At needed aggressive debridement today. wound bed looks better once cleaned. Pt's living situation is not ideal right now. She is living in a tent. Her son is trying to get her housing via PCP. Dr Lee will write a letter on her behalf. plan to see next wk then 1x month if stable.

Nurse Signature: _____ Initials: MN Date: APR 12 2018 Time: 1000
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1825657595 MRN:U8170135
ADM: 04/12/2018
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

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FAXED by: 4/26/18 MN FAXED on: / / by:

Sound Health MEDICAL

Quick Start Program

Next Day Delivery

CMN Order
Fax: 866-213-4464
Questions Please Call: 888.958.2960
Full Assignment Accepted

Mail to Helpline House 282 Knechtel Way NE Bainbridge IS 98110

PATIENT: JEANNE HOFFMAN (DOB 1/6/1925)	CLINIC: NW WHC

* order for Sound Health to process your/a patient's order, we need the following documentation faxed:
Copy of the **PATIENT FACE SHEET** *signed **(AOB)** (at bottom) ***ORDER SIGNED BY PHYSICIAN**

Customer Service Rep: ANM

WOUND 1	WOUND 2	WOUND 3	WOUND 4
PRIMARY TREATMENT: MEDIHONEY VASELINE GAUZE 4 x 4 GAUZE ROLL GAUZE DERMAGRAN	PRIMARY TREATMENT: VASELINE GAUZE 4 x 4 GAUZE ROLL GAUZE	PRIMARY TREATMENT: VASELINE GAUZE 4 x 4 GAUZE ROLL GAUZE	PRIMARY TREATMENT:
LOCATION: L LAT CALF	LOCATION: L LAT ANKLE	LOCATION: L MED ANKLE	LOCATION: R LEG
AMOUNT OF EXUDATE: mod WOUND DIMENSIONS 6.4 x 4.0 x 0.1	AMOUNT OF EXUDATE: small – WOUND DIMENSIONS 1.5 x 0.5 x 0.2	AMOUNT OF EXUDATE: small WOUND DIMENSIONS 2.3 x 2.5 x 0.2	AMOUNT OF EXUDATE: none WOUND DIMENSIONS
FREQUENCY OF USE ☐ Q DAILY ☑ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☑ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☑ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:
DIAGNOSIS CODES	L97.322, L97.222, I87.032		
PROGNOSIS	☐ Poor ☐ Fair ☑ Good ☐ Excellent		

☐ STARTER KIT GIVEN

IS PATIENT ON HOME HEALTH? ☐ YES ☑ NO

DOES PATIENT NEED SALINE? ☐ YES ☑ NO

TYPE OF WOUND: ☐ SURGICAL ☑ DEBRIDED ☐ OTHER:

PHYSICIAN: DR.LUU	FAX: 206-368-6699
PHONE:	DATE: 4/09/2018
NPI: 1124100672	UPIN:

SIGNATURE: X _____
If provider is unable to sign please list their email send for electronic signature

EMAIL:

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I ar responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize an holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I hav received the policies and procedures and HIPPA information from Sound Health.

PATIENT NAME:	DOB:
S.S.:	DATE:
AUTH REP:	

SIGNATURE: _____

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1824984635	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	4/6/2018 1:47:53PM	Discharge D/T:	4/6/2018 2:31:51PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	6495702
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(360)6495702~(360)649-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	HOMELESS SEATTLE WA 98133			Home Phone:	(360)6495702
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE			Plan:	35	Status:
Contact:				Group No:		Policy: 131149826D6
						CoPay:
						Ins Phone: 9088431
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:
Insurance 2:	WA MEDICAID			Plan:	8027	Status:
Contact:				Group No:	S99	Policy: 100675002WA
	PO BOX 9248					CoPay:
	OLYMPIA	WA	98507-9248			Ins Phone: 5623022
Subscriber:	HOFFMAN,JEANNE			Birth Date :	01/06/1925	Sub Relation:
	HOMELESS					Sub SSN: 531264736
	SEATTLE	WA	98133			Sub Phone:

DATE APR 0 6 2018 TIME 1350 | Type of Service: ☐ Initial Visit ☐ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☐ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☐ None ☐ Other:

Height: _____inches | Weight: _____lbs. unable

Source: ☐ Stated/Not Measured ☐ Measured ☐ Not measured | Source: ☐ Stated ☐ Measured

Accompanied by: Son in waiting room

Patient Identification Verified: ☐ Yes | Secondary Verification Process: ☐ Yes DOB

Patient requires Transmission–Based Precautions? ☐ Yes ☐ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 98.4 Pulse: 76 Respirations: 16 Blood pressure (mmHg): 130/90

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☐ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☐ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☐ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☐ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☐ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☐ N/A

Blood glucose under control: ☐ Yes ☐ No ☐ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ Yes ☐ No ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: [signature] TG Date: APR 0 6 2018 Time: 1350

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: [signature] Date: APR 0 6 2018 Time: 1350

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824984635** MRN:**U8170135**
ADM: **04/06/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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Category: Progress Notes
Date of Service: 04/06/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1824984635
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-04-06 13:47:00
Discharge Date Time: 2018-04-06 14:31:00

WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:				
▲ Location:	L Lat calf	L Lat ankle	L med ankle	L post calf
▲ Current Wound Stage/Grade:	FTC	FTS	FTS	FTS
Is this a change?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Length:	↑ 6.5 cm	↓ 1.4 cm	↓ 2.8 cm	↑ 3.9 cm
▲ Width:	← 4.5 cm	↓ 0.4 cm	↑ 4.0 cm	↑ 3.0 cm
▲ Depth:	← 0.1 cm	↑ 0.3 cm	↑ 0.2 cm	0.1 cm
▲ Outcome: *(See Legend below)*				←
Photo Taken	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☐ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☐ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: _____ Initials: SL Date: APR 06 2018 Time: 1350
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: APR 06 2018 Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation–Anticipated, Converted, Failed Flap, Failed–Graft, Healed–Epithelialized, Healed–Flap, Healed–Graft, Healed–Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1824984635 MRN:U8170135
ADM: 04/06/2018
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

▲ Wound/Ulcer Number (cont):	1	2	3	4
	PERI–WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT

	LEFT ☐ Not Applicable ☐ Not Assessed	RIGHT ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	29.6 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: _____ Date: APR 06 2018 Time: 13[illegible]
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: APR 06 2018 Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824984635** MRN:**U8170135**
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CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
TREATMENT/PROCEDURES				
▲ Procedure Performed	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type: _____	Type: _____	Type: _____	Type: _____
▲ Negative Pressure Wound Therapy *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent
"Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ Debridement Performed	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	SANTYL Saline damp gauze Vaseline gauze →		Silver AG gauze →	
Covered/Secured With:	ABD Wrap gauze →		Wrap gauze →	

NURSE'S NOTES: pt living in tent x 5 mon. Difficulty/elevation. OT to return in 1 weeks for 6th o Ps. Lwh No s/s infection noted

Nurse Signature: _____ Initials: _____ Date: APR 06 2018 Time: 1410
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: APR 06 2018 Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824984635** MRN:**U8170135**
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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:4/06/18
Enc:1824984635
NWH WC CLINICAL SUP*
RES:33057942
/ Addressograph)

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____

Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____ ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
#1	L Lat calf	Suntyl, saline damp gauze,	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
#2	L Lat ankle	Vaseline gauze & ABD wrap gauze	
#3	L med ankle	Silvn AG, gauze,	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
#4	L post calf	Wrap gauze	

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4-6 times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in 1 Week(s) with Dr. Dr Linn On (Day) Thur (Date) 4-12-18 at (Time) am

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: APR 06 2018 Time: _____

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: APR 06 2018 Time: 1410

I have received and understand the above instructions:

Patient Signature: _____ Date: APR 06 2018 Time: 1410

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C3077F_Physician Orders.doc • Rev (3/2012)
To Order Call Pic-A-Poc @ (631) 981-2094

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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

04/09/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:11 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWED Room: NWAITR01
Acct: 1825412981

********** BLOOD ELECTROLYTES AND COMMON CHEMISTRIES **********

TEST:	NA	K	CL	CO2	ANION GAP	GLU	BUN	CREAT	GFR, Calculated, European American
UNITS:	mEq/L	mEq/L	mEq/L	mEq/L		mg/dL	mg/dL	mg/dL	mL/min/1.73_m2
LO-HI:	135-145	3.6-5.2	98-108	22-32	4-12	62-125	8-21	0.38-1.02	>59
03/29/18 1400	142 {NW}	4.2 {NW}	107 {NW}	24 {NW}	11 {NW}	153* {NW}	23* {NW}	0.88 {NW}	60 {NW}

========== BLOOD ELECTROLYTES AND COMMON CHEMISTRIES ==========

TEST:	GFR, Calculated, African American	GFR, Information	TP	ALB	TOTAL BILI
UNITS:	mL/min/1.73_m2		g/dL	g/dL	mg/dL
LO-HI:	>59		6.0-8.2	3.5-5.2	0.2-1.3
03/29/18 1400	>60 {NW}	GFRCM4 {NW}	7.3 {NW}	4.0 {NW}	0.4 {NW}

********** CALCIUM METABOLISM **********

TEST:	SERUM CALCIUM
UNITS:	mg/dL
LO-HI:	8.9-10.2
03/29/18 1400	9.1 {NW}

---FOOTNOTES---
GFRCM4 Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function.
See http://depts.washington.edu/labweb/test/bclim/cGFR.html

CONTINUED

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWED Room: NWAITR01
Acct: 1825412981

********** ENZYMES - BLOOD **********

TEST:	AST (GOT)	TOTAL ALK PHOS	ALT (GPT)
UNITS:	U/L	U/L	U/L
LO-HI:	9-38	49-199	7-33
03/29/18 1400	14 {NW}	55 {NW}	9 {NW}

********** CARDIAC MARKERS **********

TEST:	TROPONIN-I INTERPRETATION	TROPI TROPONIN I
UNITS:		ng/mL
LO-HI:		<0.04
03/29/18 1400	Normal {NW}	<0.03 TROP11 {NW}

********** GLUCOSE, POINT OF CARE TESTING **********

TEST:	GLU
UNITS:	mg/dL
LO-HI:	62-125
03/29/18 1404	153* {NP}

---FOOTNOTES---
TROP11 A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

CONTINUED

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWED Room: NWAITR01
Acct: 1825412981

********** BLOOD CELL COUNT (HEMOGRAM) **********

TEST:	WBC	RBC	HB	HCT	MCV	MCH	MCHC	RDW-CV	PLT
UNITS:	THOU/uL	MIL/uL	g/dL	%	fL	pg	g/dL	%	THOU/uL
LO-HI:	4.3-10.0	3.80-5.00	11.5-15.5	36-45	81-98	27.3-33.6	32.2-36.5	11.6-14.4	150-400
03/29/18 1400	6.67 {NW}	3.59* {NW}	11.0* {NW}	35* {NW}	98 {NW}	30.6 {NW}	31.3* {NW}	14.2 {NW}	219 {NW}

********** WBC DIFFERENTIAL (CELLS X 1000) - HEMATOLOGY **********

TEST:	TOTAL NEUTR	% NEUTR	LYMPHS	% LYMPHS	MONOS	% MONOS	EOS	% EOS	BASO	% BASO
UNITS:	THOU/uL	%	THOU/uL	%	THOU/uL	%	THOU/uL	%	THOU/uL	%
LO-HI:	1.80-7.00		1.00-4.80		0.00-0.80		0.00-0.50		0.00-0.20	
03/29/18 1400	4.24 {NW}	63 {NW}	1.64 {NW}	25 {NW}	0.59 {NW}	9 {NW}	0.14 {NW}	2 {NW}	0.04 {NW}	1 {NW}

========== WBC DIFFERENTIAL (CELLS X 1000) - HEMATOLOGY ==========

TEST:	IMMATURE GRANULOCYTES	% IMMATURE GRANULOCYTES	NRBC	% NRBC
UNITS:	THOU/uL	%	THOU/uL	%
LO-HI:	0.00-0.05		0.00	
03/29/18 1400	0.02 {NW}	0 {NW}	0.00 {NW}	0 {NW}

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
03/29/18 1400	17.9* {NW}	1.8* {NW}

CONTINUED

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWED Room: NWAITR01
Acct: 1825412981

********** MISCELLANEOUS SPECIMEN COLLECTION **********

03/29/18
1525 Lab Add On Order, Non-Micro

Lab Test Requested	PRONW	{NW}
Specimen Type/Description	Information not provided	{NW}
Sample To Use	Information not provided	{NW}
Test Request Status	Order Processed	{NW}

********** MISCELLANEOUS SPECIMEN COLLECTION **********

03/29/18
1400 1st Extra Blue Top Additional collection tube {NW}

{NP} Testing performed by NWH Point of Care 1550 N 115th St Suite A200, Seattle WA 98133
{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Category: Orders
Date of Service: 03/30/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1825412981
Facility: UW Medical Center-Northwest
Encounter Type: Emergency
Admit Date Time: 2018-03-29 13:28:00
Discharge Date Time: 2018-03-29 16:40:00

Orders Report

Generated from 3/29/2018 1:27:00PM to END

Order Type: Diagnostic Imaging/Order Sub Type: CT

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Diagnostic Imaging/Order Sub Type: EKG

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Laboratory/Order Sub Type: Chemistry

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Laboratory/Order Sub Type: Coagulation

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Laboratory/Order Sub Type: Hematology

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Laboratory/Order Sub Type: Misc

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Pt. Name: HOFFMAN, JEANNE LEONIE
MRN: U8170135
Acct No: 1825412981
Patient Type:EOP

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, WA

Orders Report

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1825412119	Visit Type:	Outpatient	Visit Status:	Active
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:	NWHPB Wound Care	Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	3/29/2018 13:15	Discharge D/T:		Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(206)7806885
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

DATE / TIME	DISCIPLINE

3/29/18 NSg 1330 Pt came in for an appt but became unstable. C/O "I feel like my head is exploding" C/O headache. She looked like she was in pain. We decided to take her to the ER. I called a report. ——— Mayfield RN

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:3/29/18 NORSWORTHY, NILUFER*
Enc:1825412119 RES:33048632

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PROGRESS NOTES

M-91 (2-08)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Name: HOFFMAN, JEANNE LEONIE
Age: 93Y DOB: Jan 06, 1925
Gender: F Wt: Ht:
MedRec: U8170135
AcctNum: 1825412981
Attending: ACIC
Primary RN: JDAV
Bed: ED 2–ED 11

NORTHWEST HOSPITAL & MEDICAL CENTER
DISCHARGE INSTRUCTIONS RECEIPT

As Always, You are the most important factor in your recovery. Please follow these instructions carefully. If you have problems that we have not discussed, CALL OR VISIT YOUR DOCTOR RIGHT AWAY. If you can't reach your doctor, return to the emergency department.

FINAL DIAGNOSIS
dizziness, resolved

ADDITIONAL DIAGNOSIS
chronic left lower extremity ulcerations
stress reaction

FOLLOWUP CONTACT

Neighbor, William, FAMILY PRACTICE
1959 NE Pacific St
Box 354410
Seattle WA 98195
Phone: 2066169358

THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN
Your Emergency Physician was Dr. Ciccarelli.
Return for new or worsening symptoms.
Follow–up with your regular physician this week for continued symptoms, sooner if worse.
followup per the social worker.

THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN
ANXIETY REACTION

A Summary of the Procedures and Tests was given

"I Understand the written and discussed instructions. My questions have been answered."

Patient or responsible person

Physician or Nurse.

ED0001 - ED Documents

SCANNED

SEATBELTS: There is no doubt that seatbelts save lives. Every day in the Emergency Department we see people driving without seatbelts are more severely hurt. We always buckle up. Please do the same!

Upon request to the Medical Record Department a copy of this record will be made available to the practitioner or

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Name: HOFFMAN, JEANNE LEONIE
Age: 93Y DOB: Jan 06, 1925
Gender: F Wt: Ht:
MedRec: U8170135
AcctNum: 1825412981
Attending: ACIC
Primary RN: JDAV
Bed: ED 2–ED 11

NORTHWEST HOSPITAL & MEDICAL CENTER
DISCHARGE INSTRUCTIONS RECEIPT

medical organization providing follow–up care, treatment or services.

SCANNED

Prepared: Thu Mar 29, 2018 16:25 by ACIC 2 of 2

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center
- Summit Cardiology
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record. Part of your care may take place through telemedicine technology, which may mean 1) live video between your care team members (*in which you also may be involved*), or 2) "remote" review by your care team of the images described above.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
[signature]	Hoffman Jeanne L	3/29/18

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☒ ADULT CHILD ☐ ADULT BROTHER/SISTER

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825412981** MRN:**U8170135**
ADM: **03/29/2018**
CLASS: **ED**
SVC: **ED**

C00005

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

CARE AGREEMENT

© UH0051 (08/2017) File Under: Care Agreement

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital & Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

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

Signature (Patient or Person Authorized to Give Authorization)	Date 3/29/18

If Signed by Person Other than Patient, Check Relationship to Patient:

☒ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☒ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:
☐ 1. Guardian/legal custodian ☐ 2. Court–authorized person forchild ☐ 3. Parent(s)

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825412981** MRN:**U8170135**
ADM: **03/29/2018**
CLASS: **ED**
SVC: **ED**

CO0005

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE
© UH1865 (03/2016) File Under: Consent

Financial Agreement & Consent for Disclosure

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co–payment or co–insurance responsibility, depending on my insurance coverage. The exact amount of the co–insurance or co–payment will depend upon the actual services provided and the coverage provisions of any insurance I have. Sometimes patients will pay more for certain outpatient services and procedures at hospital–based outpatient locations. The amount will depend on my insurance. I may review my insurance benefits or contact my insurer to learn what my policy will pay and what out–of–pocket expenses I may need to pay. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825412981** MRN:**U8170135**
ADM: **03/29/2018**
CLASS: **ED**
SVC: **ED**

C00005

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE
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Notice of Privacy Practices Acknowledgment

The Joint Notice of Privacy Practices brochure describes how medical information about you may be used and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices and follow the information practices that are described in this notice. If you have any questions, please contact: UW Medicine Compliance **855–211–6193** *(toll free)*.

Please do not write comments on this form, refer to the "Your Individual Rights About Patient Health Information."

We may change our policies at any time. Any significant policy change will be posted.

You may request a copy of this notice from UW Medicine Compliance 855–211–6193 or at www.uwmedicine.org/nopp.

By signing below, I agree that I have received the Joint Notice of Privacy Practices.

SIGNATURE *(PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)*	DATE
Jeanne Hoffman	3/29/18

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

- ☐ 1. Guardian
- ☐ 2. Durable Power of Attorney for Health Care
- ☐ 3. Spouse/registered domestic partner
- ☒ 4. Adult Child(ren)
- ☐ 5. Parent(s)
- ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

FOR OFFICE USE ONLY: REMARKS for the UW Medicine Notice of Privacy Practices:
(This section below is to be filled out by UW Medicine staff only)

We are unable to obtain acknowledgment from this individual at this time, but immediate treatment is needed for the following reason(s):

- ☐ *Emergency Treatment Situation*
- ☐ *Incarcerated Patient*
- ☐ *Patient refuses to sign*
- ☐ *Patient unable to sign*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1825412981** MRN:**U8170135**
ADM: **03/29/2018**
CLASS: **ED**
SVC: **ED**

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Harborview Medical Center – UW Medical Center – Northwest Hospi
University of Washington Physicians
Seattle, Washington

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

© UH2045 (6/2016) File Under: Consents

Category: Card/Vasc (w/o internal order)
Date of Service: 03/29/2018 13:46
Document Status:
Title:
Document Version : 2

Encounter Number: 1825412981
Facility: UW Medical Center-Northwest
Encounter Type: Emergency
Admit Date Time: 2018-03-29 13:28:00
Discharge Date Time: 2018-03-29 16:40:00

HOFFMAN, JEANNE ID:U8170135 29-MAR-2018 13:46:29 NORTHWEST HOSPITAL-EMD ROUTINE RECORD

06-JAN-1925 (93 yr)
Female Caucasian

Room:G
Loc:1

Vent. rate	71	BPM
PR interval	188	ms
QRS duration	122	ms
QT/QTc	426/462	ms
P-R-T axes	36 -31	8

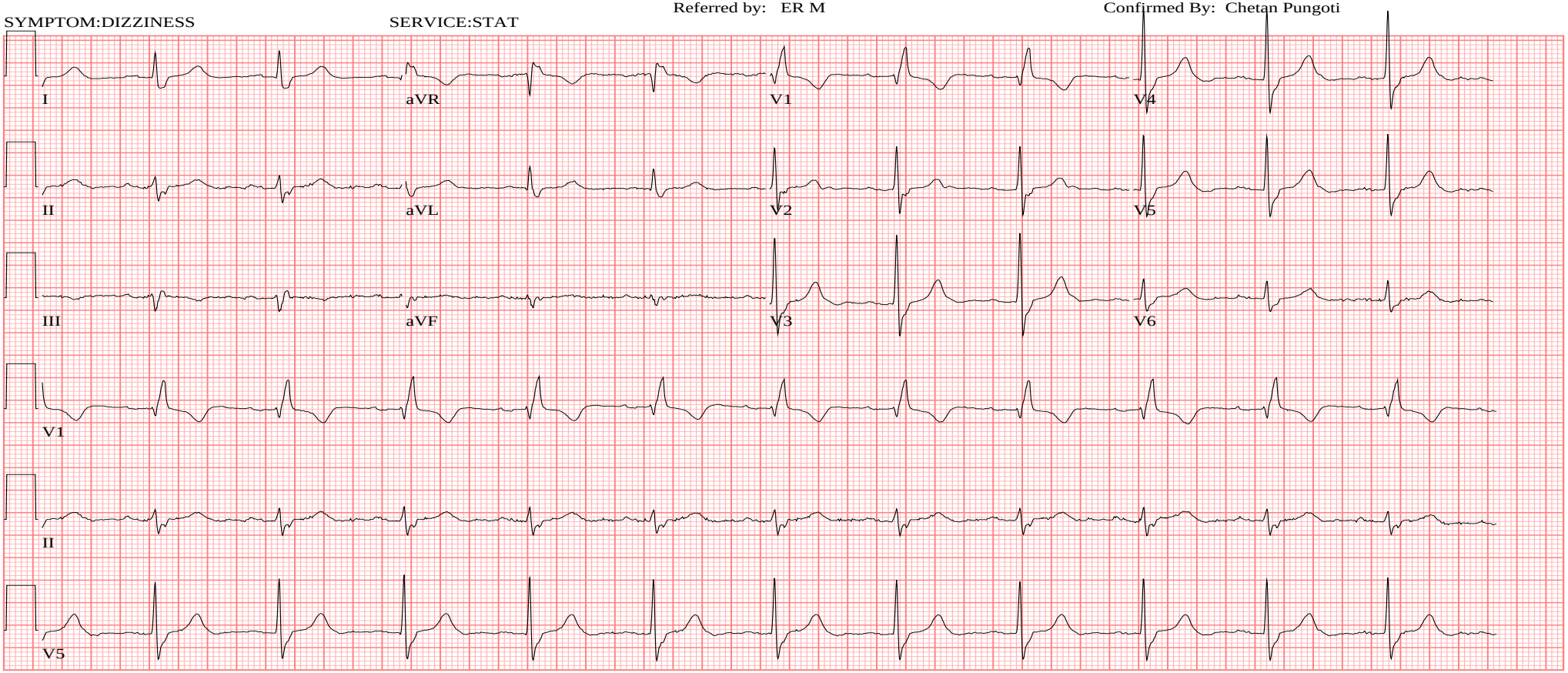
Normal sinus rhythm
Left axis deviation
Right bundle branch block
Abnormal ECG
No previous ECGs available
Confirmed by Pungoti, Chetan (5012) on 3/30/2018 3:26:05 PM

Technician:Kristina Rubashenkova
Test ind:

SYMPTOM:DIZZINESS SERVICE:STAT

Referred by: ER M

Confirmed By: Chetan Pungoti



25mm/s 10mm/mV 150Hz 8.0 SP2 12SL 241 CID: 95

EID:5012 EDT: 15:26 30-MAR-2018 ORDER: 19727696 ACCOUNT: 1825412981

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 03/29/2018 14:32
Accession #: 8518210 **Pt Type:** E
Account #: 1825412981
Pt. Location: ED WAITING ROOM

CT Head WO Cont

Referring Provider:
Ou, Stephen Se-Liung, MD
Emergency Services Northwest
Emergency Department A-150 1550 N 115th St
Seattle, WA 98133

EXAMINATION:
CT of the head without contrast

CLINICAL INFORMATION:
Headache

COMPARISON STUDY:
None

TECHNIQUE:
Images were obtained helically through the head without intravenous contrast. Multiplanar reconstruction was performed. Radiation dose reduction techniques were utilized including automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique.

FINDINGS:
The ventricles and sulci are within normal limits. There is no evidence of mass lesion, intracranial hemorrhage or acute infarction. No prior major segment stroke is identified. The ventricles and sulci are well-preserved.

The orbits are clear. The visualized paranasal and mastoid sinuses are clear. No acute bony abnormality is seen.

IMPRESSION:
1. No acute intracranial abnormality.

Above relayed to Stephen Se-Liung Ou, MD at the time of dictation.

Dictated and verified by: Michael Andrew Degroot, MD Via Radiology 03/29/2018 14:46

eED PulseCheck Complete - Ciccarelli , MD, Anne 3/29/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/9/2020 12:35:49 AM -04:00

Northwest Hospital & Medical Center
EMERGENCY FLOW SHEET RECORD
Name: HOFFMAN, JEANNE LEONIE Age: 93Y MR: U8170135 Acct: 1825412981

VITAL SIGNS	JDAV	ECOR
TIME	3/29/2018 14:01	3/29/2018 13:37
BP	136/62	145/82
MAP		
PULSE	72	72
RESP	18	20
TEMP		36.5
PAIN		10
O2 SAT	99 on (ra)	97 on (RA)
END-TIDAL CO2		

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1825412981

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Patient Data

Complaint: DIZZINESS
Triage Time: Thu Mar 29, 2018 13:37
Urgency: 3−ESI III
Bed: ED 2−ED
Initial Vital Signs: 3/29/2018 13:37
BP:145/82
MAP:
T:36.5
Pain:10
R:20
P:72
O2 sat:97 on (RA)
End−Tidal CO2:

ED Attending: Ciccarelli , MD, Anne
Primary RN: Davis, RN, Janice

DIAGNOSIS (16:25 ACIC)

FINAL: PRIMARY: dizziness, resolved, ADDITIONAL: chronic left lower extremity ulcerations, stress reaction.

DOCTOR NOTES (16:19 ACIC)

TEXT: ASSESSMENT:

Patient is elderly c general weakness, Onset while rushing onto the area, had not had breakfast, felt better after eating, consistent with not eating this morning, feeling better now. also concern for increased stress, homelessness. We will have social work consult. Differential for dizziness in the elderly is broad and includes electrolyte abnormality, acidosis, dehydration, hypoglycemia, occult infection such as pneumonia or UTI. Differential also includes myocardial ischemia or dysrhythmia, hypothyroidism, anemia, adverse medication reaction. No abdominal pain or tenderness to suggest abdominal sepsis. No meningismus to suggest meningitis. No dyspnea, cough, hypoxemia or sputum to suggest pneumonia, pulmonary embolism, or pulmonary edema. No recent change in medications. No h/o recent head injury to suggest ICH sughas SDH as a cause. CBC to evaluate WBC as marker of infection, anemia, thrombocytopenia. Renal panel to assess for electrolyte abnormality, acidosis, renal insufficiency. hepatic enzymes to evaluate for inflammation. EKG and cardiac markers to evaluate for ischemia or dysrhythmia. coags given anticoagulation with Coumadin. UA to evaluate for UTI.

ED COURSE:

Labs with normal WBC, mild anemia, no thrombocytopenia. Normal electrolytes (except elevated glucose at 153), and normal renal function. Normal hepatic enzymes. Normal coags. UA no e/o of infection. INR 1.8.

EKG no acute dysrhythmia or ischemia. Normal cardiac enzymes.

CT head negative. obtained an initial complaint of headache but during my evaluation patient did not complain of headache.

CXR no pneumonia, cardiomegaly, pulmonary edema.

Patient was observed in the ED and remained stable. Vitals stable. No new symptoms on recheck. No dysrhythmia noted on telemetry. patient's symptoms resolved. No recurrent symptoms. New dressing applied to left lower extremity chronic ulcerations. No evidence of infection. patient was seen and evaluated by social worker.

Patient c general weakness, dizziness, chronic lower extremity wounds, symptoms resolved, will be discharged home with her son. instructions for stress reaction provided. PMD followup tomorrow or Monday for recheck. to return for new or worsening symptoms. Followup per social worker. Patient expressed understanding and agreed c that plan.

DISPOSITION

PATIENT: Disposition: Discharge Routine, Condition: 1−STABLE. (16:25 ACIC)
Patient left the department. (16:40 JDAV)

PRESCRIPTION

No recorded prescriptions

HPI WEAKNESS (16:17 ACIC)

CHIEF COMPLAINT: Patient presents for the evaluation of Patient presents for the evaluation of weakness. *HISTORIAN:* History obtained from patient, History obtained from family, History

obtained from son. *TIME COURSE:* Onset of symptoms reported as sudden, Onset was this morning, Complaint is resolved. *CIRCUMSTANCES:* Standing up. *QUALITY:* generalized weakness. *ASSOCIATED WITH:* Denies constitutional, Denies vision changes, Denies CV, Denies respiratory, Oral Intake, Denies nausea, Denies vomiting, Denies stool changes, Denies headache, Denies mental status change, Denies speech changes, Denies focal weakness, Denies paresthesias, Denies gait changes, Denies endocrine, Denies psychiatric. *SEVERITY:* Onset severity was severe, Present severity is mild. *EXACERBATED BY:* Patient's condition exacerbated by movement/walking. *RELIEVED BY:* Patient's condition relieved by sitting down, eating. *NOTES:* patient is hard of hearing, or history currently provided by his son. Patient came to Seattle on a ferry from Bainbridge Island this morning. He notes that they were rushing, had not eaten breakfast and when they were boarding she became dizzy and disoriented, seem like she might be losing her balance. He sat her down, but her crackers and she seemed to get better. He brought her to Northwest for wound care appointment, chronic wounds left lower extremity, had been doing quite well. They were unable to change her dressing in the wound care clinic. He noted that her face is red, the veins in her forehead seem to be standing Elmore, a few capillary seem broken, and a few red spots on her forehead, eyes weeping so he brought her to the emergency department for evaluation. Both the patient and the son attributed her symptoms to stress. States that there currently in the transition to being homeless. He requests assistance from the social worker. His mom seems to be a lot better and is patient is feeling normal. The patient only complains of hearing noises in her ears like this sounded a ferry engine, son thinks that her hearing is not working so he is going to have those evaluated.

PAST MEDICAL HISTORY

MEDICAL HISTORY: 1. PVD
2. h/o DVT and venous insufficiency. (14:36 JDAV)

SURGICAL HISTORY: Patient's previous surgical history is not relevant to the case. (16:19 ACIC)

PSYCHIATRIC HISTORY: No previous psychiatric history. (14:36 JDAV)

SOCIAL HISTORY: Denies smoking, Denies consumption of alcohol, Lives with son. (14:36 JDAV)

FAMILY HISTORY: Family history is not contributory to this case. (16:19 ACIC)

NOTES: Nursing records reviewed, Agree with nursing records, Old chart reviewed, Medication list reviewed, I agree with the nursing record except where documented differently by myself. (16:19 ACIC)

CURRENT MEDICATIONS (16:34)

acetaminophen−codeine:
Patient Dose: 0.25 tablet oral twice a day.PRN: pain 300 mg−30 mg,., by Interface.

atorvastatin:
Patient Dose: 0.5 tablet oral daily.20 mg,., by Interface.

losartan:
Patient Dose: 0.5 tablet oral daily.25 mg,., by Interface.

pentoxifylline:
Patient Dose: 1 tablet oral three times a day.400 mg,., by Interface.

Biozyme−C:
Patient Dose: Unknown.Entered brand: collagenase clostridium histo. −− Entered as: Santyl 250 unit/gram,., by Interface.

timolol maleate:
Patient Dose: 1 drop ophthalmic, both eye twice a day.Entered brand: timolol maleate −− 0.5 %,., by Interface.

warfarin:
Patient Dose: 1 tablet bedtime, per pt Every Monday, Tuesda.5 mg, , Last dose taken on 1/31/18., by Interface.

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1825412981

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

KNOWN ALLERGIES

adhesive tape: Reaction: Rash
Penicillins: Reaction: Rash
Sulfa (Sulfonamide Antibiotics): Reaction: Rash

ROS (16:19 ACIC)

CONSTITUTIONAL: Historian reports weakness, No fever.
EYES: No vision changes, No eye pain, No eye redness.
ENT: No sore throat, No epistaxis, chronic hard of hearing.
CARDIOVASCULAR: No chest pain, No dyspnea on exertion, No edema, No syncope.
RESPIRATORY: No Cough, No SOB.
GI: No abdominal pain, No nausea, No diarrhea, No vomiting.
GENITOURINARY FEMALE: No dysuria, No urinary frequency, No hematuria.
MUSCULOSKELETAL: No myalgias, No neck pain, No back pain.
SKIN: No skin changes, No rash, No skin lesions, No cellulitis.
NEUROLOGIC: Historian reports dizziness, No gait changes, No headache, No focal weakness, No sensory changes, No speech changes.
PSYCHIATRIC: Negative psychiatric review of systems.
NOTES: All systems were reviewed and are negative except as described above.

VITAL SIGNS

VITAL SIGNS: BP: 145/82, Pulse: 72, Resp: 20, Temp: 36.5, Pain: 10, O2 sat: 97 on (RA), Time: 3/29/2018 13:37. (13:37 ECOR)
BP: 136/62, Pulse: 72, Resp: 18, O2 sat: 99 on (ra), Time: 3/29/2018 14:01. (14:01 JDAV)

PHYSICAL EXAM (16:19 ACIC)

CONSTITUTIONAL: Vital signs reviewed, Patient has normal pulse, Patient has normal blood pressure, Patient has normal respiratory rate, Well appearing, Patient appears comfortable, There is no acute distress, Patient is not febrile. elderly, thin, in no apparent distress.
HEAD: Atraumatic, Normocephalic.
EYES: Eyes are normal to inspection, Pupils equal, round and reactive to light, No discharge from eyes, Extraocular muscles intact, Sclera are normal, Conjunctiva are normal.
ENT: Mouth normal to inspection, very hard of hearing.
NECK: Normal ROM, No jugular venous distention, Cervical spine nontender.
RESPIRATORY CHEST: Breath sounds normal, No respiratory distress.
CARDIOVASCULAR: RRR, No murmurs, No rub.
ABDOMEN: Abdomen is nontender, No masses, Bowel sounds normal, No stoma.
BACK: There is no CVA Tenderness, There is no tenderness to palpation, Normal inspection.
UPPER EXTREMITY: Inspection normal, Normal range of motion.
LOWER EXTREMITY: Normal range of motion, well−healing ulcerations anterior and posterior left lower leg, 4 in total, no erythema or soft tissue swelling.
NEURO: No focal motor deficits, No focal sensory deficits, No cerebellar deficits, Speech normal, Gait normal, Memory normal.
SKIN: Skin is warm, Skin is dry, Skin is normal color, Skin exam normal except as noted.
PSYCHIATRIC: Oriented X 3.

EKG INTERPRETATION (16:20 ACIC)

12 LEAD EKG INTERPRETATION: 12 lead EKG interpreted by ED Physician, No previous EKG available, Rate 71, beats per minute, RATE is, normal, Rhythm is, Normal Sinus, AXIS is, left, BLOCKS, RBBB (Complete), No acute ST changes.
MONITOR STRIP: Interpreted by ED Physician, At: 1530, Cardiac Monitor Strip interpretation is Normal Sinus, No ST changes noted, Rate is normal, Rate 72, beats per minute.

ORDERS

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1825412981

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Accu−check: Ordered by: Corbilla, RN, Emma
Ordered for: Ou, MD, Stephen
Status: Done by: Curtis, MA−R, Lisa − Thu Mar 29, 2018 14:06. (13:40 ECOR)
CBC, Diff/Smear Evaluation: Ordered by: Corbilla, RN, Emma
Ordered for: Ou, MD, Stephen
Status: Done by: System − Thu Mar 29, 2018 14:13. (13:40 ECOR)
Comprehensive Metabolic Panel: Ordered by: Corbilla, RN, Emma
Ordered for: Ou, MD, Stephen
Status: Done by: System − Thu Mar 29, 2018 14:36. (13:40 ECOR)
EKG: Ordered by: Corbilla, RN, Emma
Ordered for: Ou, MD, Stephen
Status: Active
Reason: Dizziness. (13:40 ECOR)
Troponin_I: Ordered by: Corbilla, RN, Emma
Ordered for: Ou, MD, Stephen
Status: Done by: System − Thu Mar 29, 2018 14:39. (13:40 ECOR)
Urinalysis with Reflex Culture: Ordered by: Corbilla, RN, Emma
Ordered for: Ou, MD, Stephen
Status: Active. (13:40 ECOR)
CT HEAD WITHOUT IV CONTRAST: Ordered by: Ou, MD, Stephen
Ordered for: Ou, MD, Stephen
Status: Active
Reason: Headache. (14:04 SOU)
Glucose: Ordered by: System
Ordered for: Other
Status: Active. (14:07 LCUR)
Glucose: Ordered by: System
Ordered for: Other
Status: Active. (14:07 LCUR)
1st Extra Blue Top (Hold Coag): Ordered by: Ou, MD, Stephen
Ordered for: Ou, MD, Stephen
Status: Done by: System − Thu Mar 29, 2018 14:10. (14:10 SOU)
Lab Add On Order: Ordered by: Ciccarelli , MD, Anne
Ordered for: Ciccarelli , MD, Anne
Status: Done by: System − Thu Mar 29, 2018 15:32. (15:25 ACIC)
Prothrombin Time: Ordered by: Ou, MD, Stephen
Ordered for: Ou, MD, Stephen
Status: Done by: System − Thu Mar 29, 2018 15:41. (15:31 SOU)
Social Worker Consult: Ordered by: Ciccarelli , MD, Anne
Ordered for: Ciccarelli , MD, Anne
Status: Done by: Hurt, US, Leah − Thu Mar 29, 2018 15:42. (15:40 ACIC)
Wound Care: Ordered by: Ciccarelli , MD, Anne
Ordered for: Ciccarelli , MD, Anne
Status: Done by: Curtis, MA−R, Lisa − Thu Mar 29, 2018 15:58. (15:40 ACIC)

RESULTS
RADIOLOGY: CT HEAD WITHOUT IV CONTRAST Thu Mar 29, 2018 14:32,

Exam Performed at: Northwest Hospital
EXAMINATION:
CT of the head without contrast

CLINICAL INFORMATION:

Headache

COMPARISON STUDY:
None

TECHNIQUE:
Images were obtained helically through the head without intravenous contrast. Multiplanar reconstruction was performed. Radiation dose reduction techniques were utilized including automated exposure control, adjustment of the mA and/or kV according to patient size, and/or use of iterative reconstruction technique.

FINDINGS:
The ventricles and sulci are within normal limits. There is no evidence of mass lesion, intracranial hemorrhage or acute infarction. No prior major segment stroke is identified. The ventricles and sulci are well−preserved.

The orbits are clear. The visualized paranasal and mastoid sinuses are clear. No acute bony abnormality is seen.

IMPRESSION:
1. No acute intracranial abnormality.

Above relayed to Stephen Se−Liung Ou, MD at the time of dictation.

Dictated and Verified by: Michael Andrew Degroot MD, Via Radiology 3/29/2018 14:46

. (14:46)

(15:09 ACIC)

Measurement	Result	Units	Range
Troponin_I Collection DT: Thu Mar 29, 2018 14:09			
Troponin_I	<0.03	ng/mL	<0.04
Troponin_I	See comment below	ng/mL	<0.04
A value of 0.04 ng/mL is the 99th percentile for a			
Troponin_I	See comment below	ng/mL	<0.04
healthy population. Consensus guide lines for			
Troponin_I	See comment below	ng/mL	<0.04
interpreting troponin results slightly above the 99th			
Troponin_I	See comment below	ng/mL	<0.04
percentile are available at JACC 2012, 60:2427−63. For			
Troponin_I	See comment below	ng/mL	<0.04
additional information see			
Troponin_I	See comment below	ng/mL	<0.04
http://tests.labmed.washington.edu/TROPIG			
Troponin_I Interpretation	See comment below		
Normal			

(15:09 ACIC)

Measurement	Result	Units	Range
Comprehensive Metabolic Panel Collection DT: Thu Mar 29, 2018 14:09			
Sodium	142	mEq/L	135−145
Potassium	4.2	mEq/L	3.6−5.2
Chloride	107	mEq/L	98−108
Carbon Dioxide, Total	24	mEq/L	22−32
Anion Gap	11		4−12

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
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NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Glucose	**153 − H**	**mg/dL**	**62−125**
Urea Nitrogen	**23 − H**	**mg/dL**	**8−21**
Creatinine	0.88	mg/dL	0.38−1.02
Protein (Total)	7.3	g/dL	6.0−8.2
Albumin	4.0	g/dL	3.5−5.2
Bilirubin (Total)	0.4	mg/dL	0.2−1.3
Calcium	9.1	mg/dL	8.9−10.2
AST (GOT)	14	U/L	9−38
Alkaline Phosphatase (Total)	55	U/L	49−199
ALT (GPT)	9	U/L	7−33
eGFR, Calc, European American	60	mL/min/1.73_m2	>59
eGFR, Calc, African American	>60	mL/min/1.73_m2	>59
eGFR, Information	See comment below		
Calculated GFR in mL/min/1.73 m2 by MDRD equation.			
eGFR, Information	See comment below		
Inaccurate with changing renal function. See			
eGFR, Information	See comment below		
eGFR, Information	See comment below		
http://depts.washington.edu/labweb/test/bclim/cGFR.html			

(15:09 ACIC)

Measurement	Result	Units	Range
CBC, Diff/Smear Evaluation Collection DT: Thu Mar 29, 2018 14:09			
WBC	6.67	THOU/uL	4.3−10.0
RBC	**3.59 − L**	**mil/uL**	**3.80−5.00**
Hemoglobin	**11.0 − L**	**g/dL**	**11.5−15.5**
Hematocrit	**35 − L**	**%**	**36−45**
MCV	98	fL	81−98
MCH	30.6	pg	27.3−33.6
MCHC	**31.3 − L**	**g/dL**	**32.2−36.5**
Platelet Count	219	THOU/uL	150−400
RDW−CV	14.2	%	11.6−14.4
% Neutrophils	63	%	
% Lymphocytes	25	%	
% Monocytes	9	%	
% Eosinophils	2	%	
% Basophils	1	%	
% Immature Granulocytes	0	%	
Neutrophils	4.24	THOU/uL	1.80−7.00
Lymphocytes	1.64	THOU/uL	1.00−4.80
Monocytes	0.59	THOU/uL	0.00−0.80
Eosinophils	0.14	THOU/uL	0.00−0.50
Basophils	0.04	THOU/uL	0.00−0.20
Immature Granulocytes	0.02	THOU/uL	0.00−0.05
Nucleated RBC	0.00	THOU/uL	0.00
% Nucleated RBC	0	%	

(15:55 ACIC)

Measurement	Result	Units	Range
Prothrombin Time (NWH) Collection DT: Thu Mar 29, 2018 14:09			
Prothrombin Time Patient (NWH)	**17.9 − H**	**s**	**8.9−12.1**
Prothrombin INR	**1.8 − H**		**0.8−1.3**

CALL IN (13:36 LSTI)
CALL IN: Call In: Thu Mar 29, 2018 13:36.
NOTES: MD Calling: Wound Care Clinic, female, 93 yo female complaining of headache states "explosions in her head". DOB 01/06/1925.

TRIAGE (Thu Mar 29, 2018 13:37 ECOR)

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1825412981

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

PATIENT: AGE: 93, GENDER: female, DOB: Tue Jan 06, 1925, TIME OF GREET: Thu Mar 29, 2018 13:27, PREFERRED LANGUAGE: ENGLISH, Zip Code: 98110, PHONE: (206)780−6885, MEDICAL RECORD NUMBER: U8170135, ACCOUNT NUMBER: 1825412981, PCP: NEIGHBOR JR, WILLIAM. (Thu Mar 29, 2018 13:37 ECOR)
NAME: HOFFMAN, JEANNE LEONIE. (16:11)
COMPLAINT: DIZZINESS. (Thu Mar 29, 2018 13:37 ECOR)
ADMISSION: URGENCY: 3−ESI III, ADMISSION SOURCE: HOME, TRANSPORT: .Wheelchair, BED: MEDREC. (Thu Mar 29, 2018 13:37 ECOR)
PROVIDERS: TRIAGE NURSE: Emma Corbilla, RN. (Thu Mar 29, 2018 13:37 ECOR)
TRIAGE NOTES: HA for 30 mins. Feels like veins are popping.
Takes Coumadin for "varicose veins".
Denies nausea, vomiting, fevers, or changes in vision.
Denies etoh use. (Thu Mar 29, 2018 13:37 ECOR)

EVENTS

ATTENDING: I saw this patient as of this date/timestamp. (15:09 ACIC)
TRANSFER: Triage to Emergency Home Med List. (Thu Mar 29, 2018 13:37 ECOR)
Emergency Home Med List to Waiting. (13:40 BLHA)
Emergency Waiting to Team Two 11. (13:47 BLHA)
Removed from Emergency Team Two 11. (16:40 JDAV)

INSTRUCTION (16:25 ACIC)

DISCHARGE: ANXIETY REACTION.
SPECIAL: Your Emergency Physician was Dr. Ciccarelli.
Return for new or worsening symptoms.
Follow−up with your regular physician this week for continued symptoms, sooner if worse.
followup per the social worker.

NURSING ASSESSMENT: ENT (14:09 JDAV)

CONSTITUTIONAL: Patient appears comfortable, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient’s skin is warm and dry, Patient’s mucous membranes are moist and pink, Skin color is normal, Skin temperature is warm, Skin moisture is normal.
ENT: No angioedema present, Patient able to handle oral secretions, complains of the "veins in her head are swollen". PERL., dizzy when standing, Very HOH.
RESPIRATORY/CHEST: Equal chest expansion, Able to speak in full sentences.

NURSING PROCEDURE: BEDSIDE TESTING (14:07 LCUR)

GLUCOSE: Patient’s identity verified by, patient stating name, patient stating birth date, hospital ID bracelet, Other indication dizzy, Procedure was performed at 1400, Blood, is venous, is capillary, Accucheck results(Normal Range 70−105 mg/dl): 153, After procedure, dressing applied to site.

NURSING PROCEDURE: DISCHARGE NOTE (16:39 JDAV)

TIME: Patient discharged to, home, Patient, ambulates with walker, Accompanied by family member, Discharge instructions given to, Instructions given to son, Above Person(s) verbalized understanding of discharge instructions and follow−up care.

IMAGING

ECG − PRELIM: Image captured from scanner. (13:58 MIJO)
EDIE NOTIFICATION: Image captured from scanner. (14:12 LHUR)
DISCHARGE RECEIPT: Image captured from scanner. (16:45 LHUR)
Page 2 added. Image captured from scanner. (16:45 LHUR)

NORTHWEST HOSPITAL & MEDICAL CENTER
COMPLETE CHART

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1825412981

ADMIN

DIGITAL SIGNATURE: Curtis, MA−R, Lisa. (14:08 LCUR)
Ciccarelli , MD, Anne. (Fri Mar 30, 2018 00:37 ACIC)
Ou, MD, Stephen. (Sun Apr 01, 2018 17:08 SOU)
MERGE: Call In Thu Mar 29, 2018 13:36. (13:46 BLHA)
PATIENT DATA CHANGE: Primary Nurse changed from (none) to Janice Davis, RN. (13:56 BLHA)
Race: (none). (14:36 JDAV)
Attending changed from (none) to Anne Ciccarelli , MD. (15:09 ACIC)
A08 98815787 by Interface, Name: HOFFMAN, JEANNE LEONIE, Payment: Medicare. (16:11)

Key:
ACIC=Ciccarelli , MD, Anne BLHA=Hansen, RN, Brittany ECOR=Corbilla, RN, Emma JDAV=Davis, RN, Janice LCUR=Curtis, MA−R, Lisa LHUR=Hurt, US, Leah LSTI=Stillman , RN, Lisa MIJO=Johnson, MA−C, Michael SOU=Ou, MD, Stephen

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1825412981	Visit Type:		Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Emergency	Patient Conditon:	
Station:		Bed:		Unit Contacted:	Emergency Department
Isolation:		Complaint:	DIZZINESS		
Admit D/T:	3/29/2018 1:27:00PM	Discharge D/T:	3/29/2018 4:40:00PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Home Medication List

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Status: Complete Collected On: 3/29/2018 4:31:00PM By: Janice L Davis, RN
Comments:

Home Medications

acetaminophen-codeine 300 mg-30 mg Tablet 0.25 tablet oral twice a day PRN
PRN Reason: pain
Medication Status: active

atorvastatin 20 mg Tablet 0.5 tablet oral daily
Medication Status: active

losartan 25 mg Tablet 0.5 tablet oral daily
Medication Status: active

pentoxifylline 400 mg Tablet Extended Release 1 tablet oral three times a day
Medication Status: active

collagenase clostridium histo. (Santyl) 250 unit/gram Ointment
Medication Status: active

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
Medication Status: active

warfarin 5 mg Tablet 1 tablet oral Every Monday, Tuesday, Wednesday, Friday, Saturday
Extended Instructions: Last dose taken on 1/31/18 @ bedtime, per pt
Medication Status: active

warfarin 5 mg Tablet 0.5 tablet oral Every Thursday and Sunday
Medication Status: active

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1824573429	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	3/15/2018 9:54:14AM	Discharge D/T:	3/15/2018 10:47:21AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Category: Orders
Date of Service: 03/15/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1824573429
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-03-15 09:54:00
Discharge Date Time: 2018-03-15 10:47:00

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:3/15/18 LUU, PAUL
Enc:1824573429 RES:32922614

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ **minutes before procedure:** ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

- ☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
  Site: _____
  Diagnosis: _____
- ☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
  Site: _____
  Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____

Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____ ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s): vaseline	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1 2	(L)at calf (L)at ankle	~~Sorbsyl~~ Santyl; saline dampen gauze, gauze, Kling	~~☐ Daily~~ ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
3 4	(L)med ankle (L)post calf		~~☐ Daily~~ ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4X times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs_____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1:30 pm

Follow Up in 2 Week(s) with Dr. MJP On (Day) 3/29/18 (Date) _____ at (Time) ~~10:15~~

Nurse Visit in: ____ days for: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: MAR 15 2018 Time: 1020

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: Maynard RN Date: MAR 15 2018 Time: 1020

I have received and understand the above instructions:

Patient Signature: K Jeanne E Hoffman Date: MAR 15 2018 Time: 1020

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Plc•A•Poc @ (631) 981-2094

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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

CHIEF COMPLAINT

Multiple ulcers of L calf/ankle

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	4
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☑ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☑ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☑ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☑ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: MAR 15 2018 Time: 1025

Physician or Physician Extender Printed Name*: _____ Date: MAR 15 2018 Time: 1027

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824573429** MRN:**U8170135**
ADM: **03/15/2018**
CLASS: **OP**
SVC:

PND001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None
Actual Area Debrided	Length 6.0 cm x Width 4.5 cm =Total Square CM: ____	Length 3.0 cm x Width 1.2 cm =Total Square CM: ____	Length 2.7 cm x Width 3.5 cm =Total Square CM: ____	Length 2 cm x Width 1.7 cm =Total Square CM: ____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.0 Width: 4.5 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 3.0 Width: 1.2 Depth: 0.2 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.7 Width: 3.5 Depth: 0.2 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2 Width: 1.7 Depth: 0.3 cm
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: MAR 15 2018 Time: 1025

Physician or Physician Extender Printed Name*: _____ Date: MAR 15 2018 Time: 1025

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824573429** MRN:**U8170135**
ADM: **03/15/2018**
CLASS: **OP**
SVC:

RN0021

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

multiple ulcers of R calf & ankle
Son does dress 3x/week c Sanyl + vas
both thumb at home
pt he may have an a Test if her Venous situation
does not work out

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre–Procedure/Operative Diagnosis**

R L calf: ulcerations resolved, all wounds gone

ASSESSMENT

R leg edema
All four ulcers → covered c very thick firm
→ debrided inc/c subcutaneous tissue

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

Calf ulcer → bleeding well
ankle ulc → bleed little

Pt stable. Continue to use Sanyl dressing
3x/week

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

RTC 2 week

Physician or Physician Extender Signature: _____ Date: MAR 15 2018 Time: 10:25

Physician or Physician Extender Printed Name*: _____ Date: MAR 15 2018 Time: 10:25

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824573429** MRN:**U8170135**
ADM: **03/15/2018**
CLASS: **OP**
SVC:

PRI0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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MAR 15 2018

DATE: MAR 15 2018 TIME: 1000 | Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☐ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 120.4 lbs.
Source: ☐ Stated ☒ Measured

Accompanied by: Son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission–Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.6 Pulse: 64 Respirations: 16 Blood pressure (mmHg): 140/70
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

"Having some pain – 1/10 –

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Ann McNair Tag Date: MAR 15 2018 Time: 1000

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: Ann McNair Date: MAR 15 2018 Time: 1000

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824573429** MRN:**U8170135**
ADM: **03/15/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:	1	2	3	4
▲ Location:	(L) Lat calf	(L) Lat ankle	(L) med ankle	(L) Post calf
▲ Current Wound Stage/Grade:	FT c	FT 3	FT 3	FT 5
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
▲ Length:	6.0 cm	3.0 cm	2.7 cm	2.0 cm
▲ Width:	4.5 cm	1.2 cm	3.5 cm	1.7 cm
▲ Depth:	0.1 cm	0.1 cm	0.1 cm	0.1 cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Exudate Amount	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm
Granulation Amount	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☒ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☒ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☒ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☒ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: AM Date: MAR 15 2018 Time: 1005
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
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WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
	PERI–WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No

EDEMA ASSESSMENT

	LEFT	RIGHT
	☐ Not Applicable ☐ Not Assessed	☐ Not Applicable ☒ Not Assessed
Lower Limb Edema	☒ Yes ☐ No	☐ Yes ☐ No
Calf	30.5 centimeters with point of measurement 32.0 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT	RIGHT
	☐ Not Applicable due to amputation ☒ Not Assessed	☐ Not Applicable due to amputation ☒ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: AM Date: MAR 15 2018 Time: 1000
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1824573429** MRN:**U8170135**
ADM: **03/15/2018**
CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
TREATMENT/PROCEDURES				
▲ Procedure Performed	☒ Yes* ☐ No *Time-out taken: (Time: 1025) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1025) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1025) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1025) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type:	Type:	Type:	Type:
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: ____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Santyl Sorbe gauze VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Wounds are stable. Pt reports possibly losing her housing soon. Her son is waiting for another apt to get found and approved.

Nurse Signature: Marjorie RN Initials: MN Date: _____ Time: 1025
Nurse Signature: _____ Initials: _____ Date: MAR 15 2018 Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1824984767	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	3/15/2018 10:48	Discharge D/T:	3/19/2018 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

DATE: MAR 01 2018 TIME: 1000 Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 117.8 lbs.
Source: ☐ Stated ☐ Measured

Accompanied by: SGM

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission–Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 96.8 Pulse: 69 Respirations: 16 Blood pressure (mmHg): 146/76
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☐ N/A

Has compression in place as prescribed: ☒ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☐ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear: ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☒ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Margaret Ann Date: MAR 01 2018 Time: 1000

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☒ Yes ☐ No Location of pain: (L) Foot

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: Margaret Ann Date: MAR 01 2018 Time: 1000

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:				
▲ Location:	ⓒ lat calf	ⓛ lat ankle	ⓒ med ankle	ⓛ post calf
▲ Current Wound Stage/Grade:	FTO	FT5	FT5	FT5
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
▲ Length:	6.5 cm	3.0 cm	3.0 cm	2.0 cm
▲ Width:	4.0 cm	1.8 cm	3.8 cm	1.4 cm
▲ Depth:	0.2 cm	0.2 cm	0.2 cm	0.1 cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
Exudate Amount	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm
Granulation Amount	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: M Date: MAR 01 2018 Time: 1900
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation–Anticipated, Converted, Failed Flap, Failed–Graft, Healed–Epithelialized, Healed–Flap, Healed–Graft, Healed–Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823989135** MRN:**U8170135**
ADM: **03/01/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)
Tenderness on Palpation:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
EDEMA ASSESSMENT				
	LEFT ☐ Not Applicable ☐ Not Assessed		**RIGHT** ☒ Not Applicable ☐ Not Assessed	
Lower Limb Edema	☒ Yes ☐ No		☐ Yes ☐ No	
Calf	30.5 centimeters with point of measurement 32 centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
VASCULAR ASSESSMENT				
	LEFT ☐ Not Applicable due to amputation ☒ Not Assessed		**RIGHT** ☐ Not Applicable due to amputation ☒ Not Assessed	
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status		☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	
Popliteal Pulses Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Posterior Tibial Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Dorsalis Pedis Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented		☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	
Hair Growth on Extremity	☐ Yes ☐ No		☐ Yes ☐ No	
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm		☐ Cool ☐ Cold ☐ Hot ☐ Warm	
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds		☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	
Dependent Rubor	☐ Yes ☐ No		☐ Yes ☐ No	
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable		☐ Yes ☐ No ☐ Not Applicable	
Lipodermatosclerosis	☐ Yes ☐ No		☐ Yes ☐ No	

Nurse Signature: Maryn Cecil RN Initials: MC Date: MAR 01 2018 Time: 1000
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823989135** MRN:**U8170135**
ADM: **03/01/2018**
CLASS: **OP**
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AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
TREATMENT/PROCEDURES				
▲ Procedure Performed	☑ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type:	Type:	Type:	Type:
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN
Response to Treatment	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Santyl Saline gauze Vaseline gauze			
Covered/Secured With:	DSD			

NURSE'S NOTES:

1) Lg ankle wounds are stable. NO SIS of infection. Pt being seen by Dr Cohen & DR Lund today. no further need to FU c DO.

Nurse Signature: Maynard Initials: MN Date: MAR 01 2018 Time: 1130
Nurse Signature: Initials: Date: Time:
Nurse Signature: Initials: Date: Time:

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1823989135 MRN: U8170135
ADM: 03/01/2018
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823989135	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	3/1/2018 9:55:30AM	Discharge D/T:	3/1/2018 11:17:24AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(206)7806885
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:3/01/18 LUU, PAUL
Enc:1823989135 RES:32687599

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ minutes before procedure: ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

V6, 4x4 gauze

- ☐ Tissue or Bone Culture & Sensitivity
  - ☐ Anaerobic ☐ Aerobic
  - ☐ Fungal ☐ Swab

  Site: _____
  Diagnosis: _____
- ☐ Tissue or Bone Biopsy for Pathology
  - ☐ Histopathology

  Site: _____
  Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____

Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume
  - ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound
  - ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____
  - ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1	Ⓛ Lateral	Santyl, saline gauze, Vaseline gauze, Kerlix gauze to all wounds	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
2	Ⓛ Lateral ankle		
3	Ⓛ medial ankle		☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
4	Ⓛ Proximal		

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4x times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in 2 Week(s) with Dr. Luu On (Day) 3/15 (Date) _____ at (Time) _____

Nurse Visit in ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: MAR 01 2018 Time: 1110

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: MAR 01 2018 Time: 1110

I have received and understand the above instructions:

Patient Signature: Jeanne L Hoffman Date: MAR 01 2018 Time: 1110

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DATE / TIME
DISCIPLINE

Wound Care Center – Infectious Disease Follow-up

Date: 3/1/18

Diagnosis/Organism: Cellulitis 2/e MSSA ± PAD + chronic LLE ulcers.

Interim History: Stopped doxy. Stopped bleach baths. Has been cleaning legs ± denture brush. ϕP/C. ϕN/V/D.

PE: well, frail, elderly woman, NAD ϕ cough. ϕ new rales A+O x 3. walking ± walker. LLE ± woody edema, stable LE ulcers ± clean bases ↓erythema, ϕpurulence. leg non-tender.

~~Current antibiotics and dates:~~ Doxy ended 2/8

~~Pertinent labs/imaging:~~ ABIs reviewed

Plan:

93 F ± PAD, chronic LE wounds prior cellulitis. Skin improved ± cessation of bleach baths. Discussed ↓c dicing "brushing" skin as well and using gentle cloths. cont to follow off abx. cont tx for PAD and excellent wound care.

Time: 13 min face-face 75% counseling.

Follow-up: PRN

Provider: Cohen

Northwest Infectious Disease Clinic

Phone: 206-668-1630

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:3/01/18 LUU, PAUL
Enc:1823989135 RES:32687599

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PROGRESS NOTES

M-91 (2-08)

CHIEF COMPLAINT

multiple ulcers on R calf/ankle
ulcer of R calf

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	4
Laterality	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: MAR 01 2018 Time: 10:30
Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 10:32
**Asterisked items are required to meet TJC standard RC.02.01.03*

MAR 01 2018

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823989135** MRN:**U8170135**
ADM: **03/01/2018**
CLASS: **OP**
SVC:

RM0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None
Actual Area Debrided	Length 6.5 cm x Width 4.0 cm =**Total Square CM:** ____	Length 3 cm x Width 1 cm =**Total Square CM:** ____	Length 3 cm x Width 3.6 cm =**Total Square CM:** ____	Length 2 cm x Width 1.4 cm =**Total Square CM:** ____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.5 Width: 4.0 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 3 Width: 1 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 3 Width: 3.6 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2 Width: 1.4 Depth: 0.2 cm

Procedure Tolerated: ☑ Yes ☐ No* – *See Narrative*

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:____ Lot Number:____ Expiration Date:____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:____ Lot Number:____ Expiration Date:____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:____ Lot Number:____ Expiration Date:____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:____ Lot Number:____ Expiration Date:____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type:____ Solution Amount:____ Lot Number:____	☐ N/A Solution Type:____ Solution Amount:____ Lot Number:____	☐ N/A Solution Type:____ Solution Amount:____ Lot Number:____	☐ N/A Solution Type:____ Solution Amount:____ Lot Number:____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:

Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: MAR 01 2018 Time: 1030

Physician or Physician Extender Printed Name*: _____ Date: MAR 01 2018 Time: 1030

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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SVC:

RN0021

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient is more energetic today.
We stopped any meds to clear @ calf
Debrided
RTC @ calf/foot: calf cellulitis resolved!!!

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

RLE wound: (1) at calf, post calf, ankle (medial/lat)
→ covered with dressing of choice

ASSESSMENT

→ Use curette → excisional debrided including subcutaneous tissues → ~~a bit~~ > scant
→ R bleeding
→ indurated & calcified

Dr Gilmore (ID) will see patient today

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

Continue daily ointment to wound daily
Monitor serially.

RTC 2 weeks

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: MAR 01 2018 Time: 10:30
Physician or Physician Extender Printed Name*: _____ Date: _____ Time: _____

**Asterisked items are required to meet TJC standard RC.02.01.03*

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WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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Category: Progress Notes
Date of Service: 02/08/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1823926874
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-02-08 09:58:00
Discharge Date Time: 2018-02-08 12:25:00

FEB 08 2018

DATE: **TIME:** 1050 Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 115 lbs.
Source: ☐ Stated ☒ Measured

Accompanied by: SO W

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes

Patient requires Transmission–Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 96.9 Pulse: 68 Respirations: 16 Blood pressure (mmHg): 132/62
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☒ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☒ Yes ☐ No
(If Yes, refer to Nurse for documentation on Patient Summary.) NW Hospital 2/1/18 –

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES: Doxycycline 100 mg BID

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: [signature] Date: FEB 08 2018 Time: 1050

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: [signature] Date: FEB 08 2018 Time: 1050'

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823926874** MRN:**U8170135**
ADM: **02/08/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

WOUND/ULCER INFORMATION

	1	2	3	4
▲ Number:				
▲ Location:	(L) calf	(L) lat ankle	(L) med ankle	(L) post calf
▲ Current Wound Stage/Grade:	FT C	FT S	FT S	FT S
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No
▲ Length:	6.2 cm	2.9 cm	3.1 cm	1.7 cm
▲ Width:	4.2 cm	1.3 cm	3.6 cm	1.2 cm
▲ Depth:	0.3 cm	0.2 cm	0.1 cm	0.1 cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm
Granulation Amount	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☒ Pink ☐ Pale ☐ Friable ☒ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: K Date: FEB 08 2018 Time: 1050

Nurse Signature: _____ Initials: ____ Date: ____ Time: ____

Nurse Signature: _____ Initials: ____ Date: ____ Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823926874** MRN:**U8170135**
ADM: **02/08/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	4
	PERI-WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

	EDEMA ASSESSMENT	
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☐ Not Applicable ☑ Not Assessed
Lower Limb Edema	☒ Yes ☐ No	☐ Yes ☐ No
Calf	30.7 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

	VASCULAR ASSESSMENT	
	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

FEB 08 2018

Nurse Signature: K. Mokinnon RN Initials: AK Date: _____ Time: 1050
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
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WCC NURSING WOUND ASSESSMENT

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▲ Wound/Ulcer Number (cont):	1	2	3	4
TREATMENT/PROCEDURES				
▲ Procedure Performed	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type: _____	Type: _____	Type: _____	Type: _____
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ Debridement Performed	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Sentyl saline gauze DSD			
Covered/Secured With:	Tape			

NURSE'S NOTES:

Pt was hospitalized last wk 2° cellulitis ⓒ leg. She was DC home on doxycycline. ⓛ calf still red & swollen but improved LEA done while in hosp. bl. I will ask PA Rollo to consult. Pt's son informed MR cohen he has been washing her left bleach - we instruct him to stop this and also to stop ABO. ⓑ leg swelling 2° lack of leg elevation.

Nurse Signature: Marjorie Bz Initials: MB Date: FEB 08 2018 Time: 1230

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

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WCC NURSING WOUND ASSESSMENT

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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

DATE / TIME / DISCIPLINE

Wound Care Center – Infectious Disease Follow-up

Date: 2/8/18

Diagnosis/Organism: Cellulitis 2/2 MSSA + enterobacter ± PAD + LLE ulcers.

Interim History: Taking doxy, ↓complications. ↓F/C, ↓n/v/d. ↓pain in leg. Son using bleach baths + leg. ↓drainage.

PE: well, elderly woman in NAD. PERRLA, EOMI, OP Clear. ↓LAD Breathing comfortably. A+Ox3. Speech fluent. LLE ± ongoing chronic wounds, ↓drainage. erythematous ± petechiae. ↓warm, ↓ tenderness

Current antibiotics and dates: Doxy

Pertinent labs/imaging: Arterial duplex: unreliable 2/2 calcifications. Mild insuff at rest, moderate LLE arterial insuff at rest.

Plan:
93F ± peripheral arterial disease, chronic LE wounds c/b cellulitis.

Cellulitis improving, ok to d/c doxy. Erythema 2/2 bleach baths + PAD. will need to follow closely off abt.

PAD- will need to f/u ± Dr. Rollo re need for compression. cont excellent wound care per Dr. Luu.

Follow-up: 1 wk.

Provider: Cohen

Northwest Infectious Disease Clinic

Phone: 206-668-1630

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:2/08/18 LUU, PAUL
Enc:1823926874 RES:32620649

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PROGRESS NOTES

M-91 (2-08)

CHIEF COMPLAINT

Pt was discharged from hospital on 2/4/2018 after 3 days Rx for cellulitis of R calf

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	4
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: ____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: FEB 03 2018 Time: 11 52

Physician or Physician Extender Printed Name*: _____ Date: FEB 03 2018 Time: 11 52

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:
Severity	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone
Instrument(s) Used	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:
Bleeding Controlled with	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable
Estimated Blood Loss*	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None
Specimen	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None
Actual Area Debrided	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____
Post Wound Care	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

OTHER PROCEDURES

❑ Application of Total Contact Cast ❑ Left ❑ Right	❑ Paring of Benign Lesions Location:	❑ Incision and Drainage of:	❑ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ❑ Manufacturer's Guidelines Followed ❑ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____
How Affixed	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: FEB 03 2018 Time: 1156

Physician or Physician Extender Printed Name*: _____ Date: FEB 03 2018 Time: 1156

**Asterisked items are required to meet TJC standard RC.02.01.03*

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient is ready bella to discharged home
Vasc. Study → ⓟ PAD
& compression hose is well as Doxycycline.
RE mental → depressing back to normal
Usual state (Utmost of

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre–Procedure/Operative Diagnosis**

① leg wounds : all around both calves

ASSESSMENT

Scanty serous multi op ⊘ purulent
discharge
Redness & pain decreased ↓

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

Bx - Improved!
Then dc wound with Santyl 3x/wks
consult vascular surgery 2nd PAD

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: _____ Time: 11:50
Physician or Physician Extender Printed Name*: _____ Date: FEB 03 2013 Time: 11:50

Asterisked items are required to meet TJC standard RC.02.01.03

FEB 03 2013

HOFFMAN, JEANNE LEONIE
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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:2/08/18
Enc:1823926874 LUU, PAUL RES:32620649

essograph)

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☒ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other DR COHEN 2/15/18

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1	① Lat calf	Santyl, saline dampen gauze, gauze, Kling	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
2	② Lat ankle		
3	③ medial ankle		☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
4	④ Post calf		

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____
Follow Up in 1 Week(s) with Dr. HO Luu On (Day) 2/15/18 (Date) _____ at (Time) 1215
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date: FEB 03 2018 Time: 1215
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: FEB 03 2018 Time: 1215
I have received and understand the above instructions:
Patient Signature: X Jeanne L Hoffman Date: FEB 03 2018 Time: 1215

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C5077F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic-A•Poc @ (631) 981-2094

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Photo #_____

L POST CALF

Photo #_____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823926874** MRN:**U8170135**
ADM: **02/08/2018**
CLASS: **OP**
SVC:

CD0010

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND CARE PHOTO(S)

© M–2102 (11/2016) File Under: Clinical Photos

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823926874	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	2/8/2018 09:58	Discharge D/T:	2/8/2018 12:25	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(206)7806885
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

UW Medicine & Northwest
Hospital and Medical Center
1550 N 115th St
Seattle, WA 98133-9733

Inpatient Coding Summary

Patient Name	Sex	Birth Date	Age	MR Number	Account Number
HOFFMAN, JEANNE LEONIE	**FEMALE**	**01/06/1925**	**93**	**U8170135**	**1823773755**

Admit Date	Discharge Date	LOS	Financial Class	Disposition
02/01/18 12:19 PM	**02/04/18 08:45 AM**	**3**	**Medicare**	**06 - 06 HOME HEALTH CARE**

Attending Physician	Coder	Patient Type
Macnab,Amie Elizabeth Urton MD	**Igor Gordin**	**Inpatient**

MDC Code / Text
009 DISEASES & DISORDERS OF THE SKIN, SUBCUTANEOUS TISSUE & BREAST

DRG Code / Text
603 CELLULITIS W/O MCC

CMS Weight	Average LOS	Geometric Mean LOS	Estimated Reimbursement
0.8503	**4.0**	**3.3**	**0.00**

Primary Diagnosis

Y L03116 Cellulitis of left lower limb

Secondary Diagnosis

Y G629 Polyneuropathy, unspecified
Y # L97222 Non-pressure chronic ulcer of left calf with fat layer exposed
Y # L97322 Non-pressure chronic ulcer of left ankle with fat layer exposed
Y I70221 Atherosclerosis of native arteries of extremities with rest pain, right leg
Y I70242 Atherosclerosis of native arteries of left leg with ulceration of calf
Y I739 Peripheral vascular disease, unspecified
Y I70243 Atherosclerosis of native arteries of left leg with ulceration of ankle
E Z86718 Personal history of other venous thrombosis and embolism
E Z7901 Long term (current) use of anticoagulants
Y I878 Other specified disorders of veins
Y I872 Venous insufficiency (chronic) (peripheral)
Y G8929 Other chronic pain

Procedures	Provider	Date

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823810540	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Inpatient Vascular Imaging
Isolation:		Complaint:			
Admit D/T:	2/2/2018 12:08:50PM	Discharge D/T:	2/6/2018 9:36:35PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

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Contact:	NEEDED,-	Relationship:	OT
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Northwest Hospital & Medical Center

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	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
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Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Braden Skin Assessment

Assessment Sts Complete
Collected By Aimee Ecolango, RN
Collected DTime 02/01/2018 18:46

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	20	**Plan of Care Initiated**	Yes

Clinical Note:

Braden Skin Assessment

Assessment Sts Complete
Collected By Lauren Baughn, RN
Collected DTime 02/02/2018 10:11

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	4-Excellent	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	21		

Clinical Note:

Braden Skin Assessment

Assessment Sts Complete
Collected By Lydia N Jones, RN
Collected DTime 02/03/2018 16:00

Braden Skin Assessment

Sensory/Perception	4-No Impairment	**Moisture**	4-Rarely Moist
Nutrition	3-Adequate	**Mobility**	3-Slightly Limited
Activity	3-Walks Occasionally	**Friction/Shear**	3-No Apparent Problem
Braden Score Total	20	**Plan of Care Initiated**	No

Clinical Note:

Import Assessments

Assessment Sts Complete
Collected By ROMAN YIMER, CNA
Collected DTime 02/03/2018 14:51

Import Assessments

Education Suggested by CEHRT	Yes	**Educ Topic #1**	Other

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Aimee Ecolango, RN
Collected DTime 02/01/2018 18:46

Invasive Lines

(Periph 1) Location	L Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected By Lauren Baughn, RN
Collected DTime 02/02/2018 10:12

Invasive Lines

(Periph 1) Location	L Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema

Invasive Lines

Assessment Sts Complete
Collected DTime 02/02/2018 10:12
Collected By Lauren Baughn, RN

Invasive Lines

(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected DTime 02/02/2018 18:43
Collected By Lauren Baughn, RN

Invasive Lines

(Periph 1) Location	L Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Infusing Without Difficulty

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected DTime 02/02/2018 20:37
Collected By Erica Sanchez, RN

Invasive Lines

(Periph 1) Location	L Forearm	**(Periph 1) Site Assessment**	No Swelling/Erythema
(Periph 1) Dressing	Dry Intact	**(Periph 1) Line Patency**	Flushes Without Difficulty
(Periph 1) Interventions	Saline Locked		

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected DTime 02/03/2018 16:13
Collected By Lydia N Jones, RN

Invasive Lines

(Periph 1) Location	L Forearm	**(Periph 1) Discontinued**	Catheter Intact, DC'd by Nurse

Clinical Note:

Invasive Lines

Assessment Sts Complete
Collected DTime 02/04/2018 07:36
Collected By Lydia N Jones, RN

Invasive Lines

Comments	No lines		

Clinical Note:

Pain

Assessment Sts Complete
Collected DTime 02/01/2018 18:30
Collected By Aimee Ecolango, RN

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Bilateral	**(Pain #1) Rating**	8-Severe
(Pain #1) Duration	With Movement	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Relaxation, Repositioned		

Clinical Note:

Pain

Assessment Sts Complete
Collected DTime 02/01/2018 19:15

Pain

Assessment Sts Complete
Collected By Crystal M Gallegos, RN
Collected DTime 02/01/2018 19:15

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted	**Pt Meeting Goals for Pain Relief**	Yes

Clinical Note:

Pain

Assessment Sts Complete
Collected By Crystal M Gallegos, RN
Collected DTime 02/02/2018 03:45

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left, Lower	**(Pain #1) Rating**	4-Moderate
(Pain #1) Duration	Increases with Movement	**(Pain #1) Characteristics**	Squeezing
Pain Interventions	Medicated, Emotional Support		

Clinical Note:

Pain

Assessment Sts Complete
Collected By Crystal M Gallegos, RN
Collected DTime 02/02/2018 04:58

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted	**Pt Meeting Goals for Pain Relief**	Yes

Clinical Note:

Pain

Assessment Sts Complete
Collected By Lauren Baughn, RN
Collected DTime 02/02/2018 10:12

Pain

Patient c/o Pain	No

Clinical Note:

Pain

Assessment Sts Complete
Collected By Lauren Baughn, RN
Collected DTime 02/02/2018 13:00

Pain

Patient c/o Pain	Yes	**(Pain #1) Location**	Leg
(Pain #1) Descriptor	Left	**(Pain #1) Rating**	5-Moderate
(Pain #1) Duration	At Rest	**(Pain #1) Characteristics**	Aching
Pain Interventions	Medicated, Emotional Support, Relaxation	**Comments**	Tylenol 650mg given

Clinical Note:

Pain

Assessment Sts Complete
Collected By Lauren Baughn, RN
Collected DTime 02/02/2018 14:00

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect

Clinical Note:

Pain

Assessment Sts Complete
Collected By Lydia N Jones, RN
Collected DTime 02/03/2018 18:55

Pain

Patient c/o Pain	No	**Nonverbal Patient**	Appears Comfortable
Pain Scale Used	Numeric		

Clinical Note:

Pain

Assessment Sts Complete
Collected By Rinah Raguine, RN
Collected DTime 02/04/2018 01:25

Pain

Post Med Reassessment	Yes	**(Pain #1) Effectiveness**	Good Effect
Side Effects	No Side Effects Noted	**Pt Meeting Goals for Pain Relief**	Yes

Clinical Note:

Pain

Assessment Sts Complete
Collected By Rinah Raguine, RN
Collected DTime 02/04/2018 06:13

Pain

Patient c/o Pain No

Clinical Note:

PT Evaluation

Assessment Sts Complete
Collected By Stanley Fishman, PT
Collected DTime 02/03/2018 14:15

PT Evaluation

Evaluation Status	Initial Evaluation	**Information Obtained From**	Patient
Lives with	Family	**Residence**	Apartment
Stairs Required	No	**Steps to Enter**	0
Hand Rails Entering Home	0	**Previous Mobility**	Community Dweller, Public Transportation
Assistive Device	Four Wheeled Walker	**Previous Level of Function**	Modified Independence
Self Reported Mobility Score	23		

Subjective (PT)

Patient Affect	Appropriate, Cooperative	**Level of Consciousness**	Alert
Oriented to	Person, Place, Time, Medical Events	**Medical Equipment**	IV
Pain Score	0-No Pain	**Hearing Impairment(s)**	Hard of Hearing, Uses Hearing Aid(s)
Sight Impairment(s)	Wears Glasses/ Contacts	**Insight into Limitations**	Diminished Awareness

LE Tests/Measures

RLE PROM WFL	Yes	**RLE Gross Strength WFL**	Yes
RLE Gross Motor Ctrl Intact	Yes	**LLE PROM WFL**	Yes
LLE Gross Strength WFL	Yes	**LLE Gross Motor Ctrl Intact**	Yes
LLE Muscle Tone	Normal		

Current Mobility (PT)

Bed Positioning Assistance	Independent	**Bed Sup-Sit Assistance**	Independent

PT Evaluation

Assessment Sts	Complete	**Collected DTime**	02/03/2018 14:15
Collected By	Stanley Fishman, PT		

Current Mobility (PT)

Bed Sit-Sup Assistance	Independent	**Transfer Sit-Stand Assistance**	Independent
Transfer Stand-Sit Assistance	Independent	**Gait Assistance**	Modified Independence
Gait Equipment	FWW	**Gait Deviation**	Circumduction, Flexed Posture

AM-PAC (Mobility)

Turning over in bed help	None	**Chair sitting/standing help**	A Little
Supine to sit help	None	**Moving to/from bed to chair help**	None
Walking in room help	A Little	**Climb 3-5 steps w/railing help**	Total
Baseline Mobility Score	19		

Assessment (PT)

Dysmobility Rating	At Baseline	**Therapy Diagnosis**	Deconditioning d/t Illness
Recommended DC Destination	Previous Living Situation	**Rehab Potential**	Good
PT Eval Complete	Pt is a 93 YO F with Dx: Cellulitis LLE. On assessment pt was independent in bed mob & transfers . She amb 300 with 4WW ind. Pt does walk with a flexed posture and circumducts LR LE. Pt appears to be atorclose to baseline	**Treatment Provided**	Eval 30 mins Ther act 10 mins: Bed mob, transfers , gait,
Predicted Mobility Score	16		

Treatment Plan (PT)

Comment	DC today

Goals (PT)

Comments	DC PT	**PT Eval Time (min)**	30
PT Treatment Time (min)	10		

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/01/2018 18:47
Collected By	Aimee Ecolango, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**BUE Movement**	5/5 Full Power
Right Leg Movement	4/5 Weak,Moves Agst Resist	**Left Leg Movement**	4/5 Weak,Moves Agst Resist

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation

Respiratory

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/01/2018 18:47
Collected By	Aimee Ecolango, RN		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Oral Mucus Membrane	Pink		

Cardiac

Rate and Rhythm	Regular	**Heart Sounds**	S1 S2
Bipedal Edema	0 Absent	**RLE Edema**	Non-Pitting
LLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	Non-Pitting
LLE Temperature	Warm	**LLE Color**	Normal
LLE Cap Refill	< 3 Sec	**LLE Edema**	0 Absent
R Dorsalis Pedis Pulse Quality	Heard with Doppler	**L Dorsalis Pedis Pulse Quality**	Heard with Doppler
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement With Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear

Skin/Skin Impairment

Non-blanchable Erythema	Yes	**Skin Color**	Normal
Overall Condition	Dry, Fragile, Other	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	4 Sites, Left	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Pink/Red Granulation, Shallow Red/Pink Wound Bed	**(Impairment 1) Drainage**	Serous
(Impairment 1) Comment	open ulcers	**(Impairment 1) Length (cm)**	7
(Impairment 1) Width (cm)	4	**(Impairment 2) Length (cm)**	2
(Impairment 2) Width (cm)	1	**(Impairment 3) Length (cm)**	10
(Impairment 3) Width (cm)	5	**(Impairment 4) Length (cm)**	4
(Impairment 4) Width (cm)	1		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Yes

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/01/2018 22:15
Collected By	Crystal M Gallegos, RN		

Shift Assessment

Neurological WDL	Yes	**Respiratory WDL**	Yes
Cardiovascular WDL	Yes	**Gastrointestinal WDL**	Yes

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Impulsive
Interventions	Bed Alarm, Encourage Expression, Offered Support		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Cap Refill**	< 3 Sec
BLE Edema	0 Absent	**RLE Color**	Normal
LLE Color	Reddened	**R Dorsalis Pedis Pulse Quality**	2+ Normal
L Dorsalis Pedis Pulse Quality	2+ Normal	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**RLE Movement**	Movement No Pain
RLE Sensation	Full Sensation	**LLE Movement**	Movement with Pain
LLE Sensation	No Sensation	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Renal/Urinary

Bladder Distended	No	**Patient Reports**	Voiding w/o difficulty

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Drainage	Serous, Small Drainage	**(Impairment 1) Comment**	4 shallow ulcers- open air.

Pain

Patient c/o Pain	No		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	No
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Impaired	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	55	**Plan of Care Initiated**	Yes

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	1- Sometimes/Always
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	1- Sometimes/Always
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/01/2018 22:15
Collected By	Crystal M Gallegos, RN		

Delirium Observation Screening

Sees/Hears Things not There	0- Never	**DOS Score**	2

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/02/2018 03:50
Collected By	Crystal M Gallegos, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory WDL	Yes	**Cardiovascular WDL**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal WDL**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Drainage	Serous, Small Drainage	**(Impairment 1) Comment**	multple ulcers- open air on clean paper pad.

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Impaired	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	70	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	1- Sometimes/Always
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	1- Sometimes/Always
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	2

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/02/2018 08:30
Collected By	Lauren Baughn, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/02/2018 08:30
Collected By	Lauren Baughn, RN		

Neurological

Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Both Pupils Size**	3 mm
Both Pupils Shape	Round	**Both Pupils Reaction**	Brisk
BUE Movement	5/5 Full Power	**Right Leg Movement**	5/5 Full Power
Left Leg Movement	4/5 Weak,Moves Agst Resist		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Impulsive
Interventions	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour, Offered Support	**Comments**	Pt reminded to call for help, bed/chair alarm as precaution
Ongoing Risk	No Suicide Ideation		

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Interventions	Deep Breathe, Cough, Incentive Spirometer	**Oral Mucus Membrane**	Pink
Comments	RA		

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
L Pedal Edema	Non-Pitting	**LLE Edema**	Non-Pitting
BUE Edema	0 Absent	**Interventions**	Elevated Extremity
Did pt tolerate intervention?	Yes		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Reddened
LLE Cap Refill	< 3 Sec	**LLE Edema**	Non-Pitting
L Dorsalis Pedis Pulse Quality	1+ Diminished	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**RLE Movement**	Movement No Pain
RLE Sensation	Full Sensation	**LLE Movement**	Movement No Pain
LLE Sensation	Numbness/Tingling	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft
Comments	good appetite		

Renal/Urinary

Incontinent	Incontinent	**Void Color**	Yellow
Void Characteristic	Clear	**Bladder Distended**	No
Patient Reports	Voiding w/o difficulty	**Comments**	up to BR and also incontinent

Reproductive.

Assessment	Deferred

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/02/2018 08:30
Collected By	Lauren Baughn, RN		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Drainage	Serous, Small Drainage	**(Impairment 1) Comment**	open wounds, OTA, wound care to assess

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	75	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/02/2018 18:44
Collected By	Lauren Baughn, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Renal/Urinary Assessment Unchanged**	Yes

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft
Stool Color	Brown	**Stool Consistency**	Soft
Stool Amount	Medium	**Comments**	good appetite

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left	**(Impairment 1) Drainage**	Serous
(Impairment 1) Dressing	Other	**(Impairment 1) Wound Care**	Dressing Changed
(Impairment 1) Comment	Silver-alginate Maxorb and ABD with kerlix		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Forgets limitations
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/02/2018 20:40
Collected By	Erica Sanchez, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Comments**	pt is hoh
Moves All Extremities	Yes	**BUE Movement**	5/5 Full Power
Right Leg Movement	5/5 Full Power	**Left Leg Movement**	4/5 Weak,Moves Agst Resist
Gait	Unsteady		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None
Interventions	Bed Alarm, Distraction, Encourage ADLs, Encourage Expression, Encourage Mobility, Observation q 1 Hour, Offered Support, Reassure, Redirection		

Respiratory

All Lobes Clear	Yes	**All Lobes**	Clear
Respiratory Pattern	Regular, No Distress	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Patient Reports	Pain Free	**Heart Sounds**	S1 S2
Bipedal Edema	0 Absent	**RLE Edema**	0 Absent
LLE Edema	2+ 4mm indent	**BUE Edema**	0 Absent
Interventions	Elevated Extremity	**Did pt tolerate intervention?**	Yes
Cardiac Pain Rating	0		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Reddened
LLE Cap Refill	< 3 Sec	**LLE Edema**	2+ 4mm indent
R Dorsalis Pedis Pulse Quality	2+ Normal	**L Dorsalis Pedis Pulse Quality**	2+ Normal
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
RLE Movement	Movement No Pain	**RLE Sensation**	Full Sensation
L Peroneal Movement	Movement No Pain	**L Peroneal Sensation**	Full Sensation
L Tibial Movement	Movement No Pain	**L Tibial Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Patient Reports	Flatus	**Bowel Sounds: All Quads**	Present
Abdomen	Nondistended, Soft		

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/02/2018 20:40
Collected By	Erica Sanchez, RN		

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear
Bladder Distended	No	**Patient Reports**	Voiding w/o difficulty

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Drainage	No Drainage	**(Impairment 1) Dressing**	Alginate (Maxorb)
(Impairment 1) Comment	Pt LLE is red and warm due to cellulities	**Additional Comments**	Have elevated bar at lower part of bed so sheets are elevated and don't rest on extremity.

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Forgets limitations
Morse Fall Risk Total	50	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 00:34
Collected By	Erica Sanchez, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 00:34
Collected By	Erica Sanchez, RN		

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	No Impairment	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Alginate (Maxorb)	**(Impairment 1) Comment**	Redness in LLE r/t cellulitis

Pain

Patient c/o Pain	No	**Pain Scale Used**	Numeric
Pt Meeting Goals for Pain Relief	Yes	**Sedation Assessment**	S=sleep, easy to arouse

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	35	**Plan of Care Initiated**	Already Initiated

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 09:59
Collected By	Lydia N Jones, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Both Pupils Shape**	Round
Both Pupils Reaction	Brisk	**Comments**	HOH, wears bilat hearing aids.
BUE Movement	5/5 Full Power	**Right Leg Movement**	5/5 Full Power
Left Leg Movement	4/5 Weak,Moves Agst Resist	**Gait**	Unsteady

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Bed Alarm, Encourage ADLs, Encourage Expression, Encourage Mobility, Offered Support, Reassure	**Family Contact**	Phone Call

Respiratory

All Lobes	Clear	**Respiratory Pattern**	Regular, No Distress
Oral Mucus Membrane	Pink		

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Heart Sounds	S1 S2	**Bipedal Edema**	0 Absent

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 09:59
Collected By	Lydia N Jones, RN		

Cardiac

BLE Edema	0 Absent	**BUE Edema**	0 Absent

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Edema	0 Absent	**RLE Temperature**	Warm
RLE Color	Normal	**RLE Cap Refill**	< 3 Sec
LLE Temperature	Warm	**LLE Color**	Reddened
LLE Cap Refill	< 3 Sec	**R Dorsalis Pedis Pulse Quality**	1+ Diminished
L Dorsalis Pedis Pulse Quality	1+ Diminished	**R Post Tib Pulse Quality**	1+ Diminished
L Post Tib Pulse Quality	1+ Diminished	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**BLE Movement**	Movement No Pain
BLE Sensation	Full Sensation	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Urine Output Not Assessed	Yes	**Patient Reports**	Voiding w/o difficulty

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Alginate (Maxorb), Roll Gauze	**(Impairment 1) Comment**	Cellulitis to LLE

Pain

Patient c/o Pain	No	**Nonverbal Patient**	Appears Comfortable
Pain Scale Used	Numeric		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	Yes
Gait/Transferring	Weak	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	60	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 09:59
Collected By	Lydia N Jones, RN		

Delirium Observation Screening

Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	1- Sometimes/Always	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	1

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 16:11
Collected By	Lydia N Jones, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema, Other (See Comments)
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Alginate (Maxorb), Roll Gauze	**(Impairment 1) Comment**	Cellulitis to LLE

Pain

Patient c/o Pain	No		

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 20:13
Collected By	Rinah Raguine, RN		

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Swallow**	Normal
Moves All Extremities	Yes	**BUE Movement**	5/5 Full Power
BLE Movement	5/5 Full Power		

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Hallucinations	None	**Delusions**	None

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 20:13
Collected By	Rinah Raguine, RN		

Psychosocial

Interventions	Encourage ADLs, Encourage Mobility, Goal Setting, Offered Support

Respiratory

All Lobes Clear	Yes	**Respiratory Pattern**	Regular
Oral Mucus Membrane	Pink		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
BLE Temperature	Warm	**BLE Color**	Normal
BLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Edema	Non-Pitting	**R Dorsalis Pedis Pulse Quality**	2+ Normal
L Dorsalis Pedis Pulse Quality	2+ Normal	**R Radial Pulse Quality**	2+ Normal
L Radial Pulse Quality	2+ Normal	**BLE Movement**	Movement No Pain
BLE Sensation	Full Sensation	**BUE Movement**	Movement No Pain
BUE Sensation	Full Sensation		

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Bladder Distended	No	**Patient Reports**	Voiding w/o difficulty

Reproductive.

Assessment	Deferred

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry, Flaky	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Pink, Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Alginate (Maxorb), Roll Gauze		

Pain

Patient c/o Pain	No

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	No
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	15	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
		Answers Do Not Fit Questions	0- Never

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/03/2018 20:13
Collected By	Rinah Raguine, RN		

Delirium Observation Screening

Reacts Slowly	0- Never	**Thinks is Somewhere Else**	0- Never
Knows Which Part of Day	0- Sometimes/Always	**Remembers Recent Events**	0- Sometimes/Always
Picking, Disorderly, Restless	0- Never	**Pulls at Tubes**	0- Never
Easily/Suddenly Emotional	0- Never	**Sees/Hears Things not There**	0- Never
DOS Score	0		

Clinical Note:

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/04/2018 00:55
Collected By	Rinah Raguine, RN		

Shift Assessment

Neuro Assessment Unchanged	Yes	**Psychosocial Assessment Unchanged**	Yes
Respiratory Assessment Unchanged	Yes	**Cardiac Assessment Unchanged**	Yes
Neurovasc Assessment Unchanged	Yes	**Gastrointestinal Assessment Unchanged**	Yes
Renal/Urinary Assessment Unchanged	Yes		

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema
(Impairment 1) Descriptor	Left	**(Impairment 1) Color**	Pink, Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Alginate (Maxorb), Roll Gauze	**(Impairment 1) Wound Care**	Dressing Changed

Pain

Patient c/o Pain	Yes	**Pain Scale Used**	Numeric
(Pain #1) Location	Leg	**(Pain #1) Descriptor**	Left
(Pain #1) Rating	1-Mild	**(Pain #1) Duration**	At Rest
(Pain #1) Characteristics	Aching	**Pain Interventions**	Medicated, Emotional Support, Relaxation

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Bed Rest/Nurse Assist/No Assist	**IV or Hep Lock**	Yes
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	35	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always		

Shift Assessment

Assessment Sts Complete
Collected By Rinah Raguine, RN
Collected DTime 02/04/2018 00:55

Delirium Observation Screening

Does Not Finish Question/Answer	0- Never	**Answers Do Not Fit Questions**	0- Never
Reacts Slowly	0- Never	**Thinks is Somewhere Else**	0- Never
Knows Which Part of Day	0- Sometimes/Always	**Remembers Recent Events**	0- Sometimes/Always
Picking, Disorderly, Restless	0- Never	**Pulls at Tubes**	0- Never
Easily/Suddenly Emotional	0- Never	**Sees/Hears Things not There**	0- Never
DOS Score	0		

Clinical Note:

Shift Assessment

Assessment Sts Complete
Collected By Lydia N Jones, RN
Collected DTime 02/04/2018 07:41

Neurological

LOC	Alert	**Oriented to**	x3
Situationally Aware?	Yes	**Eye Opening**	Spontaneous
Verbal Response	Appropriate	**Motor Response**	Obeys Commands
Glasgow Coma Scale	15	**Language/Speech**	Clear Speech
Facial Strength	Intact	**Gaze**	Conjugate
Swallow	Normal	**Both Pupils Shape**	Round
Both Pupils Reaction	Brisk	**Comments**	HOH
BUE Movement	5/5 Full Power	**BLE Movement**	5/5 Full Power
Gait	Steady	**Comments**	Gait can be unsteady at times. Needs reminder to use a walker.

Psychosocial

Affect/Mood	Appropriate to Situation	**Behavior**	Appropriate to Situation
Interventions	Encourage ADLs, Encourage Expression, Encourage Mobility, Offered Support		

Respiratory

All Lobes	Clear	**Oral Mucus Membrane**	Pink

Cardiac

Rate and Rhythm	Regular	**Diaphoresis**	Absent
Heart Sounds	S1 S2	**Bipedal Edema**	0 Absent
RLE Edema	0 Absent	**LLE Edema**	Non-Pitting
BUE Edema	0 Absent		

Neurovascular

BUE Temperature	Warm	**BUE Color**	Normal
BUE Cap Refill	< 3 Sec	**BUE Edema**	0 Absent
RLE Temperature	Warm	**RLE Color**	Normal
RLE Cap Refill	< 3 Sec	**RLE Edema**	0 Absent
LLE Temperature	Warm	**LLE Color**	Reddened
LLE Cap Refill	< 3 Sec	**LLE Edema**	Non-Pitting
R Dorsalis Pedis Pulse Quality	1+ Diminished	**L Dorsalis Pedis Pulse Quality**	1+ Diminished

Shift Assessment

Assessment Sts	Complete	**Collected DTime**	02/04/2018 07:41
Collected By	Lydia N Jones, RN		

Neurovascular

R Post Tib Pulse Quality	1+ Diminished	**L Post Tib Pulse Quality**	1+ Diminished
R Radial Pulse Quality	2+ Normal	**L Radial Pulse Quality**	2+ Normal
BLE Movement	Movement No Pain	**BLE Sensation**	Full Sensation
BUE Movement	Movement No Pain	**BUE Sensation**	Full Sensation

Gastrointestinal

Bowel Sounds: All Quads	Present	**Abdomen**	Nondistended, Soft

Renal/Urinary

Void Color	Yellow	**Void Characteristic**	Clear

Reproductive.

Assessment	Deferred		

Skin/Skin Impairment

Non-blanchable Erythema	No	**Skin Color**	Normal
Overall Condition	Dry	**Oral Mucosa**	Moist
(Impairment 1) Location	Leg	**(Impairment 1) Type**	Erythema
(Impairment 1) Descriptor	Left, Lower	**(Impairment 1) Color**	Red
(Impairment 1) Appearance	Dressing Intact	**(Impairment 1) Drainage**	No Drainage
(Impairment 1) Dressing	Alginate (Maxorb), Roll Gauze		

Pain

Patient c/o Pain	No	**Nonverbal Patient**	Appears Comfortable
Pain Scale Used	Numeric		

Morse Fall Risk

Recent Fall History	No	**Has Secondary Diagnosis**	Yes
Ambulatory Aid	Crutches/Cane/Walker	**IV or Hep Lock**	No
Gait/Transferring	Normal/Bedrest/Immobile	**Mental Status**	Oriented to own ability
Morse Fall Risk Total	30	**Plan of Care Initiated**	Already Initiated

Delirium Observation Screening

Dozes Off	0- Never	**Easily Distracted**	0- Never
Maintains Attention	0- Sometimes/Always	**Does Not Finish Question/Answer**	0- Never
Answers Do Not Fit Questions	0- Never	**Reacts Slowly**	0- Never
Thinks is Somewhere Else	0- Never	**Knows Which Part of Day**	0- Sometimes/Always
Remembers Recent Events	0- Sometimes/Always	**Picking, Disorderly, Restless**	0- Never
Pulls at Tubes	0- Never	**Easily/Suddenly Emotional**	0- Never
Sees/Hears Things not There	0- Never	**DOS Score**	0

Clinical Note:

Assessment History

Assessment Name: Shift Assessment **Collected DateTime:** 02/01/2018 22:15

Version	Entered Date	Status	Reason Revised
Revision: 1.00	02/02/2018 04:02	Complete	add

Morse Fall Risk

Finding Name: Plan of Care Initiated

Previous Value	Already Initiated	User Name	Crystal M Gallegos, RN	Entered Date	02/02/2018 03:55
Revised Value	Yes	User Name	Crystal M Gallegos, RN	Entered Date	02/02/2018 04:02

Patient Education

Assessment Sts Complete
Collected By Erica Sanchez, RN
Collected DTime 02/02/2018 21:39

Patient Education

Medications Reviewed	Yes	**Person(s) Taught**	Patient
Plan	Med Teaching with Admin	**Learner Response**	Teach back - restates information with assist
VTE Ed Initiated	Yes		

VTE Prophylaxis Education

Person(s) Taught	Patient	**Definition: Reviewed Partially**	Yes
Definition: Learner Response	Teach back - restates information with assist	**Cause: Reviewed Partially**	Yes
Cause: Learner Response	Teach back - restates information with assist	**S/S: Reviewed Partially**	Yes
S/S: Learner Response	Teach back - restates information with assist	**Prevention: Reviewed Partially**	Yes
Prevention: Learner Response	Teach back - restates information with assist	**Report Concerns: Reviewed Partially**	Yes
Report Concerns: Learner Respons	Teach back - restates information with assist	**VTE Ed Initiated**	Yes
VTE Education	Dietary Advice, Follow Up Monitoring, Adverse Drug Reaction Education, Drug Interaction Education, INR Follow Up Monitoring, Medication Compliance Education, Recommendation Not to Change Diet, Written Information Given		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	02/01/2018 18:30
Collected By	VARVARA BAHCTINOVA,		

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet, Dangled, Stood at Bedside
Turned	Independent	**Turn Frequency**	Yes
Bathing	Partial Assist	**Bathing Assist Type**	Sink
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying, Face Wash/Dry
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Safety Check	Call Light within Reach, Low Bed	**Patient Position**	Semi-Fowlers
Siderails	x2	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	02/01/2018 21:59
Collected By	Shmim Capewell, CNA		

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet, Dangled, Ambulation
Turned	Partial Assist	**Turn Frequency**	Yes
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Toilet Method	Liner/Pad/Briefs, Toilet	**Toilet Offered**	Yes
Range of Motion	LLE Passive, BUE Active, RLE Active	**Safety Check**	Call Light within Reach, Bed Alarm on, Low Bed
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	02/02/2018 06:31
Collected By	Shmim Capewell, CNA		

ADL

Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet, Dangled, Stood at Bedside, Ambulation
Turned	Partial Assist	**Turn Frequency**	Yes
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Range of Motion	BLE Passive, BUE Active	**Safety Check**	Call Light within Reach, Bed Alarm on, Low Bed
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees		

Clinical Note:

ADL

Assessment Sts	Complete	**Collected DTime**	02/02/2018 08:26
Collected By	Berukea Tibebe, CNA		

ADL

Assessment Sts Complete
Collected By Berukea Tibebe, CNA
Collected DTime 02/02/2018 08:26

ADL

Feeding	Independent	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed	**Turned**	Partial Assist
Turn Frequency	Yes	**Oral Care**	Complete Assist
Oral Care Assist Type	Denture/Partial, Own Teeth, Mouth Care	**Hygiene**	Complete Assist
Hygiene Assist Type	Peri-Care	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2

Clinical Note:

ADL

Assessment Sts Complete
Collected By Berukea Tibebe, CNA
Collected DTime 02/02/2018 08:51

ADL

Feeding	Independent	**Breakfast**	100

Clinical Note:

ADL

Assessment Sts Complete
Collected By Berukea Tibebe, CNA
Collected DTime 02/02/2018 14:46

ADL

Feeding	Independent	**Lunch**	75
Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Chair	**Oral Care**	Complete Assist
Oral Care Assist Type	Denture/Partial	**Weight Bear**	Full
Safety Check	Call Light within Reach	**Patient Position**	Up in Chair
Siderails	x2		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Berukea Tibebe, CNA
Collected DTime 02/02/2018 18:17

ADL

Feeding	Independent	**Dinner %**	50
Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Chair	**Patient Position**	Up in Chair

Clinical Note:

ADL

Assessment Sts Complete
Collected By Veronica Rodriguez, CNA
Collected DTime 02/02/2018 20:53

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside	**Turned**	Partial Assist
Turn Frequency	Yes	**Oral Care**	Independent
Oral Care Assist Type	Own Teeth, Mouth Care	**Hygiene**	Partial Assist
Hygiene Assist Type	Barrier Cream Applied	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2

ADL

Assessment Sts Complete
Collected By Veronica Rodriguez, CNA
Collected DTime 02/02/2018 20:53

ADL

Sleep	Adequate	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts Complete
Collected By Veronica Rodriguez, CNA
Collected DTime 02/03/2018 04:23

ADL

Support Devices	Walker	**Activity/Transfer**	Partial Assist
Activity/Transfer	Bed, Toilet, Dangled, Stood at Bedside	**Turned**	Partial Assist
Turn Frequency	Yes	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Toilet Method**	Incontinent, Liner/Pad/Briefs, Toilet
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2
Sleep	Adequate	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 02/03/2018 10:00

ADL

Feeding	Independent	**Breakfast**	50
Activity/Transfer	Partial Assist	**Activity/Transfer**	Bed, Toilet
Turned	Partial Assist	**Turn Frequency**	Yes
Bathing	Partial Assist	**Bathing Assist Type**	Bed Bath
Oral Care	Partial Assist	**Oral Care Assist Type**	Mouth Care
Hygiene	Partial Assist	**Hygiene Assist Type**	Peri-Care
Dressing	Partial Assist	**Dressing Assist Type**	Upper Body
Toilet Method	Toilet	**Range of Motion**	BUE Active
Weight Bear	Full	**Safety Check**	Call Light within Reach
Patient Position	Semi-Fowlers	**Siderails**	x2
Sleep	Adequate	**HOB Elevation**	30 Degrees
Special Beds	Pronation/Rotation (Rotoprone)		

Clinical Note:

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 02/03/2018 17:40

ADL

Feeding	Independent	**Dinner %**	100
Support Devices	Walker	**Activity/Transfer**	Independent
Activity/Transfer	Bed, Chair, Toilet	**Turned**	Independent
Turn Frequency	Yes	**Oral Care**	Independent
Oral Care Assist Type	Mouth Care	**Hygiene**	Partial Assist
Hygiene Assist Type	Peri-Care	**Dressing**	Partial Assist
Dressing Assist Type	Upper Body	**Toilet Method**	Toilet
Range of Motion	BUE Active, BLE Active	**Weight Bear**	Full

ADL

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 02/03/2018 17:40

ADL

Safety Check	Call Light within Reach	**Patient Position**	Semi-Fowlers
Siderails	x2	**Sleep**	Adequate
HOB Elevation	30 Degrees	**Special Beds**	Pronation/Rotation (Rotoprone)

Clinical Note:

ADL

Assessment Sts Complete
Collected By Shmim Capewell, CNA
Collected DTime 02/03/2018 21:39

ADL

Support Devices	Walker	**Activity/Transfer**	Independent
Activity/Transfer	Bed, Chair, Toilet, Dangled, Stood at Bedside, Ambulation	**Turned**	Independent
Turn Frequency	Yes	**Oral Care**	Independent
Oral Care Assist Type	Mouth Care	**Hygiene**	Independent
Hygiene Assist Type	Peri-Care, Hand Washing, Hand Drying, Face Wash/Dry	**Dressing**	Independent
Dressing Assist Type	Upper Body	**Toilet Method**	Liner/Pad/Briefs, Toilet
Toilet Offered	Yes	**Range of Motion**	BUE Active, BLE Active
Safety Check	Call Light within Reach, Low Bed	**Patient Position**	Semi-Fowlers
Siderails	x2	**HOB Elevation**	30 Degrees

Clinical Note:

ADL

Assessment Sts Complete
Collected By Shmim Capewell, CNA
Collected DTime 02/04/2018 06:54

ADL

Activity/Transfer	Independent	**Activity/Transfer**	Bed, Toilet, Dangled, Stood at Bedside, Ambulation
Turned	Independent	**Turn Frequency**	Yes
Oral Care	Independent	**Oral Care Assist Type**	Mouth Care
Hygiene	Independent	**Hygiene Assist Type**	Peri-Care, Hand Washing, Hand Drying
Dressing	Independent	**Dressing Assist Type**	Upper Body
Toilet Method	Liner/Pad/Briefs, Toilet	**Toilet Offered**	Yes
Range of Motion	BUE Active, BLE Active	**Safety Check**	Call Light within Reach, Low Bed
Patient Position	Semi-Fowlers	**Siderails**	x2
HOB Elevation	30 Degrees		

Clinical Note:

Height/Weight

Assessment Sts Complete
Collected By VARVARA BAHCTINOVA,
Collected DTime 02/01/2018 17:48

Height/Weight

Height (inches)	5/5 ft,in	**Weight (kg)**	52.7 kg
How Obtained	Bed Scale	**BSA**	1.57
BMI	19.33		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By VARVARA BAHCTINOVA,
Collected DTime 02/01/2018 17:44

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	87	**(Pulse) Site**	Radial
Respirations	24	**BP**	148/94
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	100
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Shmim Capewell, CNA
Collected DTime 02/01/2018 22:00

Vitals (MS)

Temperature (C)	36.9 Cel	**(Temp) Site**	Oral
Pulse	78	**(Pulse) Site**	Radial
Respirations	20	**BP**	108/53
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Shmim Capewell, CNA
Collected DTime 02/02/2018 06:00

Vitals (MS)

Temperature (C)	37.0 Cel	**(Temp) Site**	Oral
Pulse	71	**(Pulse) Site**	Radial
Respirations	20	**BP**	96/47
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Berukea Tibebe, CNA
Collected DTime 02/02/2018 08:55

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	80	**(Pulse) Site**	Radial
Respirations	20	**BP**	126/65

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	02/02/2018 08:55
Collected By	Berukea Tibebe, CNA		

Vitals (MS)

(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	02/02/2018 16:48
Collected By	Berukea Tibebe, CNA		

Vitals (MS)

Temperature (C)	36.1 Cel	**(Temp) Site**	Oral
Pulse	66	**(Pulse) Site**	Radial
Respirations	20	**BP**	131/59
(BP) Site	Left Arm	**(BP) Position**	Sitting
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	02/02/2018 20:53
Collected By	Veronica Rodriguez, CNA		

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	69	**(Pulse) Site**	Radial
Respirations	18	**BP**	122/61
(BP) Site	Left Arm	**(BP) Position**	Sitting
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	02/03/2018 05:00
Collected By	Veronica Rodriguez, CNA		

Vitals (MS)

Temperature (C)	36.8 Cel	**(Temp) Site**	Oral
Pulse	56	**(Pulse) Site**	Radial
Respirations	18	**BP**	119/55
(BP) Site	Left Arm	**(BP) Position**	Sitting
(BP) Method	Dynamap	**O2 Saturation (%)**	96
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts	Complete	**Collected DTime**	02/03/2018 09:58
Collected By	Hanna G Belay, CNA		

Vitals (MS)

Temperature (C)	36.2 Cel	**(Temp) Site**	Oral
Pulse	64	**(Pulse) Site**	Radial
Respirations	17	**BP**	108/45

Vitals (MS)

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 02/03/2018 09:58

Vitals (MS)

(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Hanna G Belay, CNA
Collected DTime 02/03/2018 17:32

Vitals (MS)

Temperature (C)	36.7 Cel	**(Temp) Site**	Oral
Pulse	64	**(Pulse) Site**	Radial
Respirations	18	**BP**	119/64
(BP) Site	Left Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	98
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Shmim Capewell, CNA
Collected DTime 02/03/2018 22:00

Vitals (MS)

Temperature (C)	36.3 Cel	**(Temp) Site**	Oral
Pulse	64	**(Pulse) Site**	Radial
Respirations	18	**BP**	113/55
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Vitals (MS)

Assessment Sts Complete
Collected By Shmim Capewell, CNA
Collected DTime 02/04/2018 06:00

Vitals (MS)

Temperature (C)	36.1 Cel	**(Temp) Site**	Oral
Pulse	59	**(Pulse) Site**	Radial
Respirations	18	**BP**	114/52
(BP) Site	Right Arm	**(BP) Position**	Lying
(BP) Method	Dynamap	**O2 Saturation (%)**	97
Room Air	Yes		

Clinical Note:

Admission History

Assessment Sts	Complete	**Collected DTime**	02/01/2018 18:59
Collected By	Kyoung Lee, RN		

Admission History

Arrival Date/Time	02/01/2018 17:43	**Admitted From**	ED
Accompanied By	Alone	**Mode of Arrival**	Stretcher/Bed
Source of Information	Patient	**Organ Donor**	No

Social History

Living Situation	Home/Apartment	**Living with Whom**	Other Family
Comment	lives with her son	**Work/Travel/Exposure**	Retired
Travel in Last 30 Days	No	**Hazardous Material Exposure?**	No
History of Abuse/Neglect?	No	**Abuse Important Things**	No
Abuse Sex	No	**Thoughts That Don't Want to Live?**	No
Thoughts of Self Harm?	No	**Has Suicide Plan?**	No
Suicidal Now?	No	**Cultural/Spiritual Needs**	None

Personal Habits

Tobacco Use?	Denies Ever Smoked	**Caffeine Use**	Yes
Cups/Day	2 cups a day	**Difficulty with Sleep?**	No
Do you drink alcohol?	No	**No Recreational Drugs**	Yes

PMH

Denies Neuro History	Yes	**Denies CV History**	Yes
Denies Resp History	Yes	**Denies GI History**	Yes
Appendectomy	Yes	**Appendectomy Date**	1960s
UTI	Yes	**Hysterectomy**	Yes
Hysterectomy Date	1960s		

PMH2

Stasis Ulcers	Yes	**Other**	LLE
Denies Endo/Auto History	Yes	**Cataract**	Yes
Cataract Surgery	Yes	**Cataract Surgery Date**	1988
Denies Psych History	Yes		

Pain History

Do you have a history of pain?	No Reported Problems		

Current Function

Functional Impairment	No	**Assistive device used (prior to admit)?**	Yes
Assistive Devices Used (describe)	walker	**Comm Barrier Hearing (list)**	HOH - Left, HOH - Right, Uses Hearing Aid(s)
Comm Barrier Sight (list)	Wears Glasses/ Contacts	**Fall in Last Month**	No
Fall in Last 2-6 Months	No		

Nutrition

Home Diet	Regular/Unrestricted	**Unintended Weight Loss >= 10 pounds**	No
Eating < 50% for More than 5 days Prior to Admit	No		

Educational Assessment

Ed Learning Barriers	Hearing	**Readiness to Learn**	Receptive

Admission History

Assessment Sts	Complete	**Collected DTime**	02/01/2018 18:59
Collected By	Kyoung Lee, RN		

Vaccine Assessment

Influenza Season?	Yes	**Influenza Vaccine Contraindicated**	Previously immunized since 7/1/17

VTE Assessment

PCDs Applied	No, see contraindications below	**PCDs Contraindicated**	Any local conditions with compromised wound healing

Clinical Note:

Category: Progress Notes
Date of Service: 02/05/2018 00:00
Document Status:
Title: Intake and Output Report
Document Version : 1

Encounter Number: 1823773755
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-02-01 12:19:00
Discharge Date Time: 2018-02-04 08:45:00

Intake and Output

	02/01/18 18:10	02/01/18 21:59	02/02/18 03:48	02/02/18 06:31	02/02/18 08:57	02/02/18 10:11
Collected By	VARVARA BAHCTINOVA, CNA	Shmim Capewell, CNA	Marylan V Estrada, CNA	Shmim Capewell, CNA	Berukea Tibebe, CNA	Lauren Baughn, RN
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral	120 ml	Sips			300 ml	
Urine, Voided			400 ml			100 ml
Urine (0)	1 ml	1 ml		0 ml		
Stool (0)		0 ml		0 ml		

Intake and Output

	02/02/18 16:10	02/02/18 20:54	02/03/18 04:24	02/03/18 05:20	02/03/18 06:08	02/03/18 10:43
Collected By	Berukea Tibebe, CNA	Veronica Rodriguez, CNA	Veronica Rodriguez, CNA	Erica Sanchez, RN	Veronica Rodriguez, CNA	Hanna G Belay, CNA
Clinical Note						
Status	Complete	Complete	Complete	Complete	Complete	Complete
Oral		500 ml	600 ml		800 ml	480 ml
Urine (0)	1 ml	1 ml	1 ml	1 ml	1 ml	1 ml
Stool (0)	1 ml	0 ml	0 ml		0 ml	1 ml

Intake and Output

	02/03/18 12:56	02/03/18 17:41	02/03/18 21:39	02/04/18 06:54	02/04/18 07:36
Collected By	Hanna G Belay, CNA	Hanna G Belay, CNA	Shmim Capewell, CNA	Shmim Capewell, CNA	Lydia N Jones, RN
Clinical Note					
Status	Complete	Complete	Complete	Complete	Complete
Oral	400 ml	480 ml	5 ml		
Urine, Voided	BRP	BRP			BRP
Urine (0)	1 ml	1 ml	1 ml	0 ml	1 ml
Stool (0)	1 ml	1 ml	0 ml	0 ml	

Pt. Name: HOFFMAN, JEANNE L
MRN: U8170135
Acct No: 1823773755
Patient Type: IP

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, WA

Intake and Output Report

Page 1 of 1

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

02/05/2018 05:10 — UNIVERSITY OF WASHINGTON MEDICAL CENTER — CUMULATIVE SUMMARY
INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH — PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NW4S — Room: 4SS41801
Acct: 1823773755 — Dr: Macnab, Amie E.

**** BLOOD ELECTROLYTES AND COMMON CHEMISTRIES ****

TEST:	NA	K	CL	CO2	ANION GAP	GLU	BUN	CREAT	GFR, Calculated, European American
UNITS:	mEq/L	mEq/L	mEq/L	mEq/L		mg/dL	mg/dL	mg/dL	mL/min/1.73_m2
LO-HI:	135-145	3.6-5.2	98-108	22-32	4-12	62-125	8-21	0.38-1.02	>59
02/01/18									
1315	143	4.2	108	26	9	117	24*	1.08*	47*
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
02/02/18									
0515	145	4.0	113*	23	9	104	19	0.96	54*
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}

**** BLOOD ELECTROLYTES AND COMMON CHEMISTRIES ****

TEST:	GFR, Calculated, African American	GFR, Information	TP	ALB	TOTAL BILI
UNITS:	mL/min/1.73_m2		g/dL	g/dL	mg/dL
LO-HI:	>59		6.0-8.2	3.5-5.2	0.2-1.3
02/01/18					
1315	57*	GFRCM4	7.0	3.9	0.4
	{NW}	{NW}	{NW}	{NW}	{NW}
02/02/18					
0515	>60	GFRCM4			
	{NW}	{NW}			

---FOOTNOTES---
GFRCM4 Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function.
See http://depts.washington.edu/labweb/test/bclim/cGFR.html

CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/
HOFFMAN,JEANNE LEONIE — PAGE 1
8-17-01-35 — INPATIENT MEDICAL RECORD COPY
02/05/2018

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NW4S Room: 4SS41801
Acct: 1823773755 Dr: Macnab, Amie E.

CALCIUM METABOLISM

TEST:	SERUM CALCIUM
UNITS:	mg/dL
LO-HI:	8.9-10.2
02/01/18 1315	9.1 {NW}
02/02/18 0515	8.6* {NW}

ENZYMES - BLOOD

TEST:	AST (GOT)	TOTAL ALK PHOS	ALT (GPT)
UNITS:	U/L	U/L	U/L
LO-HI:	9-38	49-199	7-33
02/01/18 1315	15 {NW}	55 {NW}	10 {NW}

BLOOD CHEMISTRY

TEST:	HIGH SENSITIVITY CRP
UNITS:	mg/L
LO-HI:	0.0-10.0
02/01/18 1315	1.9 {NW}

BLOOD CELL COUNT (HEMOGRAM)

TEST:	WBC	RBC	HB	HCT	MCV	MCH	MCHC	RDW-CV	PLT
UNITS:	THOU/uL	MIL/uL	g/dL	%	fL	pg	g/dL	%	THOU/uL
LO-HI:	4.3-10.0	3.80-5.00	11.5-15.5	36-45	81-98	27.3-33.6	32.2-36.5	11.6-14.4	150-400
02/01/18 1315	6.76 {NW}	3.55* {NW}	10.9* {NW}	35* {NW}	97 {NW}	30.7 {NW}	31.6* {NW}	13.7 {NW}	201 {NW}

<< RESULTS CONTINUED ON NEXT PAGE >>

CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

02/05/2018 05:10 — UNIVERSITY OF WASHINGTON MEDICAL CENTER — CUMULATIVE SUMMARY
INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH — PAGE 3
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE — Age: 93Y — Sex: F
Pt #: U8170135 — Loc: NW4S — Room: 4SS41801
Acct: 1823773755 — Dr: Macnab, Amie E.

**** BLOOD CELL COUNT (HEMOGRAM) ****

TEST:	WBC	RBC	HB	HCT	MCV	MCH	MCHC	RDW-CV	PLT
UNITS:	THOU/uL	MIL/uL	g/dL	%	fL	pg	g/dL	%	THOU/uL
LO-HI:	4.3-10.0	3.80-5.00	11.5-15.5	36-45	81-98	27.3-33.6	32.2-36.5	11.6-14.4	150-400

\<\< CONTINUED FROM PREVIOUS PAGE \>\>

02/02/18										
0515	6.17	3.11*	9.6*	30*	96	30.9	32.1*	13.9	194	
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	

**** WBC DIFFERENTIAL (CELLS X 1000) - HEMATOLOGY ****

TEST:	TOTAL NEUTR	% NEUTR	LYMPHS	% LYMPHS	MONOS	% MONOS	EOS	% EOS	BASO	% BASO
UNITS:	THOU/uL	%	THOU/uL	%	THOU/uL	%	THOU/uL	%	THOU/uL	%
LO-HI:	1.80-7.00		1.00-4.80		0.00-0.80		0.00-0.50		0.00-0.20	
02/01/18										
1315	4.27	64	1.55	23	0.57	8	0.30	4	0.05	1
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}
02/02/18										
0515	3.87	63	1.28	21	0.69	11	0.27	4	0.05	1
	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}	{NW}

==== WBC DIFFERENTIAL (CELLS X 1000) - HEMATOLOGY ====

TEST:	IMMATURE GRANULOCYTES	% IMMATURE GRANULOCYTES	NRBC	% NRBC
UNITS:	THOU/uL	%	THOU/uL	%
LO-HI:	0.00-0.05		0.00	
02/01/18				
1315	0.02	0	0.00	0
	{NW}	{NW}	{NW}	{NW}
02/02/18				
0515	0.01	0	0.00	0
	{NW}	{NW}	{NW}	{NW}

CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/
HOFFMAN,JEANNE LEONIE — PAGE 3
8-17-01-35 — INPATIENT MEDICAL RECORD COPY
02/05/2018

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NW4S Room: 4SS41801
Acct: 1823773755 Dr: Macnab, Amie E.

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
02/01/18 1315	30.3* {NW}	3.0* {NW}
02/02/18 0515	27.4* {NW}	2.7* {NW}
02/03/18 0508	22.7* {NW}	2.3* {NW}
02/04/18 0510	17.2* {NW}	1.7* {NW}

********** MISCELLANEOUS SPECIMEN COLLECTION **********

02/01/18
1415 Lab Add On Order, Non-Micro

Lab Test Requested	PRONW	{NW}
Specimen Type/Description	Blood	{NW}
Sample To Use	Information not provided	{NW}
Test Request Status	Order Processed	{NW}

********** MISCELLANEOUS SPECIMEN COLLECTION **********

02/01/18
1315 1st Extra Blue Top Additional collection tube {NW}

********** OTHER TESTS **********

02/01/18
1315 1st Extra Orange Top Additional collection tube {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 02/05/2018 20:01

Created on: February 05, 2018, 20:01:02 -0800 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND, WA 98110 Phone: 206-7806885 (Home) Phone: 206-0000000 (Work) Phone: 3938938 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** February 01, 2018	**End:** February 04, 2018	
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Internal Medicine	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1823773755 NWHMC: Health Resources Northwest Locally-assigned Other Identifier(SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.317331

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Amie Macnab , MD	**Contact Information**	Northwest Hospital Inpatient Services Seattle, WA 98133 Phone: 206-668-1500 (Work)
Attending Physician	Amie Macnab , MD	**Contact Information**	Northwest Hospital Inpatient Services Seattle, WA 98133 Phone: 206-668-1500 (Work)

Table of Contents

☑ Select/Deselect All

☑ Reason For Visit
☑ Chief Complaint
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☑ Procedures
☑ Immunizations
☑ Hospital Course

☑Hospital Discharge Instructions
☑Allergies, Adverse Reactions, Alerts
☑Medication

☑Reason For Visit

☑Chief Complaint

LEFT LEG PAIN

☑Social History

Smoking Status from 2/1/2018 6:59 PM:

- Tobacco Use? : Denies Ever Smoked

☑Functional Status

Functional Status from 2/1/2018 6:59 PM:

- Comm Barrier Hearing (list) : HOH - Left,HOH - Right,Uses Hearing Aid(s)
- Comm Barrier Sight (list) : Wears Glasses/ Contacts

☑Vital Signs

Measurements from 2/1/2018 5:44 PM:

- BP : 148/94

Measurements from 2/1/2018 5:48 PM:

- Height (inches) : 5/5 ft,in
- Weight (kg) : 52.7/ kg
- BMI : 19.33

Measurements from 2/1/2018 10:00 PM:

- BP : 108/53

Measurements from 2/2/2018 6:00 AM:

- BP : 96/47

Measurements from 2/2/2018 8:55 AM:

- BP : 126/65

Measurements from 2/2/2018 4:48 PM:

- BP : 131/59

Measurements from 2/2/2018 8:53 PM:

- BP : 122/61

Measurements from 2/3/2018 5:00 AM:

- BP : 119/55

Measurements from 2/3/2018 9:58 AM:

- BP : 108/45

Measurements from 2/3/2018 5:32 PM:

- BP : 119/64

Measurements from 2/3/2018 10:00 PM:

- BP : 113/55

Measurements from 2/4/2018 6:00 AM:

- BP : 114/52

☑Results

Hematology from 2/1/2018 1:15 PM

WBC 6.76 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.55 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 35 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 30.7 pg *(27.3-33.6 pg)*
MCHC 31.6 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 201 THOU/uL *(150-400 THOU/uL)*
RDW-CV 13.7 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 64 % (Reference Range: not available)

% Lymphocytes 23 % (Reference Range: not available)

% Monocytes 8 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.27 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.55 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.57 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.30 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.05 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 2/2/2018 5:15 AM

WBC 6.17 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.11 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.6 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 96 fL *(81-98 fL)*
MCH 30.9 pg *(27.3-33.6 pg)*
MCHC 32.1 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 194 THOU/uL *(150-400 THOU/uL)*
RDW-CV 13.9 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 21 % (Reference Range: not available)

% Monocytes 11 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.87 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.28 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.69 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.27 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.05 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 2/1/2018 1:15 PM

Sodium 143 mEq/L *(135-145 mEq/L)*
Potassium 4.2 mEq/L *(3.6-5.2 mEq/L)*
Chloride 108 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 26 mEq/L *(22-32 mEq/L)*
Anion Gap 9 *(4-12)*
Glucose 117 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 24 mg/dL H *(8-21 mg/dL)*
Creatinine 1.08 mg/dL H *(0.38-1.02 mg/dL)*
Protein (Total) 7.0 g/dL *(6.0-8.2 g/dL)*
Albumin 3.9 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.4 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 15 U/L *(9-38 U/L)*
ALT (GPT) 10 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 55 U/L *(49-199 U/L)*
eGFR, Calc, European American 47 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American 57 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 9.1 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 2/2/2018 5:15 AM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 113 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 23 mEq/L *(22-32 mEq/L)*
Anion Gap 9 *(4-12)*
Glucose 104 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 19 mg/dL *(8-21 mg/dL)*
Creatinine 0.96 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American 54 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.6 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 2/1/2018 1:15 PM

Prothrombin Time Patient (NWH) 30.3 s H *(8.9-12.1 s)*
Prothrombin INR 3.0 H *(0.8-1.3)*

Coagulation from 2/2/2018 5:15 AM

Prothrombin Time Patient (NWH) 27.4 s H *(8.9-12.1 s)*
Prothrombin INR 2.7 H *(0.8-1.3)*

Coagulation from 2/3/2018 5:08 AM

Prothrombin Time Patient (NWH) 22.7 s H *(8.9-12.1 s)*
Prothrombin INR 2.3 H *(0.8-1.3)*

Coagulation from 2/4/2018 5:10 AM

Prothrombin Time Patient (NWH) 17.2 s H *(8.9-12.1 s)*
Prothrombin INR 1.7 H *(0.8-1.3)*

Cardiac from 2/1/2018 1:15 PM

C_Reactive Protein 1.9 mg/L *(0.0-10.0 mg/L)*

Problems

Encounter Diagnosis
- Acute Pain Status:Active.
- Fall Risk Status:Active.

Encounters

Encounter Diagnosis
- Acute Pain Status:Active.
- Fall Risk Status:Active.

Plan of Care

Treatment Plan from 2/3/2018 2:41 PM:

- Primary Care Provider : Wound Care
- When : within 5-7 days
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN

Treatment Plan from 2/4/2018 7:25 AM:

- Primary Care Provider : Wound Care
- When : within 5-7 days
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN

Treatment Plan from 2/4/2018 7:50 AM:

- Primary Care Provider : Wound Care
- When : within 5-7 days
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN. patient needs every other day dressing change, INR check and physical therapy to help with mobility

Treatment Plan from 2/4/2018 8:16 AM:

- Additional Follow Up Appointment : Northwest Hospital Wound Care Center
- Follow Up Phone : 206.668.1244
- When : Within 5-7 Days
- Lab When : INR on 2/5 or 2/6 By visiting nurse
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN. patient needs every other day dressing change, INR check and physical therapy to help with mobility

Treatment Plan from 2/4/2018 8:35 AM:

- Additional Follow Up Appointment : Northwest Hospital Wound Care Center
- Follow Up Phone : 206.668.1244
- When : Within 5-7 Days
- Lab When : INR on 2/5 or 2/6 By visiting nurse
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN. patient needs every other day dressing change, INR check and physical therapy to help with mobility

Treatment Plan from 2/4/2018 8:45 AM:

- Additional Follow Up Appointment : Northwest Hospital Wound Care Center
- Follow Up Phone : 206.668.1244
- When : Within 5-7 Days
- Lab When : INR on 2/5 or 2/6 By visiting nurse
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN. patient needs every other day dressing change, INR check and physical therapy to help with mobility

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 2/3/2018 2:41 PM:

Diet Instructions
- Diet Instructions : Mechanical soft

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 2/4/2018 7:25 AM:

Diet Instructions
- Diet Instructions : Mechanical soft

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 2/4/2018 7:50 AM:

Activity Instructions
- Activity : Resume usual activity as tolerated
- Stairs : As tolerated
- Lifting : As tolerated
- Shower/Bathing : As tolerated
- Weight Bearing Left Leg : Full
- Weight Bearing Right Leg : Full

Diet Instructions
- Diet Instructions : Mechanical soft
- Fluid Intake : Drink 6-8 glasses per day

Precautions
- Precautions : Fall,Pressure ulcer

Wound Care
- Wound Care : Other
- Wound Care Instructions : wash leg. apply vaseline to dry intact skin. irrigate wounds with Normal Saline, cut silver alginate (maxsorb AG - stores) to fit, cover with ABD pad and kerlix every other day and as needed. Leg elevation.
- Discontinue Staples/Sutures : left leg

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 2/4/2018 8:16 AM:

Activity Instructions
- Activity : Resume usual activity as tolerated
- Lifting : As tolerated
- Shower/Bathing : As tolerated
- Weight Bearing Left Leg : Full
- Weight Bearing Right Leg : Full

Diet Instructions

- Diet Instructions : Other (specify in instructions)
- Fluid Intake : Drink 6-8 glasses per day
- Additional Diet Instructions : Soft diet instructions provided.

Precautions
- Precautions : Fall,Pressure ulcer

Wound Care
- Wound Care : Other
- Wound Care Instructions : wash leg. apply vaseline to dry intact skin. irrigate wounds with Normal Saline, cut silver alginate (maxsorb AG - stores) to fit, cover with ABD pad and kerlix every other day and as needed. Leg elevation.
- Discontinue Staples/Sutures : left leg

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 2/4/2018 8:35 AM:

Activity Instructions
- Activity : Resume usual activity as tolerated
- Stairs : As tolerated
- Lifting : As tolerated
- Shower/Bathing : As tolerated
- Weight Bearing Left Leg : Full
- Weight Bearing Right Leg : Full

Diet Instructions
- Diet Instructions : Other (specify in instructions)
- Fluid Intake : Drink 6-8 glasses per day
- Additional Diet Instructions : Soft diet instructions provided.

Precautions
- Precautions : Fall,Pressure ulcer

Wound Care
- Wound Care : Other
- Wound Care Instructions : wash leg. apply vaseline to dry intact skin. irrigate wounds with Normal Saline, cut silver alginate (maxsorb AG - stores) to fit, cover with ABD pad and kerlix every other day and as needed. Leg elevation.
- Discontinue Staples/Sutures : left leg

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 2/4/2018 8:45 AM:

Activity Instructions
- Activity : Resume usual activity as tolerated
- Stairs : As tolerated
- Lifting : As tolerated
- Shower/Bathing : As tolerated
- Weight Bearing Left Leg : Full
- Weight Bearing Right Leg : Full

Diet Instructions
- Diet Instructions : Other (specify in instructions)
- Fluid Intake : Drink 6-8 glasses per day
- Additional Diet Instructions : Soft diet instructions provided.

Precautions
- Precautions : Fall,Pressure ulcer

Wound Care
- Wound Care : Other
- Wound Care Instructions : wash leg. apply vaseline to dry intact skin. irrigate wounds with Normal Saline, cut silver alginate (maxsorb AG - stores) to fit, cover with ABD pad and kerlix every other day and as needed. Leg elevation.
- Discontinue Staples/Sutures : left leg

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids
- Med Administration Comments : Take 5mg Coumadin tonight.

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- adhesive tape causes Rash.
- Penicillins causes Rash.
- Sulfa (Sulfonamide Antibiotics) causes Rash.
- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Preliminary list - medication reconciliation not completed.

Discharge medications

New medications

- doxycycline monohydrate 100 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 1 tablet oral twice a day

Continued medications

- acetaminophen-codeine 300 mg-30 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.25 tablet oral twice a day PRN pain
- atorvastatin 20 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.5 tablet oral daily
- losartan 25 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.5 tablet oral daily
- pentoxifylline 400 mg Tablet Extended Release, Ordered By: Amie E Macnab, MD
  Directions: 1 tablet oral three times a day
- timolol maleate 0.5 % Drops, Ordered By: Amie E Macnab, MD
  Directions: 1 drop ophthalmic, both eyes twice a day
- warfarin 5 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 1 tablet oral Every Monday, Tuesday, Wednesday, Friday, Saturday
  Additional Instructions: Last dose taken on 1/31/18 @ bedtime, per pt
- warfarin 5 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.5 tablet oral Every Thursday and Sunday

Stopped medications

- levofloxacin 500 mg Tablet
  Directions: 1 tablet oral daily
  Additional Instructions: started on 1/25/18 for 10 days, per pt

Created by: CCDA Workflow on February 05, 2018

Confidential Report. Dispose of Appropriately!

Clinical Notes Report

Generated from 02/01/2018 00:00 to 03/03/2018 23:59

Collected Date/Time: 02/04/18 08:46 **Collected By:** Lydia N Jones, RN

Note: ADT Time: 08:45
Transported From: Room 418
Transported To: Home
Transportation Method: Cabulance
Accompanied By: Self and transport driver
Condition on Arrival: Stable
SBAR Report Provided to: Discharge instruction and Doxycycline script given to patient, verbalized understanding
Location of Personal Belongings: All belongings sent home with patient
Belongings List Completed: Yes
Items in Hospital Safe or Pharmacy Returned to Patient:
Comments:

Collected Date/Time: 02/04/18 08:28 **Collected By:** Suzanne H Lee, Pharm D

Note: Warfarin dosing per pharmacy at INR 2-3 for 93 yr old female patient with history of bilateral lower extremity DVT.

INR = 2.3 (2.7).

Possible D-D interaction with Warfarin:
Doxycycline, APAP, losartan, pentoxifylline

Home warfarin dose: 5 mg daily except 2.5 mg q thur and Sun.

Diet: Soft, Meals: 100%/75%/50%

A/P: INR trended down to subtherapeutic from 2.3 to 1.7 in a day. Will cont warfarin dose 5mg for today anticipating INR rise to goal range tomorrow. INR/PT in am. Consider resuming home warfarin dosing regimen when INR rise to therapeutic range. Continue to monitor and make adjustment accordingly.

Collected Date/Time: 02/04/18 02:55 **Collected By:** Rinah Raguine, RN

Note: APAP for pain to LLE, dressing change done, noted small drainage from old wound dressing. Tolerated wound dressing change. No adverse reactions noted from Doxycycline therapy. Will continue to monitor.

Collected Date/Time: 02/03/18 18:01 **Collected By:** Lydia N Jones, RN

Note: Plan of Care Reviewed: :
A+O x3. HOH, wears bilat hearing aids. Left lower leg cellulitis dressing C/D/I. Will start PO ABO tonight. Denied pain. Can be impulsive at times, bed alarm on while in bed. Up with assist and walker. PT eval today, patient is safe to go home. No lines, pending discharge. Cabulance will pick up patient to go home tomorrow at 09:00, Dr. Macnab is aware of discharge planning.

Collected Date/Time: 02/03/18 18:00 **Collected By:** Lydia N Jones, RN

Clinical Notes Report

Generated from 02/01/2018 00:00 to 03/03/2018 23:59

Collected Date/Time: 02/03/18 18:00 **Collected By:** Lydia N Jones, RN

Note: Outcome Name: Control of Acute Pain
Outcome Status: Met
Denied pain throughout the shift.

Collected Date/Time: 02/03/18 18:00 **Collected By:** Lydia N Jones, RN

Note: Outcome Name: Identified Safe Discharge Plan
Outcome Status: Met
Patient had physical therapy eval today; patient is safe to discharge home with her son (POA).

Collected Date/Time: 02/03/18 10:40 **Collected By:** Suzanne H Lee, Pharm D

Note: Warfarin dosing per pharmacy at INR 2-3 for 93 yr old female patient with history of bilateral lower extremity DVT.

INR = 2.3 (2.7).

Possible D-D interaction with Warfarin:
Cefepime, APAP, losartan, pentoxifylline

Home warfarin dose: 5 mg daily except 2.5 mg q thur and Sun.

Diet: Soft, Meals: 100%/75%/50%

A/P: INR trended down and remained therpaeutic. Will resume home dose of warfarin 5 mg for today. INR/PT in am. Continue to monitor and make adjustment accordingly.

Collected Date/Time: 02/02/18 21:40 **Collected By:** Erica Sanchez, RN

Note: A&Ox3. Pt is very HOH without her hearing aids. Pt reports no pain at this time. Pt was in chair and wanted to go back to bed. Pt tried to get up herself during NOC, kept insisiting that she can do it herself. Reminded the pt that she need's to use her call light to ask for help from staff.
Showed pt where the call light was. Set the bed alarm on when pt went back to bed. Pt resting now.

Collected Date/Time: 02/02/18 18:48 **Collected By:** Lauren Baughn, RN

Note: Plan of Care Reviewed: :
Pt a/o x 3, pleasant, cooperative, calls for help. Left leg erythemetous, skin taut and open wounds with scant serous drainage. Left leg elevated, wound care assessed wounds and silver alginate Maxorb with ABD and Kerlix dressing applied. Left leg pain managed with Tylenol PRN. Pt reports slight numbness LLE, able to wiggle toes. Pt up in chair most of shift. Pt's gait appears unsteady, contact guard assist, uses FWW and then grabs furniture, physical therapy to evaluate. Pt voiding without difficulty, eating and drinking fluids, IV saline locked. Had BM today. Will continue to monitor.

Collected Date/Time: 02/02/18 12:41 **Collected By:** Erh Chi Huang, Pharm D

Clinical Notes Report

Generated from 02/01/2018 00:00 to 03/03/2018 23:59

Collected Date/Time: 02/02/18 12:41 **Collected By:** Erh Chi Huang, Pharm D

Note: Warfarin dosing per pharmacy at INR 2-3 for 93 yr old female patient with history of bilateral lower extremity DVT.

INR = 2.7 today.

Possible D-D interaction with Warfarin:
Cefepime- Major interaction
Acetaminophen - Moderate interaction

Home warfarin dose: 5 mg daily except 2.5 mg q thur and Sun.

Diet: General, Meals: 100%/-/-

A/P: INR trended down to be within upper normal range. Will restart warfarin at a lower dose at 2.5 mg today. INR/PT in am. Continue to monitor.

Collected Date/Time: 02/02/18 05:17 **Collected By:** Crystal M Gallegos, RN

Note: Plan of Care Reviewed: :
Pain well controlled with tylenol. Patient very unsteady when transfering, initiated high risk fall precautions. Bed alarm on for safety, patient calling appropriately. Left leg wounds open to air with clean paper pads beneath wound per MD reccomendation pending wound care consult wound care orders. Patient slept comfortably durring the night.

Collected Date/Time: 02/02/18 02:11 **Collected By:** Cayce E Stromgren, Pharm D

Note: Warfarin management per pharmacist:
Indication: H/O Bilateral DVTs
INR goal: 2-3
LFTs wnl, albumin 3.9
H/H/: 10.9/35 plt 201
Home regimen: warfarin 5 mg po daily except 2.5 mg on thursday and sunday.
Potential drug-drug interactions: cefepime initiated for LE cellulitis.

INR borderline supratherapeutic 3.0 today, last dose taken 1/31.
Hold warfarin dose today in anticipation INR inc with initiation of cefepime.
Check PT/INR in am and resume warfarin if below 3.0.
**posted on behalf of Suzanne Lee

Clinical Notes History

No History Records Found

Orders Report

Generated from 2/1/2018 12:17:00PM to END

Order Type: Consultation/Order Sub Type: NWH Consults

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Wound Care Consult, chronic LLE wound, followed in outpt wound care clinic	Active	Amie E Macnab, MD	Amie E Macnab, MD
Comments: chronic LLE wound, followed in outpt wound care clinic				

Order Type: Food and Nutrition/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Diet Order: General	Discontinue	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Laboratory/Order Sub Type: Chemistry

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/02/18 05:00 02/02/18 05:00	Basic Metabolic Panel : Routine Rounds 0500 rounds for 1 Times	Complete	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Laboratory/Order Sub Type: Coagulation

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/02/18 05:00 02/06/18 05:00	Prothrombin Time (NWH) : Routine Rounds 0500 rounds for 5 Times	In progress	Amie E Macnab, MD	Suzanne H Lee, Pharm D

Order Type: Laboratory/Order Sub Type: Hematology

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/02/18 05:00 02/02/18 05:00	CBC, Diff/Smear Evaluation : Routine Rounds 0500 rounds for 1 Times	Complete	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Laboratory/Order Sub Type: Misc

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Laboratory/Order Sub Type: Send Out

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:43	ADULT STANDARD CARE ORDERS (NOTE ADULT STANDARD CARE) 1 NOTE = 1 NOTE Miscellaneous PRN, Clinician Dir:RN TO ENTER ORDER M1065 AS NEEDED IN SOARIAN	Validated	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 15:25	ACETAMINOPHEN (TYLENOL) 650 MG = 2 TAB Oral Q6HP PRN FEVER	Validated	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 15:25	ACETAMINOPHEN (TYLENOL) 500 MG = 1 TAB Oral Q4HP PRN MILD PAIN	Validated	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 15:25	ONDANSETRON HCL (ZOFRAN) 4 MG = 2 ML Intravenous Q8HP PRN NAUSEA/VOMITING	Validated	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 15:25 02/01/18 15:25	PHARMACY CONSULT 1 NOTE = 1 NOTE Miscellaneous OT for 1 Doses, Clinician Dir:CONSULT: WARFARIN TARGET INR 2-3	Active	Amie E Macnab, MD	Amie E Macnab, MD

Orders Report

Generated from 2/1/2018 12:17:00PM to END

Order Type: Medication/IV/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 19:45	WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE Miscellaneous C First Dose Now, Clinician Dir:HOLD WARFARIN DOSE.	Discontinue	Suzanne H Lee, Pharm D	Suzanne H Lee, Pharm D
02/01/18 20:00 02/01/18 20:00	VACCINATION ASSESSMENT RESULTS 1 NOTE = 1 NOTE Miscellaneous OT for 1 Doses, Clinician Dir:INFLUENZA VACCINE CONTRAINDICATION IS PREVIOUSLY IMMUNIZED SINCE 7/1/17	Active-Per Protocol	Amie E Macnab, MD	ANESSA GOODLET, RPH
02/01/18 19:06	ATORVASTATIN CALCIUM (LIPITOR) 10 MG = 1 TAB Oral QHS	Active	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 19:02	LOSARTAN POTASSIUM (COZAAR) 12.5 MG = 1 PRECUT Oral DAILY	Active	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 21:00	PENTOXIFYLLINE CR (TRENTAL) 400 MG = 1 TAB Oral TID First Dose Now	Active	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 19:02	timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day	Discontinue	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 21:00	TIMOLOL 0.5% MALEATE (TIMOPTIC OPHTH) 1 DROP = 1 DROP Eye-Both BID First Dose Now	Validated	MACNAB, AMIE	SUZANNE LEE, RPH
02/01/18 19:03	ACETAMINOPHEN/CODEINE #3 (TYLENOL W/CODEINE #3) 0.25 TAB = 0.25 TAB Oral BIDP PRN PAIN	Discontinue	Amie E Macnab, MD	Amie E Macnab, MD
02/02/18 10:54	ACETAMINOPHEN/CODEINE #3 (TYLENOL W/CODEINE #3) 1 TAB = 1 TAB Oral BIDP PRN PAIN, NOTE DOSE = QUARTER TAB TO 1 FULL TAB BID PRN	Active	Amie E Macnab, MD	Amie E Macnab, MD
02/02/18 12:42	WARFARIN SODIUM (COUMADIN) 2.5 MG = 1 TAB Oral C, WARFARIN DOSING BY PHARMACY	Discontinue	Erh Chi Huang, Pharm D	Erh Chi Huang, Pharm D
02/03/18 10:39	WARFARIN SODIUM (COUMADIN) 5 MG = 1 TAB Oral C, DOSING PER PHARMACIST	Active	Suzanne H Lee, Pharm D	Suzanne H Lee, Pharm D
02/03/18 14:00	DOXYCYCLINE 100 MG = 1 CAP Oral BABHS, CELLULITIS	Validated	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Medication/IV/Order Sub Type: Injectable

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/02/18 18:00	CEFEPIME HCL (MAXIPIME) 2 G Intravenous Q24H, Clinician Dir:CELLULITIS RENALLY DOSED	Discontinue	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 16:00 02/01/18 16:30	CEFEPIME HCL (MAXIPIME) 2 G Intravenous ONCE for 1 Doses	Validated	MACNAB, AMIE	SUZANNE LEE, RPH

Orders Report

Generated from 2/1/2018 12:17:00PM to END

Order Type: Nursing/Order Sub Type: Assessment-POC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: Patient Care/Order Sub Type: Activity

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Activity as tolerated	Active	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Patient Care/Order Sub Type: ADT

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Patient location: Medical	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: Medical				
02/01/18 15:25 02/01/18 15:25	Reason for admission (specify): cellulitis	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: cellulitis				
02/03/18 14:44 02/03/18 14:44	Discharge home	In progress	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Patient Care/Order Sub Type: Communication-PC

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Pharmacologic VTE prophylaxis therapeutically anticoagulated	Active	Amie E Macnab, MD	Amie E Macnab, MD
02/01/18 15:25 02/01/18 15:25	Notify provider if HR greater than 115 or less than 50, SBP greater than 180 or less than 90	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: HR greater than 115 or less than 50, SBP greater than 180 or less than 90				
02/01/18 15:25 02/01/18 15:25	Notify provider if RR greater than 28 or less than 8, increasing O2 requirements greater than 4L	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: RR greater than 28 or less than 8, increasing O2 requirements greater than 4L				
02/01/18 15:25 02/01/18 15:25	Notify provider if new T greater than 38.3C or persistent T greater than 39C despite treatment, or other concerning changes	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: new T greater than 38.3C or persistent T greater than 39C despite treatment, or other concerning changes				
02/01/18 15:25 02/01/18 15:25	Obtain Blood cultures x 2 if T greater than 38.3 C (if more than 24 hours after blood cultures have been drawn)	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: Blood cultures x 2 if T greater than 38.3 C (if more than 24 hours after blood cultures have been drawn)				

Order Type: Patient Care/Order Sub Type: IV Therapy

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Saline lock	Active	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Patient Care/Order Sub Type: Treatments

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Initiate PCD unless contraindicated	Active	Amie E Macnab, MD	Amie E Macnab, MD

Orders Report

Generated from 2/1/2018 12:17:00PM to END

Order Type: Patient Care/Order Sub Type: Treatments

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/02/18 10:55 02/02/18 10:55	Dressing change for left leg wounds: cleanse with NS, pat dry, apply xeroform and wrap with kerlex daily and prn	Discontinue	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: for left leg wounds: cleanse with NS, pat dry, apply xeroform and wrap with kerlex daily and prn				
02/02/18 16:53 02/02/18 16:53	Dressing change LLE: wash leg apply vaseline to dry intact skin. irrigate wounds with NS, cut silver alginate (maxsorb AG - stores) to fit, cover with ABD and kerlix QOD & PRN. Leg elevation	Active	Teresa L Gegax-Martinez, ARNP	Teresa L Gegax-Martinez, ARNP
Instructions: LLE: wash leg apply vaseline to dry intact skin. irrigate wounds with NS, cut silver alginate (maxsorb AG - stores) to fit, cover with ABD and kerlix QOD & PRN. Leg elevation				

Order Type: Patient Care/Order Sub Type: Vital Signs - I&O

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Vital Signs per unit Physiological Monitoring protocol	Active	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: POC/Order Sub Type: POC Assessment

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: POC/Order Sub Type: POC Education

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: POC/Order Sub Type: POC Treatment

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Order Type: PT/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/02/18 08:14 02/02/18 08:14	PT, Evaluation and Treat	Active	Amie E Macnab, MD	Amie E Macnab, MD

Order Type: Pt Status/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 15:25 02/01/18 15:25	Inpatient: has a medical condition which necessitates an inpatient level of care, AND, is expected to need 2 or more nights of hospitalization (including ED/OR/OBS time); OR requires an inpatient only procedure	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: has a medical condition which necessitates an inpatient level of care, AND, is expected to need 2 or more nights of hospitalization (including ED/OR/OBS time); OR requires an inpatient only procedure				

Order Type: Resus Status/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 19:03 02/01/18 19:03	Code Status: Full Resuscitation	Active	Amie E Macnab, MD	Amie E Macnab, MD
Instructions: Full Resuscitation				

Order Type: VSL/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By

Orders Report

Generated from 2/1/2018 12:17:00PM to END

Order Type: VSL/Order Sub Type:

Str / End DTime	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/02/18 12:04 02/02/18 12:04	LE Arterial- Complete (ABI + DBI prn + Duplex prn) VSL	Active	Teresa L Gegax-Martinez, ARNP	Teresa L Gegax-Martinez, ARNP
02/02/18 12:04 02/02/18 12:04	LE Pre-intervention Venous Reflux Study (Duplex) VSL	Active	Teresa L Gegax-Martinez, ARNP	Teresa L Gegax-Martinez, ARNP

Plan of Care Orders Report

Order Type: POC / Sub Type: POC Assessment

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 19:25	Assess skin every shift	Active	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions: every shift				
02/01/18 19:25	Assess discharge readiness	Discontinue	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				
02/01/18 19:25	Assess discharge barriers	Discontinue	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				
02/01/18 19:25	Assess pain Assess s/s related to pain and monitor effectiveness and side effects of pain meds after administering	Active	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions: Assess s/s related to pain and monitor effectiveness and side effects of pain meds after administering				
02/01/18 19:25	Assess pain relief	Discontinue	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				
02/01/18 19:25	Assess medication side effects	Discontinue	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				
02/02/18 05:16	Assess medication side effects Patient is sensitive to narcotics.	Active	Crystal M Gallegos, RN	Crystal M Gallegos, RN
Comments:				
Instructions: Patient is sensitive to narcotics.				
02/02/18 05:18	Assess pain relief Use numeric 0-10 pain scale.	Active	Crystal M Gallegos, RN	Crystal M Gallegos, RN
Comments:				
Instructions: Use numeric 0-10 pain scale.				
02/03/18 00:30	Assess discharge barriers Poor mobililty, Poor pain control, Unstable VS	Active	Erica Sanchez, RN	Erica Sanchez, RN
Comments:				
Instructions: Poor mobililty, Poor pain control, Unstable VS				
02/03/18 00:30	Assess discharge readiness Poor mobility, Poor pain control, unstable VS	Active	Erica Sanchez, RN	Erica Sanchez, RN
Comments:				
Instructions: Poor mobility, Poor pain control, unstable VS				

Order Type: POC / Sub Type: POC Education

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 19:25	Educate: pain communication	Complete	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				

Plan of Care Orders Report

Order Type: POC / Sub Type: POC Education

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 19:25	Educate: medication side effects	Active	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				
02/01/18 19:25	Educate: pain scale Use numeric pain scale 0-10	Active	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions: Use numeric pain scale 0-10				

Order Type: POC / Sub Type: POC Treatment

Order Date Time	Order as Written	Ord Status	Requested By	Signed-By / Co-Signed By
02/01/18 19:25	Skin care Keep clean and dry to LLE	Active	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions: Keep clean and dry to LLE				
02/01/18 19:25	Provide wound care	Discontinue	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				
02/01/18 19:25	Patient/family participation	Discontinue	Kyoung Lee, RN	Kyoung Lee, RN
Comments:				
Instructions:				
02/02/18 05:12	Assist with transfer 2 person assist to BSC with gait belt and FWW.	Active	Crystal M Gallegos, RN	Crystal M Gallegos, RN
Comments:				
Instructions: 2 person assist to BSC with gait belt and FWW.				
02/02/18 05:12	Protocol: Fall Prevention - POC Patient is High fall risk because she is unsteady grabbing furniture when ambulating and has IV access. Bed alarm on. Bed in low position. Nonslip socks on. Fall risk star outside door, fall risk wrist band in place.	Active	Crystal M Gallegos, RN	Crystal M Gallegos, RN
Comments:				
Instructions: Patient is High fall risk because she is unsteady grabbing furniture when ambulating and has IV access. Bed alarm on. Bed in low position. Nonslip socks on. Fall risk star outside door, fall risk wrist band in place.				
02/02/18 05:16	Provide wound care Keep clean and dry to LLE. Further wound care pending wound care consult.	Active	Crystal M Gallegos, RN	Crystal M Gallegos, RN
Comments:				
Instructions: Keep clean and dry to LLE. Further wound care pending wound care consult.				
02/02/18 05:17	Patient/family participation Patient to notify if painfull.	Active	Crystal M Gallegos, RN	Crystal M Gallegos, RN
Comments:				
Instructions: Patient to notify if painfull.				

Plan Of Care Report

Generated from 02/01/2018 00:00 to 03/03/2018 23:59

Plan of Care

Last Reviewed By: Rinah Raguine, RN
Last Reviewed Date: 02/03/2018 22:59

Standard Name	Date Assigned	Assigned By	Stop Date	Reason
Fall Risk	02/02/2018 05:12	Gallegos, Crystal RN		
Impaired Skin Integrity	02/01/2018 19:24	Lee, Kyoung RN		
Discharge Planning	02/01/2018 19:24	Lee, Kyoung RN		
Acute Pain	02/01/2018 19:24	Lee, Kyoung RN		

Problems associated to Selected Visit

Problem Name	Rank	Date Assigned	Date Closed	Assigned By	Closed By	Status
Problem Details	**Value**	**Problem Details**	**Value**	**Problem Details**	**Value**	
Fall Risk		02/02/2018 05:12		Crystal M Gallegos, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
Impaired Skin Integrity		02/01/2018 19:25		Kyoung Lee, RN		Active
Comment:		Status:				
Acute Pain		02/01/2018 19:25		Kyoung Lee, RN		Active
Comment:		Onset Date:		Onset:		
Status:						
Discharge Planning		02/01/2018 19:25		Kyoung Lee, RN		Active
Comment:		Onset Date:		Onset:		
Status:						

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Category: Consent/Authorization/Agreement
Date of Service: 02/05/2018 00:00
Document Status:
Title: Report
Document Version : 1

Encounter Number: 1823773755
Facility: UW Medical Center-Northwest
Encounter Type: Inpatient
Admit Date Time: 2018-02-01 12:19:00
Discharge Date Time: 2018-02-04 08:45:00

Plan Of Care Report

Generated from 02/01/2018 00:00 to 03/03/2018 23:59

Expected Outcomes

Expected Outcome Display Name / Comment / Outcome Details	Value	Status / Target Completion Date / Outcome Details	Value	Target Completion Text / Outcome Details	Value	Act. Outcome Status (Last)	Charted By / Charted Date
Control of Acute Pain		Active				Met	Lydia N Jones, RN
Pt denie pain at NOC. Pt sleeping.							02/04/2018 08:40
Identified Safe Discharge Plan		Active				Met	Lydia N Jones, RN
							02/04/2018 08:40
Knowledge of D/C Instructions		Active				Met	Lydia N Jones, RN
							02/04/2018 08:40
Knowledge of D/C Plan		Active				Met	Lydia N Jones, RN
							02/04/2018 08:40
Knowledge of Fall Prevention		Active				Met	Lydia N Jones, RN
Pt gets out of bed without calling for assistace. Reminded pt for the need to use the call light when needing to go to the restroom. Bed alarms on.							02/04/2018 08:40
No Infection S/S		Active				Met	Lydia N Jones, RN
							02/04/2018 08:40
Wound Healing		Active				Met	Lydia N Jones, RN
Keep LLE ulcer clean and dry and will be improved with redness and swelling							02/04/2018 08:40

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Plan Of Care Report

Generated from 02/01/2018 00:00 to 03/03/2018 23:59

Problems History

Problem Name	Changed DTime	Changed By	Field Name	Old Value	New Value
Fall Risk					
	02/02/2018 05:12	Crystal M Gallegos, RN	Associated Visits		6623625
Acute Pain					
	02/01/2018 19:24	Kyoung Lee, RN	Associated Visits		6623625
Discharge Planning					
	02/01/2018 19:24	Kyoung Lee, RN	Associated Visits		6623625
Impaired Skin Integrity					
	02/01/2018 19:24	Kyoung Lee, RN	Associated Visits		6623625

Outcome History

Outcome Name	Changed DTime	Changed By	Field Name	Old Value	New Value
Control of Acute Pain					
	02/03/2018 00:32	Erica Sanchez, RN	Comment	Maintain comfortable pain level with oral pain meds	Pt denie pain at NOC. Pt sleeping.
Knowledge of Fall Prevention					
	02/03/2018 00:32	Erica Sanchez, RN	Comment	Patient to call for assistance transfering out of bed.	Pt gets out of bed without calling for assistace. Reminded pt for the need to use the call light when needing to go to the restroom. Bed alarms on.

Report Content Represents Data Available for the specified Visit as of the Generated On Date/Time

Care Management Assessment

Assessment Sts Complete
Collected By Cynthia A Antoon, RN
Collected DTime 02/02/2018 16:33

Care Management Assessment

Source of Information	Patient	**Needs Assistance w/ Meds**	No
Who Sets up Medications	self	**Able to Fill Medications**	Yes
Has All Medications	Yes	**Has Mediset**	No
Taking Meds as Prescribed	Yes	**All Medications Reviewed**	Yes
Transportation	Someone Else Drives	**Dart**	Yes

Clinical Note:

Care Management Progress Note

Assessment Sts Complete
Collected By Cynthia A Antoon, RN
Collected DTime 02/02/2018 16:34

Care Management Progress Note

Progress Note	Screened. patient will need home health wound care and posiblly PT. not ordered yet but discussed for weekend possiblity. pt lives on Banbridge Island. Kindred Home Health ,Paula 206-491-0346 will be expecting a call.	**Next Steps**	task SW for weekend HH orders.

Clinical Note:

Care Management Progress Note

Assessment Sts Complete
Collected By Teresa Acosta, MSW
Collected DTime 02/03/2018 16:14

Care Management Progress Note

Progress Note	MSW rec'd call from doctor who would like to discharge patient and then presented several barriers - PT needs to see patient before discharge and assess; patient needs to be referred for home health care; and patient lives on Bainbridge Island and has no money for transport. Worked on plan: Called Paula with Kindred at Home who accepted patient; PT was able to work with patient and was cleared; yellow cab taxi voucher to ferry terminal in Seattle and talked with James of Taxis and Tours in Bainbridge Isle who will take patient home even though she has no money as a kindness and it's not a far ride to her apt complex. However, there is still no money for the ferry. MSW called Tri-Med and will call in the morning early to		arrange transport and the hospital will have to be billed. Called House (Alieu) to convey issue - and he approved since that is only thing holding back discharge. Called Tri-Med cabulance and arranged for 9:00 AM for either the 9:40 or 10:30 ferry. Tri-Med will bill care management dept $193.00. Completed priority boarding ferry form. Informed unit secretary Roman and pt.'s RN Lydia who will call Dr. MacNab.

Care Management Progress Note

Assessment Sts	Complete	**Collected DTime**	02/03/2018 16:14
Collected By	Teresa Acosta, MSW		

Care Management Progress Note

Next Steps	Patient will discharge tomorrow at 0900 hours home via cabulance.	**Expected Date of Step Completion**	02/04/2018

Clinical Note:

Care Management Screen

Assessment Sts	Complete	**Collected DTime**	02/02/2018 16:30
Collected By	Cynthia A Antoon, RN		

Care Management Screen

Admitted From	ED	**Source of Information**	Patient
Reason for Admission	cellulitis	**PCP**	William E Neighbor
PCP Contact Number	206-616-9358	**Current Living Environment**	apartment, son as caregiver.
In Home Caregiver	Yes	**# of Hours**	24/7
DME	Walker	**Goals for D/C**	home with son
Length of Stay	2	**Acuity**	Admitted via ED
Comorbidities Total	0	**ED Visits**	0
LACE Score Total	5	**Risk Tier**	Moderate

Clinical Note:

Assessment History

Assessment Name: Care Management Progress Note **Collected DateTime:** 02/02/2018 16:34

Version	Entered Date	Status	Reason Revised
Revision: 1.00	02/02/2018 16:53	Complete	add info

Care Management Progress Note

Finding Name: Progress Note

Previous Value	Screened. patient will need home health wound care and posiblly PT. not ordered yet but discussed for weekend possiblity. pt lives on Banbridge Island.	User Name	Cynthia A Antoon, RN	Entered Date	02/02/2018 16:34
Revised Value	Screened. patient will need home health wound care and posiblly PT. not ordered yet but discussed for weekend possiblity. pt lives on Banbridge Island. Kindred Home Health ,Paula 206-491-0346 will be expecting a call.	User Name	Cynthia A Antoon, RN	Entered Date	02/02/2018 16:53

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 1 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 8
ATORVASTATIN CALCIUM 10 MG = 1 TAB
(LIPITOR)
QHS PO DAILY AT BEDTIME
START: 02/01/18 19:06 STOP:

Nrs Verified By: CGA

02/01/18 21:00 ADMIN LS2 at: 02/01/18 22:01
02/02/18 21:00 ADMIN ESA at: 02/02/18 20:36
02/03/18 21:00 ADMIN RR3 at: 02/03/18 20:11

ORD# 18
DOXYCYCLINE 100 MG = 1 CAP
(DOXYCYCLINE)
BABHS PO BEFORE BREAKFAST & BEDTIME
INFECTION
CELLULITIS
TAKE W 8OZ WATER
SIT/STAND UPRIGHT
FOR 30 MINUTES
START: 02/03/18 14:00 STOP:

Nrs Verified By: LNJ

02/03/18 21:00 ADMIN RR3 at: 02/03/18 20:11
02/04/18 07:30 ADMIN RR3 at: 02/04/18 06:14

ORD# 9 (REVISED)
LOSARTAN POTASSIUM 12.5 MG = 1 PRECUT
(COZAAR)
DAILY PO ONCE A DAY
START: 02/01/18 19:02 STOP:

Nrs Verified By: CGA

02/02/18 09:00 ADMIN LBA6 at: 02/02/18 09:07
02/03/18 09:00 ADMIN LNJ at: 02/03/18 09:07
02/04/18 09:00 ADMIN LNJ at: 02/04/18 07:35

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 2 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 10 (REVISED)
PENTOXIFYLLINE CR 400 MG = 1 TAB
(TRENTAL)
TID PO 3 TIMES A DAY
START: 02/01/18 21:00 STOP:

Nrs Verified By: CGA

02/01/18 21:00	ADMIN	LS2	at:	02/01/18 22:01
02/02/18 09:00	ADMIN	LBA6	at:	02/02/18 09:07
02/02/18 12:00	ADMIN	LBA6	at:	02/02/18 12:49
02/02/18 18:00	ADMIN	LBA6	at:	02/02/18 17:26
02/03/18 09:00	ADMIN	LNJ	at:	02/03/18 09:07
02/03/18 12:00	ADMIN	LNJ	at:	02/03/18 11:45
02/03/18 18:00	ADMIN	LNJ	at:	02/03/18 17:01
02/04/18 09:00	ADMIN	LNJ	at:	02/04/18 07:35

ORD# 11
TIMOLOL 0.5% MALEATE 1 DROP = 1 DROP
(TIMOPTIC OPHTH)
BID BEYE 2 TIMES A DAY
START: 02/01/18 21:00 STOP:

Nrs Verified By: CGA

02/01/18 21:00	ADMIN	LS2	at:	02/01/18 22:01
02/02/18 09:00	ADMIN	LBA6	at:	02/02/18 09:07
02/02/18 18:00	ADMIN	LBA6	at:	02/02/18 17:26
02/03/18 09:00	ADMIN	LNJ	at:	02/03/18 09:07
02/03/18 18:00	ADMIN	LNJ	at:	02/03/18 17:01
02/04/18 09:00	ADMIN	LNJ	at:	02/04/18 07:35

ORD# 13
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
HOLD WARFARIN DOSE.
START: 02/01/18 19:45 STOP:

Nrs Verified By: CGA

02/01/18 19:45	NOTADMIN	LBA6	at:	02/02/18 09:06

Charted Reason: warfarin dose

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 3 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 13 (REVISED)
WARFARIN - NO DOSE TODAY 1 NOTE = 1 NOTE
(WARFARIN - NO DOSE TODAY)
C MISC DAILY COUMADIN
HOLD WARFARIN DOSE.
START: 02/01/18 19:45 STOP: 02/02/18 12:41

Nrs Verified By: LBA6

**** ORDER DISCONTINUED ****

ORD# 16
WARFARIN SODIUM 2.5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
WARFARIN DOSING BY PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 02/02/18 12:42 STOP:

Nrs Verified By: LBA6

02/02/18 18:00 ADMIN LBA6 at: 02/02/18 17:26

ORD# 16 (REVISED)
WARFARIN SODIUM 2.5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
WARFARIN DOSING BY PHARMACY
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 02/02/18 12:42 STOP: 02/03/18 10:38

Nrs Verified By: LNJ

**** ORDER DISCONTINUED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 4 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 17
WARFARIN SODIUM 5 MG = 1 TAB
(COUMADIN)
C PO DAILY COUMADIN
DOSING PER PHARMACIST
REPRODUCTIVE RISK
STANDARD HANDLING
WEAR GLOVES
START: 02/03/18 10:39 STOP:

Nrs Verified By: LNJ

02/03/18 18:00 ADMIN LNJ at: 02/03/18 17:01

*** PRN MEDICATIONS ***

ORD# 3 (REVISED)
ACETAMINOPHEN 650 MG = 2 TAB
(TYLENOL)
Q6HP PO EVERY 6 HOURS AS NEEDED
FEVER
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 02/01/18 15:25 STOP:

Nrs Verified By: AEC

02/01/18 17:47 ADMIN AEC
02/02/18 12:58 ADMIN LBA6

ORD# 4 (REVISED)
ACETAMINOPHEN 500 MG = 1 TAB
(TYLENOL)
Q4HP PO EVERY 4 HOURS AS NEEDED
MILD PAIN
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 02/01/18 15:25 STOP:

Nrs Verified By: AEC

02/02/18 03:47 ADMIN CGA
02/04/18 00:55 ADMIN RR3

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 5 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 7
ACETAMINOPHEN/CODEINE #3 0.25 TAB = 0.25 TAB
(TYLENOL W CODEINE #3)
BIDP PO 2 TIMES A DAY AS NEEDED
PAIN
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 02/01/18 19:03 STOP:

Nrs Verified By: CGA

**** NO OCCURRENCES CHARTED ****

ORD# 7 (REVISED)
ACETAMINOPHEN/CODEINE #3 0.25 TAB = 0.25 TAB
(TYLENOL W CODEINE #3)
BIDP PO 2 TIMES A DAY AS NEEDED
PAIN
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 02/01/18 19:03 STOP: 02/02/18 10:54

Nrs Verified By: LBA6

**** ORDER DISCONTINUED ****

ORD# 15
ACETAMINOPHEN/CODEINE #3 1 TAB = 1 TAB
(TYLENOL W CODEINE #3)
BIDP PO 2 TIMES A DAY AS NEEDED
PAIN
NOTE DOSE = QUARTER TAB
TO 1 FULL TAB BID PRN
NTE 4GM APAP/DAY.
LIVER DISEASE NTE
2GM/DAY.
START: 02/02/18 10:54 STOP:

Nrs Verified By: LBA6

**** NO OCCURRENCES CHARTED ****

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 6 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** PRN MEDICATIONS ***

ORD# 2
ADULT STANDARD CARE ORDERS 1 NOTE = 1 NOTE
(NOTE ADULT STANDARD CARE)
PRN MISC AS NEEDED
RN TO ENTER ORDER M1065 AS
NEEDED IN SOARIAN
START: 02/01/18 15:43 STOP:

Nrs Verified By: AEC

**** NO OCCURRENCES CHARTED ****

ORD# 5
ONDANSETRON HCL 4 MG = 2 ML
(ZOFRAN)
Q8HP IV EVERY 8 HOURS AS NEEDED
NAUSEA/VOMITING
GIVE SLOW IV
PUSH OVER
2 MINUTES
START: 02/01/18 15:25 STOP:

Nrs Verified By: AEC

**** NO OCCURRENCES CHARTED ****

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED IVS ***

ORD# 14 UB: A
SEC SECONDARY SOLN
DEXTROSE 5% 100 ml
CEFEPIME HCL 2 G = 10 ML
(MAXIPIME)
IV Q24H EVERY 24 HOURS
RATE: 200 ml/hr RUN-IN: 0.5 hrs
INFECTION
CELLULITIS
RENALLY DOSED
START: 02/02/18 18:00 STOP:

Nrs Verified By: CGA

02/02/18 18:00 ADMIN LBA6 at: 02/02/18 17:26
Adm Site: Peripheral
HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 7 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** IVS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED IVS ***

ORD# 14 (REVISED) UB: A
SEC SECONDARY SOLN
DEXTROSE 5% 100 ml
CEFEPIME HCL 2 G = 10 ML
(MAXIPIME)
IV Q24H EVERY 24 HOURS
RATE: 200 ml/hr RUN-IN: 0.5 hrs
INFECTION
CELLULITIS
RENALLY DOSED
START: 02/02/18 18:00 STOP: 02/03/18 13:22

Nrs Verified By: LNJ

**** ORDER DISCONTINUED ****

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 12
VACCINATION ASSESSMENT RESULTS 1 NOTE = 1 NOTE
(VACCINATION ASSESSMENT RESULTS)
OT MISC ONE TIME
INFLUENZA VACCINE
CONTRAINDICATION IS
PREVIOUSLY IMMUNIZED SINCE
7/1/17
START: 02/01/18 20:00 STOP: 02/01/18 20:00

Nrs Verified By: CGA

02/01/18 20:00 NOTADMIN LBA6 at: 02/02/18 09:06
Charted Reason: vaccine assessment

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 8 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** ORDERS DISCONTINUED AT THE TIME OF DISCHARGE ***

*** MEDICATIONS ***

ORD# 6
PHARMACY CONSULT 1 NOTE = 1 NOTE
(PHARMACY CONSULT)
OT MISC ONE TIME
CONSULT: WARFARIN TARGET INR
2-3
START: 02/01/18 15:25 STOP: 02/01/18 15:25

Nrs Verified By: AEC

02/01/18 15:25 NOTADMIN LBA6 at: 02/02/18 09:06
Charted Reason: warfarin consult

*** IVS ***

ORD# 1 UB: A
SEC SECONDARY SOLN
SODIUM CHLORIDE 0.9% 50 ml
CEFEPIME HCL 2 G = 10 ML
(MAXIPIME)
IV
RATE: 100 ml/hr RUN-IN: 0.5 hrs
START: 02/01/18 16:00 STOP: 02/01/18 16:30

Nrs Verified By: AEC

02/01/18 16:00 NOTADMIN CGA at: 02/01/18 19:53
Charted Reason: Given in ED

HOFFMAN, JEANNE LEONIE MR# 0
PT# 1823773755 DISCH LOC: 4S <PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

02/04/2018 09:00 DISCHARGE MEDICATION ADMINISTRATION RECORD PAGE: 9 OF 9
Northwest Hospital and Med Ctr

PATIENT NO: 1823773755 NAME: HOFFMAN, JEANNE LEONIE DSCH LOC: 4S/041801
MED REC NO: U8170135 AGE: 93Y DOB: 01/06/1925 SEX: F DSCH DATE: 02/04/2018
ATN DOCTOR: MACNAB, AMIE ADMIT DATE: 02/01/2018

*** NURSE IDENTIFICATION ***

AEC	AIMEE ECOLANGO, RN
CGA	CRYSTAL GALLEGOS, RN
ESA	ERICA SANCHEZ, RN
LBA6	LAUREN BAUGHN
LNJ	LYDIA JONES, RN
LS2	LAMIN SISAWO, RN
RR3	RINAH RAGUINE, RN

<PERMANENT CHART COPY>

eMAR 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 8/18/2020 10:38:24 AM -04:00

END OF REPORT -- REPORT NAME=DCHMAR HOSP=W0 REGION=TA

UW Medicine/Northwest Hospital & Medical Center Transition of Care Letter 02/04/2018 07:27

Created on: February 04, 2018, 07:27:35 -0800 UTC

Patient	JEANNE LEONIE HOFFMAN	**Contact Information**	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND, WA 98110 Phone: 206-7806885 (Home) Phone: 206-0000000 (Work) Phone: 3938938 (Mobile) EMail: jeanhoffman@usa.com
Date of birth	January 06, 1925	**Sex**	Female
Race	White	**Ethnicity**	Not Hispanic or Latino
Preferred Language	eng		

Encounter	**Start:** February 01, 2018		
Facility/Entity	NWHMC	**Contact Information**	1550 North 115th Street Seattle, WA 98133 Phone: 2063640500 (Work)
Service Location	Internal Medicine	**Contact Information**	1550 North 115th Street Seattle,
Patient IDs	NWHMC MR#: U8170135 NWHMC Patient Account: 1823773755 NWHMC: Health Resources Northwest Locally-assigned Other Identifier(SMR): 0000665073 SSN: ###-##-4736	**Document Id**	1.3.6.1.4.1.39539.99.1.1.3.8.1.317263

Primary Care Physician	William Neighbor , MD	**Contact Information**	1959 NE Pacific St Seattle, WA 98195 Phone: 206-616-9358 (Work)
Admission Physician	Amie Macnab , MD	**Contact Information**	Northwest Hospital Inpatient Services Seattle, WA 98133 Phone: 206-668-1500 (Work)
Attending Physician	Amie Macnab , MD	**Contact Information**	Northwest Hospital Inpatient Services Seattle, WA 98133 Phone: 206-668-1500 (Work)

Table of Contents

☑ Select/Deselect All

☑ Reason For Visit
☑ Chief Complaint
☑ Social History
☑ Functional Status
☑ Vital Signs
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☑ Encounters
☑ Plan of Care
☑ Procedures
☑ Immunizations
☑ Hospital Course

☑Hospital Discharge Instructions
☑Allergies, Adverse Reactions, Alerts
☑Medication

☑Reason For Visit

☑Chief Complaint

Cellulitis of left lower limb

☑Social History

Smoking Status from 2/1/2018 6:59 PM:

- Tobacco Use? : Denies Ever Smoked

☑Functional Status

Functional Status from 2/1/2018 6:59 PM:

- Comm Barrier Hearing (list) : HOH - Left,HOH - Right,Uses Hearing Aid(s)
- Comm Barrier Sight (list) : Wears Glasses/ Contacts

☑Vital Signs

Measurements from 2/1/2018 5:44 PM:

- BP : 148/94

Measurements from 2/1/2018 5:48 PM:

- Height (inches) : 5/5 ft,in
- Weight (kg) : 52.7/ kg
- BMI : 19.33

Measurements from 2/1/2018 10:00 PM:

- BP : 108/53

Measurements from 2/2/2018 6:00 AM:

- BP : 96/47

Measurements from 2/2/2018 8:55 AM:

- BP : 126/65

Measurements from 2/2/2018 4:48 PM:

- BP : 131/59

Measurements from 2/2/2018 8:53 PM:

- BP : 122/61

Measurements from 2/3/2018 5:00 AM:

- BP : 119/55

Measurements from 2/3/2018 9:58 AM:

- BP : 108/45

Measurements from 2/3/2018 5:32 PM:

- BP : 119/64

Measurements from 2/3/2018 10:00 PM:

- BP : 113/55

Measurements from 2/4/2018 6:00 AM:

- BP : 114/52

☑Results

Hematology from 2/1/2018 1:15 PM

WBC 6.76 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.55 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 10.9 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 35 % L *(36-45 %)*
MCV 97 fL *(81-98 fL)*
MCH 30.7 pg *(27.3-33.6 pg)*
MCHC 31.6 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 201 THOU/uL *(150-400 THOU/uL)*
RDW-CV 13.7 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 64 % (Reference Range: not available)

% Lymphocytes 23 % (Reference Range: not available)

% Monocytes 8 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 4.27 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.55 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.57 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.30 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.05 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.02 THOU/uL *(0.00-0.05 THOU/uL)*

Hematology from 2/2/2018 5:15 AM

WBC 6.17 THOU/uL *(4.3-10.0 THOU/uL)*
RBC 3.11 mil/uL L *(3.80-5.00 mil/uL)*
Hemoglobin 9.6 g/dL L *(11.5-15.5 g/dL)*
Hematocrit 30 % L *(36-45 %)*
MCV 96 fL *(81-98 fL)*
MCH 30.9 pg *(27.3-33.6 pg)*
MCHC 32.1 g/dL L *(32.2-36.5 g/dL)*
Platelet Count 194 THOU/uL *(150-400 THOU/uL)*
RDW-CV 13.9 % *(11.6-14.4 %)*
% Nucleated RBC 0 % (Reference Range: not available)

Nucleated RBC 0.00 THOU/uL *(0.00 THOU/uL)*
% Neutrophils 63 % (Reference Range: not available)

% Lymphocytes 21 % (Reference Range: not available)

% Monocytes 11 % (Reference Range: not available)

% Eosinophils 4 % (Reference Range: not available)

% Basophils 1 % (Reference Range: not available)

% Immature Granulocytes 0 % (Reference Range: not available)

Neutrophils 3.87 THOU/uL *(1.80-7.00 THOU/uL)*
Lymphocytes 1.28 THOU/uL *(1.00-4.80 THOU/uL)*
Monocytes 0.69 THOU/uL *(0.00-0.80 THOU/uL)*
Eosinophils 0.27 THOU/uL *(0.00-0.50 THOU/uL)*
Basophils 0.05 THOU/uL *(0.00-0.20 THOU/uL)*
Immature Granulocytes 0.01 THOU/uL *(0.00-0.05 THOU/uL)*

Chemistry from 2/1/2018 1:15 PM

Sodium 143 mEq/L *(135-145 mEq/L)*
Potassium 4.2 mEq/L *(3.6-5.2 mEq/L)*
Chloride 108 mEq/L *(98-108 mEq/L)*
Carbon Dioxide, Total 26 mEq/L *(22-32 mEq/L)*
Anion Gap 9 *(4-12)*
Glucose 117 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 24 mg/dL H *(8-21 mg/dL)*
Creatinine 1.08 mg/dL H *(0.38-1.02 mg/dL)*
Protein (Total) 7.0 g/dL *(6.0-8.2 g/dL)*
Albumin 3.9 g/dL *(3.5-5.2 g/dL)*
Bilirubin (Total) 0.4 mg/dL *(0.2-1.3 mg/dL)*
AST (GOT) 15 U/L *(9-38 U/L)*
ALT (GPT) 10 U/L *(7-33 U/L)*
Alkaline Phosphatase (Total) 55 U/L *(49-199 U/L)*
eGFR, Calc, European American 47 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American 57 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 9.1 mg/dL *(8.9-10.2 mg/dL)*

Chemistry from 2/2/2018 5:15 AM

Sodium 145 mEq/L *(135-145 mEq/L)*
Potassium 4.0 mEq/L *(3.6-5.2 mEq/L)*
Chloride 113 mEq/L H *(98-108 mEq/L)*
Carbon Dioxide, Total 23 mEq/L *(22-32 mEq/L)*
Anion Gap 9 *(4-12)*
Glucose 104 mg/dL *(62-125 mg/dL)*
Urea Nitrogen 19 mg/dL *(8-21 mg/dL)*
Creatinine 0.96 mg/dL *(0.38-1.02 mg/dL)*
eGFR, Calc, European American 54 mL/min/1.73_m2 L *(>59- mL/min/1.73_m2)*
eGFR, Calc, African American >60 mL/min/1.73_m2 *(>59- mL/min/1.73_m2)*
eGFR, Information (Reference Range: not available)
Calculated GFR in mL/min/1.73 m2 by MDRD equation.
Inaccurate with changing renal function. See

http://depts.washington.edu/labweb/test/bclim/cGFR.html
Calcium 8.6 mg/dL L *(8.9-10.2 mg/dL)*

Coagulation from 2/1/2018 1:15 PM

Prothrombin Time Patient (NWH) 30.3 s H *(8.9-12.1 s)*
Prothrombin INR 3.0 H *(0.8-1.3)*

Coagulation from 2/2/2018 5:15 AM

Prothrombin Time Patient (NWH) 27.4 s H *(8.9-12.1 s)*
Prothrombin INR 2.7 H *(0.8-1.3)*

Coagulation from 2/3/2018 5:08 AM

Prothrombin Time Patient (NWH) 22.7 s H *(8.9-12.1 s)*
Prothrombin INR 2.3 H *(0.8-1.3)*

Coagulation from 2/4/2018 5:10 AM

Prothrombin Time Patient (NWH) 17.2 s H *(8.9-12.1 s)*
Prothrombin INR 1.7 H *(0.8-1.3)*

Cardiac from 2/1/2018 1:15 PM

C_Reactive Protein 1.9 mg/L *(0.0-10.0 mg/L)*

Problems

Encounter Diagnosis
- Acute Pain Status:Active.
- Fall Risk Status:Active.

Encounters

Encounter Diagnosis
- Acute Pain Status:Active.
- Fall Risk Status:Active.

Plan of Care

Treatment Plan from 2/3/2018 2:41 PM:

- Primary Care Provider : Wound Care
- When : within 5-7 days
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN

Treatment Plan from 2/4/2018 7:25 AM:

- Primary Care Provider : Wound Care
- When : within 5-7 days
- Referral : Home health,Physical therapy,Wound care
- Additional Referral : RN

Procedures

No relevant procedures performed.

Immunizations

No immunizations administered.

Hospital Course

Hospital Discharge Instructions

Detailed Instructions from 2/3/2018 2:41 PM:

Diet Instructions
- Diet Instructions : Mechanical soft

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Detailed Instructions from 2/4/2018 7:25 AM:

Diet Instructions
- Diet Instructions : Mechanical soft

Medication Administration Instructions
- Med Administration Instructions : Whole with thin liquids

Additional Instructions
- Community Wellness Tool Reviewed, Signed and Given to Pt/Family : Yes
- Personal Belongings List Reviewed and signed : Yes

Allergies, Adverse Reactions, Alerts

This section is representative of the current allergy information, at the time of the CCD generation. In the case of regeneration of the CCD, the allergy information may not reflect the state of known allergies at the time of the CCD's subject visit.

- adhesive tape causes Rash.
- Penicillins causes Rash.
- Sulfa (Sulfonamide Antibiotics) causes Rash.
- No Latex Allergy.
- No IV Contrast Allergy.

Medication

It is the responsibility of the patient or patient representative to confirm the list of medications with either the patient's personal care provider or the patient's follow-up care provider to ensure the patient has an appropriate list of medications to take at home.

Preliminary list - medication reconciliation not completed.

Discharge medications

New medications

- doxycycline monohydrate 100 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 1 tablet oral twice a day

Continued medications

- acetaminophen-codeine 300 mg-30 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.25 tablet oral twice a day PRN pain
- atorvastatin 20 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.5 tablet oral daily
- losartan 25 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.5 tablet oral daily
- pentoxifylline 400 mg Tablet Extended Release, Ordered By: Amie E Macnab, MD
  Directions: 1 tablet oral three times a day
- timolol maleate 0.5 % Drops, Ordered By: Amie E Macnab, MD
  Directions: 1 drop ophthalmic, both eyes twice a day
- warfarin 5 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 1 tablet oral Every Monday, Tuesday, Wednesday, Friday, Saturday
  Additional Instructions: Last dose taken on 1/31/18 @ bedtime, per pt
- warfarin 5 mg Tablet, Ordered By: Amie E Macnab, MD
  Directions: 0.5 tablet oral Every Thursday and Sunday

Stopped medications

- levofloxacin 500 mg Tablet
  Directions: 1 tablet oral daily
  Additional Instructions: started on 1/25/18 for 10 days, per pt

Created by: CCDA Workflow on February 04, 2018

Confidential Report. Dispose of Appropriately!

1-eDisch Sum Macnab, MD, Amie 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:57:54 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 02/01/2018
Acct#: 1823773755
Date of Discharge: 20180204
Dictating Physician: Macnab, MD, Amie

DATE OF SERVICE: 02/04/2018

DISCHARGE DIAGNOSIS:
Cellulitis of left lower extremity in the setting of chronic lower extremity ulcers and peripheral vascular disease.

CONSULTANTS:
1. Dr. Seth Cohen, Infectious Disease.
2. Wound care.

IMAGING:
1. On 02/02/2018, lower extremity arterial Dopplers. In the right lower extremity ABIs are unreliable due to calcification. Mild arterial insufficiency at rest. Popliteal artery distal and tibial peroneal trunk with 20% to 49% stenosis. The posterior tibial artery distal suspected occlusion. Anterior tibial artery mid 20% to 49% stenosis. In the left lower extremity ABIs not obtained due to patient's inability to tolerate blood pressure cuff. Moderate arterial insufficiency at rest. Diffuse calcification throughout the femoral and popliteal arteries. Superficial femoral artery proximal with 20% to 49% stenosis, in the mid region 20% to 49% stenosis, in the distal region 20% to 49% stenosis. The posterior tibial artery with heavy calcification throughout the distal segment. Anterior tibial artery proximal 20% to 49% stenosis. See report for further details and this is based on a preliminary report.
2. Lower extremity Dopplers show in the left lower extremity in the common femoral vein proximal to distal there is chronic nonocclusive deep venous fibrotic changes. In the femoral vein proximal to mid there is chronic nonocclusive deep venous fibrotic changes. See report for further details. This is a preliminary report.

ADMISSION:
See dictated H and P for further details. Briefly, patient is a 93-year-old woman with history of chronic lower extremity wounds on the left leg which have been ongoing for about a year. She has chronic pain in this leg. Patient developed worsening pain and erythema earlier this month and wound cultures performed at the Wound Care Clinic grew MSSA and Enterobacter. She did not have any improvement with Levaquin for which she had been taking for 8 days so came to the emergency department due to worsening pain.

1-eDisch Sum Macnab, MD, Amie 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:57:54 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge: 20180204
Dictating Physician: Macnab, MD, Amie

HOSPITAL COURSE BY PROBLEM:
1. Cellulitis of the lower leg in the setting of chronic lower extremity wounds and peripheral vascular disease. The patient has been afebrile. Her white count has been normal. Her CRP was normal. ID was consulted. She was given cefepime IV for 2 days and then switched to oral doxycycline which she will continue until she follows up with Wound Care Clinic. She was continued on Trental. She was also seen by the Wound Care Clinic and had arterial and venous Dopplers performed with plan to follow up in Wound Care Clinic later this week. At time of discharge, patient's pain is significantly improved.
2. Dysmobility. Patient reported holding on to furniture at home to ambulate at baseline. She was seen by PT who felt that she could be discharged back to her previous home environment but recommend home health PT which has been arranged.
3. Chronic anticoagulation due to history of DVT. She has been continued on her warfarin. On day of discharge, her INR has decreased to 1.7. This is in setting of initially holding her warfarin due to it being supratherapeutic and also while taking doxycycline. Patient has been instructed to continue on 5 mg at night and home health nurse will check her INR either tomorrow or the following day.

DISPOSITION:
Patient will discharge home where she lives with her son.

FOLLOWUP INSTRUCTIONS:
Patient will follow up with the Wound Care Clinic later this week and has home health arranged for PT, wound care and INR checks.

DISCHARGE MEDICATIONS:
The patient is to continue her previous home medications including:

1. Acetaminophen/codeine 300/30 mg tablet quarter to 1 tablet twice a day as needed for pain.

2. Atorvastatin 10 mg daily.
3. Losartan 12.5 mg daily.
4. Pentoxifylline 400 mg extended release, 3 times a day.
5. Timolol 0.5% drop ophthalmic both eyes twice a day.
6. Warfarin has been changed to 5 mg daily with followup INR with wound care home nurse.
7. The patient has been given a prescription for doxycycline 100 mg twice a day to take until she follows up with Wound Care Clinic. She has

been given a prescription for 7 days.

PHYSICAL EXAMINATION:
VITAL SIGNS: On day of discharge, temperature 36.1, pulse 59, respiratory rate 18, blood pressure 114/52, satting 97% on room air.
GENERAL: Patient is awake, conversant, in no acute distress. She has no increased work of breathing and she is ambulatory with a walker. Yesterday when I examined her leg she had decreased erythema and tenderness. The patient's discharge was delayed until this morning due to transportation issues with her living on Bainbridge Island.

CODE STATUS:
FULL CODE.

MLS: 292766
D: 02/04/2018 08:39:49
T: 02/04/2018 09:30:41
47802781 [ID1: 334090]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 02/01/2018 1 DOB: 01/06/1925

Physician: Amie Macnab, MD

Edited By Macnab, M.D.Amie E 04-Feb-2018 20:45:26 -05:00

1-eDisch Sum Macnab, MD, Amie 2/4/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:57:54 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge: 20180204
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

Signed by Macnab, M.D.Amie E on 04-Feb-2018 20:45:27 -05:00

Macnab, MD, Amie

CC: William Naber, MD

D: 02/04/2018 08:39 T: 02/04/2018 09:30 JOB: 47802781 MLS: 292766

PACIFIC VASCULAR

Lower Extremity Venous Reflux Exam

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 03:08 PM**
PVI #:	**10114841-50197618-40226773**	DOB, Age, Gender:	**1/6/1925 93 Female**
MRN / Acct#:	**U8170135-1823773755**	Patient Type:	**Inpatient**
Referring Clinician:	**TERESA L. GEGAX MARTINEZ, ARNP**	Exam Location:	**Northwest Hospital Medical Center**
Cc:		Technologist:	**Julie T. Harrold, RVT**

NON UW EPIC ORDER

Clinical Indication:

Patient is referred for chronic venous ulcers of the left lower extremity. Patient reports of over a year history of painful non-healing ulcers on her left calf and foot. At the time of the exam there is erythema noted throughout the left calf. Patient reports of prior bilateral lower extremity vein stripping years ago. Risk factors include: history of deep vein thrombosis, pregnancies (2) and limb trauma/surgery.

Interpretation:

Side	Vein	Maximum Reflux (sec)	Maximum Diameter (mm)
Right	Great saphenous		0
	Small saphenous		0
Left	Great saphenous	2.5	8
	Small saphenous	0.21	2.1

Technically challenging and limited exam due to tenderness in the left calf.
Right Lower Extremity:
Superficial venous reflux/valvular incompetence (0.5 seconds or greater):
**Superficial tributary D and superficial tributary E
Deep venous reflux/valvular incompetence:
**Common femoral vein distal and femoral vein mid
Great saphenous vein is not positively identified
Small saphenous vein is not positively identified
The remainder of the veins are patent and without evidence of thrombosis
Left Lower Extremity:
Common femoral vein proximal to distal: chronic non-occlusive deep venous fibrotic changes
Femoral vein proximal to mid: chronic non-occlusive deep venous fibrotic changes
Superficial venous reflux/valvular incompetence (0.5 seconds or greater):
**Great saphenous at saphenofemoral junction, below the saphenofemoral junction, mid thigh, and distal thigh
**Great saphenous proximal calf
Patient could not tolerate compressions in the calf, unable to evaluate for reflux in the mid to distal great saphenous vein and small saphenous vein
**Superficial tributary D
Deep venous reflux/valvular incompetence:
**Common femoral vein distal, femoral vein mid, and popliteal vein mid
The remainder of the veins are patent and without evidence of thrombosis

Summary/Conclusion:

There are findings on this exam that may correlate with the referring indication:

1. **There is evidence of deep venous valvular insufficiency in the bilateral common femoral, main femoral and left popliteal veins.**
2. **There is also evidence of superficial venous valvular insufficiency in the left great saphenous and bilateral tributary veins as detailed on the accompanying table.**

Terence M. Quigley, MD, RPVI
Vascular Surgery

ACCREDITED FACILITY IAC INTERSOCIETAL ACCREDITATION COMMISSION VASCULAR TESTING

Please see next page for detailed ultrasound findings and diagram

PACIFIC VASCULAR

Lower Extremity Venous Reflux Exam

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 03:08 PM**
PVI #	**10114841-50197618-40226773**	DOB, Age, Gender:	**1/6/1925 93 Female**

Electronically signed on 2018-02-03 11:47:24 AM

Lower Extremity Venous Reflux Exam

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 03:08 PM**
PVI #	**10114841-50197618-40226773**	DOB, Age, Gender:	**1/6/1925 93 Female**

Study Findings: All veins examined by duplex ultrasound (bilateral, femoral, popliteal and calf veins, and great and small saphenous veins) display B-mode images (full compressibility with no intraluminal echoes), normal luminal color filling, and spectral Doppler waveforms, velocities, and valve closure times that are within normal limits unless otherwise noted.

Perforator System

(cm) to floor	Diam (mm)	VCT (sec)	Reflux	
16	2.1			Perf (1)
				Perf (2)
				Perf (3)

Deep Venous System

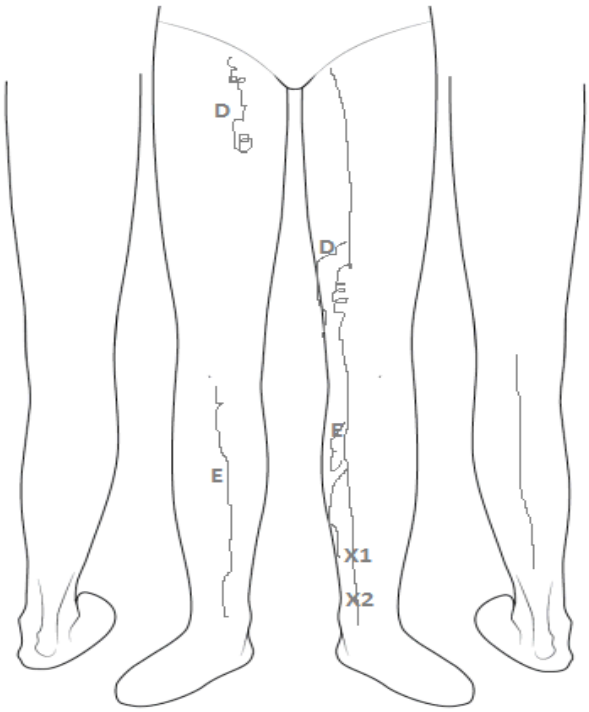
VCT (sec)	Reflux		Reflux	VCT (sec)
2.96	Yes	CFV (Below SFJ)	Yes	1.29
3.65	Yes	Femoral V (Mid Thigh)	Yes	1.17
0	No	Pop V (mid)	Yes	1.89

Perforator System

Reflux	VCT (sec)	Diam (mm)	(cm) to floor
Perf (1)		3.8	23
Perf (2)		2.6	15
Perf (3)			

Superficial Venous System

Diam (mm)	VCT (sec)	Reflux
		GSV at SFJ
		GSV below SFJ
		GSV-MT
		GSV-DT
		GSV-PC
		GSV-MC
		GSV-DC
		SSV-TE
		SSV-P
		SSV-M
		SSV-D



Superficial Venous System

Reflux		VCT (sec)	Diam (mm)
GSV at SFJ	Yes	2.12	8
GSV below SFJ	Yes	2.5	5.6
GSV-MT	Yes	2.3	4.6
GSV-DT	Yes	0.82	4.9
GSV-PC	Yes	0.68	2.7
GSV-MC			2.1
GSV-DC			2.6
SSV-TE			
SSV-P	No	0.21	1.7
SSV-M			2.1
SSV-D			

Superficial Tributaries

Diam (mm)	VCT (sec)	Reflux	
			AAGSV (A)
			PAGSV (B)
			ISV (C)
3.7	1.07	Yes	Other (D)
2.1	1.16	Yes	Other (E)
			Other (F)
			Other (G)

Superficial Tributaries

Reflux		VCT (sec)	Diam (mm)
AAGSV (A)			
PAGSV (B)			
ISV (C)			
Other (D)	Yes	1.5	4.7
Other (E)			2.5
Other (F)			
Other (G)			

Discharge Medication Instructions

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Take These Medications

acetaminophen-codeine 300 mg-30 mg Tablet
Directions: 0.25 tablet oral twice a day as needed for pain
Additional Instructions:
Last Dose Given Date: _____ Time: _____

atorvastatin 20 mg Tablet
Directions: 0.5 tablet oral daily
Additional Instructions:
Last Dose Given Date: _____ Time: _____

losartan 25 mg Tablet
Directions: 0.5 tablet oral daily
Additional Instructions:
Last Dose Given Date: _____ Time: _____

pentoxifylline 400 mg Tablet Extended Release
Directions: 1 tablet oral three times a day
Additional Instructions:
Last Dose Given Date: _____ Time: _____

timolol maleate 0.5 % Drops
Directions: 1 drop ophthalmic, both eyes twice a day
Additional Instructions:
Last Dose Given Date: _____ Time: _____

warfarin 5 mg Tablet
Directions: 1 tablet oral Every Monday, Tuesday, Wednesday, Friday, Saturday
Additional Instructions: Last dose taken on 1/31/18 @ bedtime, per pt
Last Dose Given Date: _____ Time: _____

warfarin 5 mg Tablet
Directions: 0.5 tablet oral Every Thursday and Sunday
Additional Instructions:
Last Dose Given Date: _____ Time: _____

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Discharge Medication Instructions

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Take These Medications

doxycycline monohydrate 100 mg Tablet

Directions: 1 tablet oral twice a day
Additional Instructions:
Last Dose Given Date: _____ Time: _____
Printed

Stop Taking These Medications

levofloxacin 500 mg Tablet

Directions: 1 tablet oral daily
Reason to Stop:
Date Last Given: _____

SAFEWAY #27-1252
253 HIGH SCHOOL ROAD N.E.
BAINBRIDGE ISLAND, WA 98110
Phone # 2068420127 Fax # 2067800731

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eProgress Note General Medical Adult (Progress Note) Amie E Macnab, MD 2/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:55:01 PM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 02/03/2018 13:22

Subjective

ID/CC: 93 yo with cellulitis and chronic LE wounds.
Subjective Erythema better. pain better. Pt says she feels well. .

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
02/03/2018 09:58

- Temperature (C): 36.2 (35.5-38.3Cel)
- Pulse: 64
- Respirations: 17
- BP: 108/45
- O2 Saturation (%): 98
- Room Air: Yes

Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities faint erythema below the knee, less edema. dry and scaly. ulcerations wrapped. less tender.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.

Labs

Hematology
02/02/2018 05:15

- WBC: 6.17
- RBC: 3.11 L
- Hemoglobin: 9.6 L
- Hematocrit: 30 L
- MCV: 96
- MCH: 30.9
- MCHC: 32.1 L
- Platelet Count: 194
- RDW-CV: 13.9
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 21
- % Monocytes: 11

eProgress Note General Medical Adult (Progress Note) Amie E Macnab, MD 2/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:55:01 PM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 02/03/2018 13:22

- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 3.87
- Lymphocytes: 1.28
- Monocytes: 0.69
- Eosinophils: 0.27
- Basophils: 0.05
- Immature Granulocytes: 0.01

Coagulation
02/03/2018 05:08

- Prothrombin Time Patient (NWH): 22.7 H
- Prothrombin INR: 2.3 H

02/02/2018 05:15

- Prothrombin Time Patient (NWH): 27.4 H
- Prothrombin INR: 2.7 H

Chemistry
02/02/2018 05:15

- Sodium: 145
- Potassium: 4.0
- Chloride: 113 H
- Carbon Dioxide, Total: 23
- Anion Gap: 9
- Glucose: 104
- Urea Nitrogen: 19
- Creatinine: 0.96
- eGFR, Calc, European American: 54 L
- eGFR, Calc, African American: >60
- eGFR, Information: Calculated GFR inCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.6 L

All current labs have been reviewed by myself as of 2/3/2018 13:23.

Assessment and Plan

1) Cellulitis, Peripheral Vascular Disease, Chronic Ulcer of Lower Extremity, Clinical Status Improving, afebrile, WBC nl. CRP normal. + improved pain and erythema in left lower leg. Chronic ulcers over left leg with history of MSSA and enterobacter from cultures from earlier this month, Plan

- follow up in wound care clinic later this week
- ID consulting
- change cefepime to doxycycline.

eProgress Note General Medical Adult (Progress Note) Amie E Macnab, MD 2/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:55:01 PM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 02/03/2018 13:22

- on trental
- acetaminophen for pain.

2) Anticoagulant Therapy, Clinical Status Stable, for hx of DVT 30 yrs ago. INR therapeutic, Plan
- cont warfarin
- will order HH for INR check, esp while on doxycycline.

3) dysmobility, Pt reports holding on the furniture at home to ambulate at baseline, Plan
-PT consult
- anticipate HH PT.

Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Current Antibiotics doxycycline.
Foley Catheter No.
Disposition Plan Discharge To Home Home Health Needed Yes; Timeframe Today, Comment Pending PT eval and if transportation can be arranged (lives on Bainbridge Island, and doesn't drive).
Medical Decision Making Care Plan Discussed With Patient, Nurse, Consultant 1) 1) Provider Name/Group Cohen, Seth A MD (503928) - Infectious Disease; Time Spent (mins): 35, Greater than 50% of time spent with face to face counseling/coordinating care Yes.

Electronically signed by Amie E Macnab, MD on 02/03/2018 13:26

eProgress Note Infectious Disease (Progress Note) Seth A Cohen, MD 2/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:54:51 PM -04:00

Infectious Disease (Progress Note) - Inpatient SOAP Note

Collected On: 02/03/2018 12:02

Subjective

ID/CC: 93 yo with cellulitis and chronic LE wounds.
Subjective Feeling well, complaining that "they are bringing me too much food"
Tolerating Diet Yes.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress, Frail Appearing.

Vital Signs (PDoc)
02/03/2018 09:58

- Temperature (C): 36.2 (35.5-38.3Cel)
- Pulse: 64
- Respirations: 17
- BP: 108/45
- O2 Saturation (%): 98
- Room Air: Yes

Head/Ear/Nose/Throat Normocephalic; Atraumatic.
Eye EOMI; PERRL.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities faint erythema below the knee, less edema. dry and scaly. ulcerations wrapped. less tender.
Neurological AAO x 3; Nonfocal.
Behavior/Emotional Appropriate; Cooperative.
Skin Clean, Dry and Intact, as above.

Labs

All current labs have been reviewed by myself as of 2/3/2018 12:03.

Radiology

All current radiographs have been reviewed by myself as of 2/3/2018 12:03.

Assessment and Plan

1) Cellulitis, Arterial, Arteriole & Capillary Disease, Venous Stasis, Chronic Ulcer of Lower Extremity, colonized with GNRs and MSSA. Difficult to know whether either of these bugs are truly playing a pathogenic role. No evidence of systemic infection. Swelling and pain decreased. , Plan
Change cefepime to PO doxycycline today
Plan to continue antibiotics until seen in wound care clinic this week
Needs scheduled vaseline or moisturizer to LE for general skin care and to prevent itching. .
2) Deep Venous Thrombosis, on coumadin, Plan follow INR closely while on doxy.

eProgress Note Infectious Disease (Progress Note) Seth A Cohen, MD 2/3/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:54:51 PM -04:00

Infectious Disease (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 02/03/2018 12:02

Medical Decision Making Care Plan Discussed With Attending Physician Attending Details Provider Name/Group Macnab, Amie E MD (334090) - Hospitalist.

Electronically signed by Seth A Cohen, MD on 02/03/2018 12:07

02/11/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:11 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1823764379 Dr: Neighbor Jr, William E.

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
02/01/18 1020	32.2* {NW}	3.2* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

eProgress Note General Medical Adult (Progress Note) Amie E Macnab, MD 2/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:51:15 PM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

Collected On: 02/02/2018 10:47

Subjective

ID/CC: 93 yo with cellulitis and chronic LE wounds.
Subjective Pt says pain is controlled. Leg looks unchanged from yesterday. Pt reports the erythema and swelling has been ongoing for the last year.

ROS

Complete Review of Systems All other systems reviewed and negative except as noted in the HPI.

Exam

General Appearance Not in Acute Distress.

Vital Signs (PDoc)
02/02/2018 08:55

- Temperature (C): 36.8 (35.5-38.3Cel)
- Pulse: 80
- Respirations: 20
- BP: 126/65
- O2 Saturation (%): 98
- Room Air: Yes

02/01/2018 17:48

- Weight (kg): 52.7kg

I have reviewed vital signs as listed in EMR Yes.
Respiratory CTA B/L.
Cardiovascular RRR; Normal S1, S2, distant heart sounds.
Gastrointestinal ABDOMEN Soft; NT; +BS.
Extremities left leg with diffuse erythema below the knee. + edema with woody skin. diffusely tender to palpation. chronic ulcerations over the medial and lateral lower calf/ankle area. one smaller wound over foot and another dime sized ulcer over her posterior calf. All appear dry.
right foot has one wound with a scab on it with tenderness to palpation.
Neurological AAO x 3; Nonfocal.
Skin see extremity exam.

Labs

Hematology
02/02/2018 05:15

- WBC: 6.17
- RBC: 3.11 L
- Hemoglobin: 9.6 L
- Hematocrit: 30 L
- MCV: 96
- MCH: 30.9

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 02/02/2018 10:47

- MCHC: 32.1 L
- Platelet Count: 194
- RDW-CV: 13.9
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 63
- % Lymphocytes: 21
- % Monocytes: 11
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 3.87
- Lymphocytes: 1.28
- Monocytes: 0.69
- Eosinophils: 0.27
- Basophils: 0.05
- Immature Granulocytes: 0.01

02/01/2018 13:15

- WBC: 6.76
- RBC: 3.55 L
- Hemoglobin: 10.9 L
- Hematocrit: 35 L
- MCV: 97
- MCH: 30.7
- MCHC: 31.6 L
- Platelet Count: 201
- RDW-CV: 13.7
- % Nucleated RBC: 0
- Nucleated RBC: 0.00
- % Neutrophils: 64
- % Lymphocytes: 23
- % Monocytes: 8
- % Eosinophils: 4
- % Basophils: 1
- % Immature Granulocytes: 0
- Neutrophils: 4.27
- Lymphocytes: 1.55
- Monocytes: 0.57
- Eosinophils: 0.30
- Basophils: 0.05
- Immature Granulocytes: 0.02

Coagulation

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 02/02/2018 10:47

02/02/2018 05:15

- Prothrombin Time Patient (NWH): 27.4 H
- Prothrombin INR: 2.7 H

02/01/2018 13:15

- Prothrombin Time Patient (NWH): 30.3 H
- Prothrombin INR: 3.0 H

Chemistry

02/02/2018 05:15

- Sodium: 145
- Potassium: 4.0
- Chloride: 113 H
- Carbon Dioxide, Total: 23
- Anion Gap: 9
- Glucose: 104
- Urea Nitrogen: 19
- Creatinine: 0.96
- eGFR, Calc, European American: 54 L
- eGFR, Calc, African American: >60
- eGFR, Information: Calculated GFR inCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 8.6 L

02/01/2018 13:15

- Sodium: 143
- Potassium: 4.2
- Chloride: 108
- Carbon Dioxide, Total: 26
- Anion Gap: 9
- Glucose: 117
- Urea Nitrogen: 24 H
- Creatinine: 1.08 H
- Protein (Total): 7.0
- Albumin: 3.9
- Bilirubin (Total): 0.4
- AST (GOT): 15
- ALT (GPT): 10
- Alkaline Phosphatase (Total): 55
- eGFR, Calc, European American: 47 L
- eGFR, Calc, African American: 57 L
- eGFR, Information: Calculated GFR inCalculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
- Calcium: 9.1

eProgress Note General Medical Adult (Progress Note) Amie E Macnab, MD 2/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:51:15 PM -04:00

General Medical Adult (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 02/02/2018 10:47

Cardiac
02/01/2018 13:15

- C_Reactive Protein: 1.9

Assessment and Plan

1) Cellulitis, Chronic Ulcer of Lower Extremity, Peripheral Vascular Disease, Clinical Status No Change, afebrile, WBC nl. CRP normal. + pain in left lower leg with erythema and woody edema. Chronic ulcers over left leg with history of MSSA and enterobacter from cultures from earlier this month, Plan
- wound care consult
- ID consult
- on cefepime (no improvement on levoquin as outpt)
- on trental
- acetaminophen for pain.

2) Anticoagulant Therapy, Clinical Status Stable, for hx of DVT 30 yrs ago. INR therapeutic, Plan - cont warfarin.
3) dysmobility, Pt reports holding on the furniture at home to ambulate at baseline, Plan -PT consult.
Thromboprophylaxis Plan Thromboprophylaxis Yes Warfarin.
Current Antibiotics cefepime.
Foley Catheter No.
Disposition Plan Discharge To anticipate home, might need HH for dressing changes and PT (wound care and PT consults pending) , Timeframe unclear time frame, possibly over the weekend.
Medical Decision Making Care Plan Discussed With Patient, Nurse; Time Spent (mins): 30, Greater than 50% of time spent with face to face counseling/coordinating care Yes.

Electronically signed by Amie E Macnab, MD on 02/02/2018 10:58

Account 1823773755 Hoffman, Jeanne Leonie 2/1/2018- I(A) MED Ins Message 2/1/2018 WOTA_PEdwardp 2/2/2018 11:02:11 AM -08:00

2nd copy
418 @1216
2/2/18

Patient Name:
Patient ID Number:
Physician: MacNab

Department of Health & Human Services
Centers for Medicare & Medicaid Services
OMB Approval No. 0938–0692

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO
Livanta, LLC
Telephone Number of QIO
1–877–588–1123

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - ❑ **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - ❑ If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call: Care Management Department at 206–668–1304.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative	Date/Time
Jeanne L Hoffman	2/1/18 1555

Form CMS–R–193 (Exp. 03/31/2020)

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

T20652

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M–1195 (07/2017) File Under: Admitting Financial

Page 1 of 2

Account 1823773755 Hoffman, Jeanne Leonie 2/1/2018- 1(A) MED ins Message 4/1/2018 wuia_reowallup 4/1/2018
11:02:11 AM -08:00

Steps to Appeal Your Discharge

- **Step1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - ❑ Here is the contact information for the QIO:

    Name of QIO (in bold)
    Livanta, LLC

    Telephone Number of QIO
    1-877-588-1123
  - ❑ You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - ❑ Ask the hospital if you need help contacting the QIO.
  - ❑ The name of this hospital is : Northwest Hospital & Medical Center.

Hospital Name	Provider ID Number
Acute NPI:	**1700861580**
Geropsych NPI:	**1497766067**

- **Step 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4**: The QIO will review your medical records and other important information about your case.
- **Step 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - ❑ If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - ❑ If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

If You Miss The Deadline To Appeal, You Have Other Appeal Rights:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - ❑ If you have Original Medicare: Call the QIO listed above.
  - ❑ If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M-1185 (07/2017) File Under: Admitting Financial

Page 2 of 2

NWH INPATIENT WOUND CONSULTATION

DATE OF SERVICE: 2/2/18

ID/CC: 93F admitted from wound care center for LLE cellulitis and non healing vascular leg ulcers. Dr Macnab requests wound consultation for this issue.

HPI: The patient, Jeanne, has been attending the wound care center for nearly 10 months, followed by Dr Raghu and more recently Dr. Luu of plastic surgery. She has known mixed vascular disease, studies roughly a year old in mindscape, patient doesn't believe she has a vascular surgeon involved at present. She has been on Levaquin for left leg cellulitis for a week and due to lack of improvement she was admitted for further evaluation and care. There has been discussion about skin grafting the wounds, stalled by development of cellulitis. Wound culture 1/11 grew Enterobacter and coag + staph. XR 8/17/17 was negative for bony abnormality. She lives on Bainbridge Island with her caring son and comes to clinic intermittently for evaluation. No recent compression has been used for concern of arterial supply. Coordinated todays wound care evaluation with Dr. Cohen, ID. WBC normal since admit at 6, no fevers.

ROS: denies fevers, chills. Endorses longstanding leg edema, weeping wounds which saturate dressing and clothes. Redness of the leg was new

PFSH: as above lives locally with son. No current tobacco, ETOH other drug use

PMH/Medications/Allergies: reviewed in EMR therefore not retyped here

O:

VSS, afebrile
Gen: alert conversant elderly female sitting up in bedside chair NAD
Ext: 2+ LLE edema, trace RLE edema feet are symmetrically warm with non palpable pedal pulses
Skin: extensive scarring LLE. L Medial malleolus 3.5x2.0x0.2 cm ulcer, posterior-lateral calf 6x3.5x0.2 cm ulceration, lateral malleolus 3x0.8x0.2 cm ulceration all wound beds with mixed yellow fibrinous debris, some pink granulation. No deep structure exposed, no purulence. Mild erythema and stasis dermatitis to knee level, patient reports improving.

A:
Improving left lower extremity cellulitis, mixed PVD (venous and arterial), full thickness left medial and lateral malleolus and posterior calf all with fat layer exposed.

P:
Local care: silver alginate ABD, roll gauze QOD & PRN. Leg elevation
Requested repeat vascular studies, LEA and venous reflux study. Will arrange for outpatient vascular consult at wound clinic for review as I do think she would really benefit from compression of some sort if at all possible +/- vascular intervention if indicated. Think this would be helpful to coordinate prior to grafting attempts.
Appreciate ID input on antibiotic management. Anticipate she will be able to discharge home soon in the coming days with joint WCC, ID follow up.

Teresa Gegax-Martinez, ARNP
206-969-0145

2/2/18

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925
Acct#: 1823773755

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND CARE CONSULTATION

M−2109 (04/2017) File Under: Provider Reports

DR0135

Lower Extremity Arterial Exam

Aortoiliac and Lower Extremity Duplex and Physiologic Testing

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 01:57 PM**
PVI #:	**10114841-50197620-40226776**	DOB, Age, Gender:	**1/6/1925 93 Female**
MRN / Acct#:	**U8170135-1823773755**	Patient Type:	**Inpatient**
Referring Clinician:	**TERESA L. GEGAX MARTINEZ, ARNP**	Exam Location:	**Northwest Hospital Medical Center**
Cc:		Technologist:	**Julie T. Harrold, RVT**

NON UW EPIC ORDER

Clinical Indication:

Patient is referred for non-healing venous leg ulcers. Patient has three ulcers on her left distal calf and foot which she has had for over a year. The leg is tender to the touch with erythema noted throughout the calf.

Interpretation: Ankle brachial indices: Right - [1.54], Left - [n/a], Digit brachial indices: Right - [0.49], Left - [0.35]

Technically challenging and limited exam due to left leg tenderness.

Abdominal Aorta:
Limited visualization of the abdominal aorta due to overlying bowel gas

Right Lower Extremity:
Ankle/brachial indices are felt to be unreliable secondary to medial calcification.
Based on waveform analysis there is: mild arterial insufficiency at rest
Common iliac artery: non-visualized due to overlying bowel gas
Diffuse calcification throughout the femoral and popliteal arteries
Popliteal artery distal and tibioperoneal trunk artery: 20-49% stenosis
Posterior tibial artery distal: suspected occlusion; heavy calcification noting retrograde flow in the mid segment
Anterior tibial artery mid: 20-49% stenosis
Three vessel runoff
Digit brachial index is abnormal suggestive of small vessel disease
No other significant abnormalities identified

Left Lower Extremity:
Ankle brachial indices were not obtained due to patient inability to tolerate blood pressure cuffs
Based on waveform analysis there is moderate arterial insufficiency at rest
Common iliac artery: non-visualized due to overlying bowel gas
Diffuse calcification throughout the femoral and popliteal arteries
Superficial femoral artery proximal: 20-49% stenosis and 20-49% stenosis
Superficial femoral artery mid: stenosis and 20-49% stenosis
Superficial femoral artery distal: 20-49% stenosis
Posterior tibial artery: heavy calcification throughout the distal segment, unable to rule out areas of segmental occlusion
Anterior tibial artery proximal: 20-49% stenosis
Digit brachial index is abnormal suggestive of small vessel disease
Three vessel runoff
No other significant abnormalities identified

Summary/Conclusion: Unreliable ABI due to medial calcifications. Mild right lower extremity arterial insufficiency at rest. Moderate left lower extremity arterial insufficiency at rest. Multifocal low grade stenosis throughout the left lower extremity.

Johnathon C. Rollo, MD, RPVI
Vascular Surgery
Electronically signed on 2018-02-04 03:59:23 PM

ACCREDITED FACILITY IAC INTERSOCIETAL ACCREDITATION COMMISSION VASCULAR TESTING

Please see next page for detailed ultrasound findings and diagram.

PACIFIC VASCULAR

Lower Extremity Arterial Exam

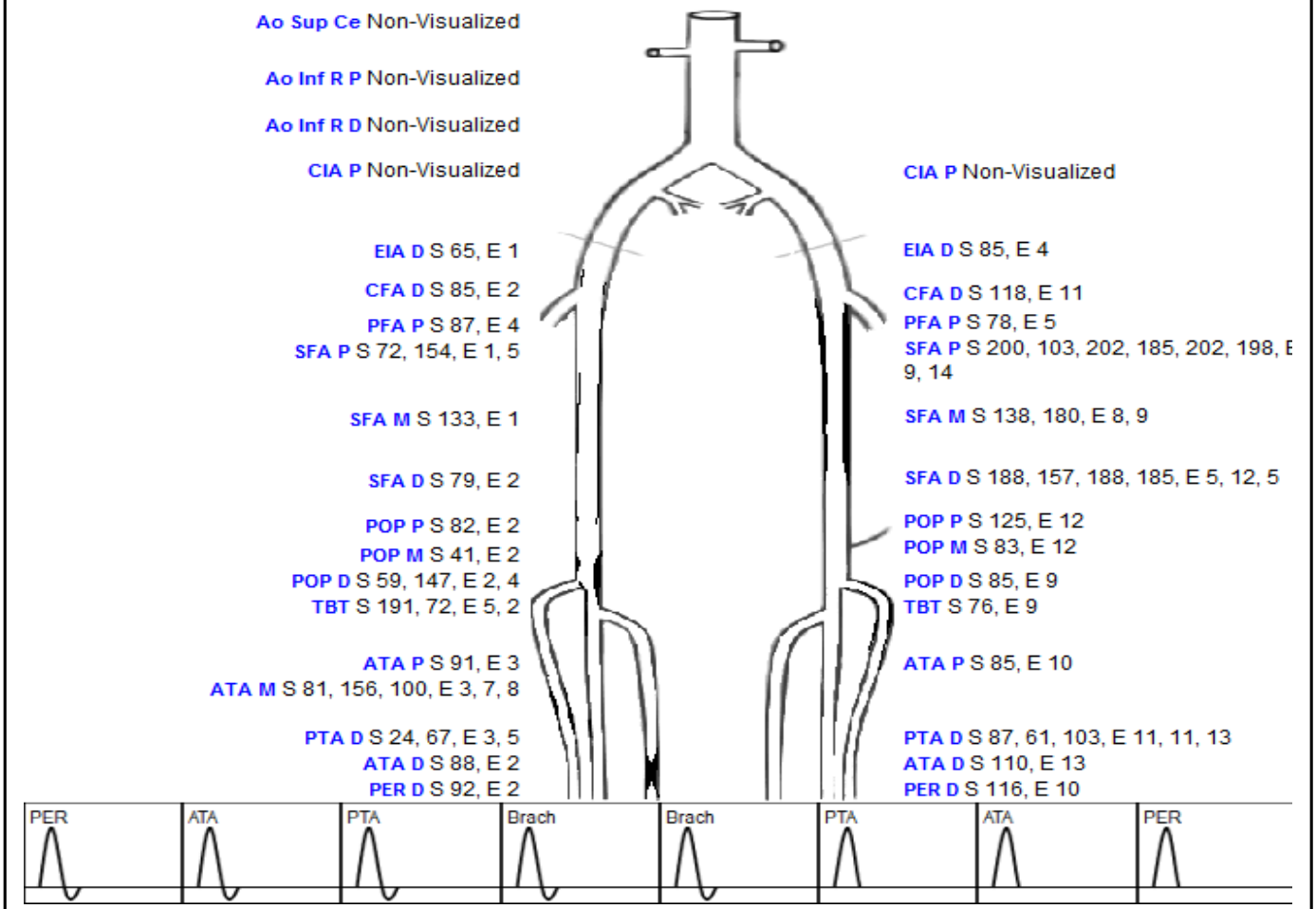
Aortoiliac and Lower Extremity Duplex and Physiologic Testing

UW Medicine NORTHWEST HOSPITAL & MEDICAL CENTER CARDIAC & VASCULAR IMAGING CENTER

Patient Name:	**JEANNE L HOFFMAN**	Date of Exam:	**02/02/2018 01:57 PM**
PVI #	**10114841-50197620-40226776**	DOB, Age, Gender:	**1/6/1925 93 Female**

Study Findings: All vessels examined by duplex scanning (Aorta, bilateral iliacs, femorals, popliteal, and tibioperoneal arteries) display B-mode images, color flow, and spectral Doppler waveforms, velocities and direction that are within normal limits unless otherwise noted. Physiologic studies (Continuous Wave Doppler and pressures) are documented below.

S = Peak Systolic Velocity (cm/s), E = End Diastolic Velocity (cm/s), D = Diameter (cm)



Ankle Brachial Indices		
Right Pressures	**Artery**	**Left Pressures**
Resting		**Resting**
120	**Brachial**	130
180	**Posterior Tibial**	unable
118	**Anterior Tibial**	unable
200	**Peroneal**	unable
1.54	**Ankle/Brachial Index**	
64	**1st Digit**	46
	2nd Digit	
0.49	**Digit/Brachial Index**	0.35

3-eConsultation Cohen, MD, Seth 2/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 9:01:05 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

DATE OF SERVICE: 02/02/2018

REQUESTING PHYSICIAN:
Dr. Macnab.

CHIEF COMPLAINT:
Chronic lower extremity wounds with concern for superinfection.

HISTORY OF PRESENT ILLNESS:
The patient is a 93-year-old woman with chronic lower extremity wounds followed in Wound Care Clinic with a history of venous insufficiency, remote history of lower extremity DVT and a remote history of skin grafting, who was admitted from Wound Care Clinic for concerns for left lower extremity cellulitis not responding to antibiotics. In early May 2017, she was treated with Keflex and doxycycline for cellulitis. She had arterial insufficiency diagnosed by Doppler at that time. The studies are not available in Soarian to review. She had been seeing Dr. Luu in Wound Care Clinic and due to worsening pain and erythema on January 11, a skin swab was obtained, which grew MSSA and Enterobacter. She was started on levofloxacin, which she has been taking faithfully. However, due to possibly increased pain and non-resolving erythema, she was sent to the emergency department. She was started on cefepime. She otherwise has no complaints. Denies fevers or chills. Has minimal pain at baseline and has not had night sweats. Her son helps her with her wound care.

PAST MEDICAL HISTORY:
Chronic lower extremity ulcerations for at least a year, history venous insufficiency, bilateral lower extremity DVT 30 years ago, now on Coumadin, peripheral neuropathy.

REVIEW OF SYSTEMS:
A full review of systems was obtained and was negative, except as mentioned in the HPI.

SOCIAL HISTORY:
She lives with her son. Does not smoke or drink. Uses a walker for ambulation.

FAMILY HISTORY:

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

No history of recurrent or severe infections.

ALLERGIES:
1. PENICILLIN taken at least 35 years ago caused hives.
2. SULFA taken at the same time also reportedly caused hives.
3. She has a TAPE allergy as well as reporting being sensitive to NARCOTIC PAIN MEDICATIONS.

MEDICATIONS:
1. Atorvastatin.
2. Cefepime 2 g q.24.
3. Losartan.
4. Pentoxifylline.
5. Timolol.
6. Coumadin.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36.8, pulse is 80, respirations 18, blood pressure 126/65, satting at 98% on room air.
GENERAL: She is a well-appearing, elderly woman in no apparent distress. She is hard of hearing. She is deaf in her right ear and has limited hearing in her left. Oropharynx is clear. There is no thrush. Mucous membranes are dry. Her pupils are equal, with full extraocular movements. She has no cervical or supraclavicular lymphadenopathy.
HEART: Regular rate and rhythm without murmurs, rubs, or gallops.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Soft, nontender, nondistended with normoactive bowel tones. She is alert and oriented x3 with fluent speech, following commands. Normal mood and affect.
SKIN EXAM: Left leg has faint erythema below the knee. There is 1+ edema, which is painful to palpation. She has several ulcerations on her lateral leg, medial ankle and foot with evidence of prior skin graft. There is no exudate. The erythema does improve somewhat with elevation. Her skin is dry, but

otherwise the wounds appear well cared for and quite chronic.

LABORATORIES:
White count of 6.17, hemoglobin 9.6, platelets 194. INR 2.7. Creatinine 0.96. CRP 1.9.

IMAGING:
Personally reviewed. Tib-fib films show soft tissue abnormalities. No bony

3-eConsultation Cohen, MD, Seth 2/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 9:01:05 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

findings suspicious for osteomyelitis.

ASSESSMENT AND PLAN:
This is a 93-year-old woman with arterial and venous insufficiency, here with nonhealing ulcers and secondary cellulitis that has not responded to levofloxacin. Cultures previously grew enterobacter and methicillin-sensitive Staphylococcus aureus. The role of enterobacter in this setting is unclear. She is highly likely to be colonized given the chronicity of her chronic wounds. It is not clear if treatment directed at this will improve her cellulitis, which at this time is quite mild. Suspect that a significant component of her erythema is due to vascular insufficiency, though it does seem reasonable to continue her antibiotics as she is likely slower to respond than many patients. I would have expected her levofloxacin to be quite active in this setting. Given her age, she is at risk for side effects of the levofloxacin and on discharge she could be sent home on doxycycline. She will need close following of her INR due to interactions with doxycycline and Coumadin and her Coumadin will need to be adjusted accordingly. Anticipate continuing cefepime for now. I will follow up with her next week in Wound Care Clinic to determine a total duration of her antibiotics. For her arterial insufficiency, she can continue to Trental and will need updated vascular studies. She will likely benefit from compression, depending on the severity of her arterial insufficiency.

Thank you very much for this consultation. Case was discussed with the primary team as well as with Wound Care.

MLS: 855286
D: 02/02/2018 11:53:12
T: 02/02/2018 12:43:05
47796118 [ID1: 503928]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 02/01/2018 1 DOB: 01/06/1925

Physician: Seth A. Cohen, MD

3-eConsultation Cohen, MD, Seth 2/2/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 9:01:05 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge:
Dictating Physician: Cohen, MD, Seth

MR#: U8170135
Acct#: 1823773755

Signed by COHEN, M.D.,SETH ALLEN on 05-Feb-2018 17:39:55 -05:00

Cohen, MD, Seth

CC:

D: 02/02/2018 11:53 T: 02/02/2018 12:43 JOB: 47796118 MLS: 855286

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823810572	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Inpatient Vascular Imaging
Isolation:		Complaint:			
Admit D/T:	2/2/2018 12:09	Discharge D/T:	2/6/2018 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Account 1823773755 Hoffman, Jeanne Leonie 2/1/2018- I(A) MED 2-eH and P Macnab, MD, Amie 2/1/2018
CUSTDM10\W0TA_amacnab 2/2/2018 7:37:55 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 02/01/2018
Acct#: 1823773755
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

DATE OF SERVICE: 02/01/2018

CHIEF COMPLAINT:
The patient is a 93-year-old woman who came to the emergency department due to increased left lower extremity pain in the setting of chronic wounds.

HISTORY OF PRESENT ILLNESS:
The patient is a 93-year-old woman with history of chronic lower extremity wound on the left leg which has been ongoing for about a year. She has chronic pain in her leg for which she takes a quarter tablet of Tylenol with codeine and aspirin on a routine basis. The patient developed worsening pain and erythema and back on
January 11th had wound cultures performed at the Wound Care Clinic that grew MSSA and Enterobacter. She has been reportedly taking Levaquin for the last 8 days, but has not had any improvement in her leg symptoms. She says that a week ago the erythema was worse, but today the pain has increased. The patient denies any fevers or chills. No shortness of breath, chest pain, nausea, vomiting, diarrhea, or constipation. The patient says the pain is severe but is able to ambulate. In the emergency department, she was given cefepime and admitted for further treatment.

PAST MEDICAL HISTORY:
1. Chronic lower extremity ulcerations of her legs have been going on for the last year at least.
2. History of venous insufficiency.
3. Bilateral lower extremity DVT about 30 years ago and has since been on warfarin.
4. History of poor balance.
5. Chronic peripheral neuropathy.
6. History of right lower extremity fracture.

SOCIAL HISTORY:
She uses a walker for ambulation. Her son lives with her. She does not smoke or drink.

FAMILY HISTORY:
The patient denies known family history. Says mother died of old age.

REVIEW OF SYSTEMS:
See above HPI. Otherwise, complete review of systems is negative.

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

ALLERGIES:
1. TAPE causes rash.
2. PENICILLIN causes rash.
3. SULFA causes rash.
4. The patient also says she is very sensitive to NARCOTIC PAIN MEDICATIONS.

HOME MEDICATIONS:
1. Acetaminophen/codeine 300/30 mg quarter of a tablet twice a day as needed for pain.
2. Atorvastatin 10 mg daily.
3. Levofloxacin 500 mg daily started on 01/25.
4. Losartan 12.5 mg daily.
5. Pentoxifylline 400 mg 3 times a day.
6. Timolol 0.5% eye drops both eyes twice a day.
7. Warfarin 5 mg Monday, Tuesday, Wednesday, Friday and 2.5 mg Thursday and Sunday.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36.8, pulse 87, respiratory rate 24, blood pressure 148/94, satting 100% on room air.
GENERAL: Patient is awake, conversant, appears to be in pain.
HEENT: Pupils equal. Oral mucous membranes moist.
NECK: Supple. No lymphadenopathy.
LUNGS: Clear to auscultation bilaterally.
CV: Regular rate and rhythm with no murmurs.
ABDOMEN: Soft, nontender.
EXTREMITIES: Her left lower leg is diffusely erythematous to below her knee. It is moderately edematous and tender to palpation. She has 3 ulcerations, 1 around her medial ankle, 1 on her lateral lower leg, and 1 on her foot. They are dry with no drainage. The patient also has tenderness to palpation over her right ankle as well with 1+ pitting edema with no significant erythema

noted on her right lower leg. She has dopplerable pulses in her bilateral dorsalis pedis.
SKIN: See extremity exam.
NEURO: Patient is awake, answering questions appropriately. Moving all 4 extremities though decreased movement in her left lower leg due to pain. The patient reports chronic neuropathy that is unchanged.

LABORATORY DATA:
White count is 6.7, hematocrit 35, platelets 201, INR 3. Chem 7 notable for a

Account 1823773755 Hoffman, Jeanne Leonie 2/1/2018- I(A) MED 2-eH and P Macnab, MD, Amie 2/1/2018
CUSTDM10\W0TA_amacnab 2/2/2018 7:37:55 AM -08:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

BUN of 24, creatinine 1.08. LFTs within normal limits. CRP 1.9.

ASSESSMENT/PLAN:
1. Cellulitis in the setting of chronic wounds of the left lower leg. The patient did not have any improvement of her symptoms while on Levaquin. She is afebrile with a normal white count though has significant pain in her left leg. Will change antibiotics to cefepime. Will order request Infectious Disease consult and wound care. We will continue her Trental.
2. History of anticoagulation due to history of deep venous thrombosis. INR is therapeutic. We will continue warfarin.
3. Code status: The patient says she defers her code status to her son who will be here tomorrow, so for now will be FULL CODE.

MLS: 514581
D: 02/01/2018 19:54:43
T: 02/01/2018 22:06:27
47792105 [ID1: 334090]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 02/01/2018 1 DOB: 01/06/1925

Physician: Amie Macnab, MD

Edited By Macnab, M.D.Amie E 02-Feb-2018 07:36:49 -08:00

Signed by Macnab, M.D.Amie E on 02-Feb-2018 07:36:49 -08:00

Macnab, MD, Amie
CC: William Neighbor, MD

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 02/01/2018
Acct#: 1823773755
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

D: 02/01/2018 19:54 T: 02/01/2018 22:06 JOB: 47792105 MLS: 514581

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823561842	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	2/1/2018 9:56:03AM	Discharge D/T:	2/1/2018 1:29:09PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Category: Progress Notes
Date of Service: 02/01/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1823561842
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-02-01 09:56:00
Discharge Date Time: 2018-02-01 13:29:00

DATE: FEB 0 1 2017 TIME: 1140 | Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☐ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: _____lbs.
Source: ☐ Stated ☐ Measured

Accompanied by: Son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission–Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 98.4 Pulse: 64 Respirations: 16 Blood pressure (mmHg): 110/60
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☒ R ☒ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☒ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: K McKinnon RN BSN Date: 2/1/18 Time: 1140

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☒ Yes ☐ No Location of pain: L hip

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☒ Intermittent

Character of Pain: ☐ Aching ☒ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☒ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☒ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: K McKinnon Date: 2/1/18 Time: 1140

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823561842** MRN:**U8170135**
ADM: **02/01/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:	1	2	3	
▲ Location:	(L) lat calf	(L) lat ankle	(L) med. ankle	
▲ Current Wound Stage/Grade:	FT C	FT S	FT S	
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
▲ Length:	6.2 cm	3.0 cm	2.9 cm	cm
▲ Width:	4.5 cm	1.0 cm	3.9 cm	cm
▲ Depth:	0.2 cm	0.2 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: [initials] Date: _____ Time: 1405
Nurse Signature: _____ Initials: _____ Date: FEB 01 2017 Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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ADM: **02/01/2018**
CLASS: **OP**
SVC:

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
	PERI–WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
	EDEMA ASSESSMENT			
	LEFT ☐ Not Applicable ☐ Not Assessed		**RIGHT** ☐ Not Applicable ☐ Not Assessed	
Lower Limb Edema	☐ Yes ☐ No		☐ Yes ☐ No	
Calf	34 centimeters with point of measurement 30 centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
	VASCULAR ASSESSMENT			
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed		**RIGHT** ☐ Not Applicable due to amputation ☐ Not Assessed	
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status		☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	
Popliteal Pulses Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Posterior Tibial Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Dorsalis Pedis Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented		☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	
Hair Growth on Extremity	☐ Yes ☐ No		☐ Yes ☐ No	
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm		☐ Cool ☐ Cold ☐ Hot ☐ Warm	
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds		☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	
Dependent Rubor	☐ Yes ☐ No		☐ Yes ☐ No	
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable		☐ Yes ☐ No ☐ Not Applicable	
Lipodermatosclerosis	☐ Yes ☐ No		☐ Yes ☐ No	

Nurse Signature: _____ Initials: _____ Date: FEB 0 1 2017 Time: 1145
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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SVC:

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Silvergel	Silvergel	Silvergel	
Covered/Secured With:	DSD	DSD	DSD	

NURSE'S NOTES:

Pt has been on Levaquin x 1wk & 1 1/2 wks improvement in LLE cellulitus & pain. Pt tender to touch. We feel she needs to be evaluated for IV Abx. We are taking her to the ER. We called & reported.

Nurse Signature: _____ Initials: MN Date: FEB 01 2017 Time: 1200
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
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SVC:

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

multiple ulcers of D calf / ankle
cellulitis ↳ on lovenox

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: FEB 0 1 2017 Time: 12pm

Physician or Physician Extender Printed Name*: _____ Date: FEB 0 1 2017 Time: 12pm

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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CLASS: **OP**
SVC:

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood ~~Clots~~ ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:
Severity	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone
Instrument(s) Used	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Rongeur ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Rongeur ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Rongeur ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Rongeur ❑ Ultrasound ❑ Tissue Punch ❑ Other:
Bleeding Controlled with	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable
Estimated Blood Loss*	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None
Specimen	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None
Actual Area Debrided	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____
Post Wound Care	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

OTHER PROCEDURES

❑ Application of Total Contact Cast ❑ Left ❑ Right	❑ Paring of Benign Lesions Location:	❑ Incision and Drainage of:	❑ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ❑ Manufacturer's Guidelines Followed ❑ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	
▲ Product Applied	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____
How Affixed	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: FEB 0 1 2017 Time: 12 a

Physician or Physician Extender Printed Name*: _____ Date: FEB 0 1 2017 Time: 12 a

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Sue is on levaquin for ⓒ cellulitis (wound c+s → ⊕ klebs to levaquin)
Sue still does not feel hella → leg still is pain
ⓒ leg
Looks more energetic today

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

❑ **Same as Pre–Procedure/Operative Diagnosis**

Rt ⓒ leg: ↑ redness & petechiae up to

ASSESSMENT

Knee level
ⓒ just proximal to belly of ⓒ calf
Post all around & looks the same

PLAN OF CARE

❑ **Refer to *Physician Orders* dated:** ❑ **See dictated note date:**

Ap - recommend to go to ED + may need to be admitted for IV antibx
Does all wound with same daily dressing (silver alginate)
RC (wells)

DISCHARGE

❑ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: FEB 0 1 2017 Time: 12pm
Physician or Physician Extender Printed Name*: _____ Date: FEB 0 1 2017 Time: 12pm

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823561842** MRN:**U8170135**
ADM: **02/01/2018**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:2/01/18 LUU, PAUL
Enc:1823561842 RES:32555922

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
	(L) lat calf (L) med calf	silver gel, Coban 2 - Kerlix	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
	(L) lat ankle (L) post calf		☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in ____ Week(s) with Dr. Sent to ER On (Day) _____ (Date) _____ at (Time) _____

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: FEB 0 1 2017 Time: 1210

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: _____ Time: 1210

I have received and understand the above instructions:

Patient Signature: X Jeanne Hoffman Date: FEB 0 1 2017 Time: 1210

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C007F_Physician Orders.doc • Rev (9/2012)
To Order Call Plic•A•Poc @ (631) 981-2094

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823764379	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	2/1/2018 10:05	Discharge D/T:	2/5/2018 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Admission Rec marked Complete on: 2/1/2018 19:02 **By:** Amie E Macnab, MD

Home Medications

Status: Complete Collected On: 2/1/2018 15:32 By: Amie E Macnab, MD
Comments: Medlist reviewed by Rx via pt, records from Mindscape and records from Safeway Rx (206) 842-0127.

acetaminophen-codeine 300 mg-30 mg Tablet 0.5 tablet oral twice a day as needed for pain
Action Taken: Not Continued
Medication Status: active
Confirmed Source: Patient

atorvastatin 20 mg Tablet 0.5 tablet oral daily
Action Taken: Continued and Create Order
Medication Status: active
Confirmed Source: Patient

levofloxacin 500 mg Tablet 1 tablet oral daily
Action Taken: Not Continued
Extended Instructions: started on 1/25/18 for 10 days, per pt
Medication Status: active
Confirmed Source: Patient

losartan 25 mg Tablet 0.5 tablet oral daily
Action Taken: Continued and Create Order
Medication Status: active
Confirmed Source: Patient

pentoxifylline 400 mg Tablet Extended Release 1 tablet oral three times a day
Action Taken: Continued and Create Order
Medication Status: active
Confirmed Source: Patient

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day
Action Taken: Continued and Create Order
Medication Status: active
Confirmed Source: Patient

warfarin 5 mg Tablet 1 tablet oral Every Monday, Tuesday, Wednesday, Friday, Saturday
Action Taken: Not Continued
Extended Instructions: Last dose taken on 1/31/18 @ bedtime, per pt
Medication Status: active
Confirmed Source: Patient

warfarin 5 mg Tablet 0.5 tablet oral Every Thursday and Sunday
Action Taken: Not Continued
Medication Status: active
Confirmed Source: Patient

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Current Orders

Medication Name	Dose	Route	Frequency
acetaminophen Oral (500 mg)	1 tablet	oral	every four hours
acetaminophen Oral (325 mg)	2 tablet	oral	every six hours
ADULT STANDARD CARE ORDERS (NOTE ADULT STANDARD CARE) 1 NOTE = 1 NOTE Miscellaneous PRN, Clinician Dir:RN TO ENTER ORDER M1065 AS NEEDED IN SOARIAN			
Cefepime 2 g Intravenous Q12H, cellulitis			
ondansetron HCl (PF) injection (4 mg/2 mL)	2 mL	intravenous	every eight hours
PHARMACY CONSULT 1 NOTE = 1 NOTE Miscellaneous OT for 1 Doses, Clinician Dir:CONSULT: WARFARIN TARGET INR 2-3			
Warfarin - No Dose Today 1 note = 1 note Miscellaneous C, Hold warfarin dose.			

Admission Medication Reconciliation Report

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Planned Orders

atorvastatin 20 mg Tablet 0.5 tablet oral daily

losartan 25 mg Tablet 0.5 tablet oral daily

pentoxifylline 400 mg Tablet Extended Release 1 tablet oral three times a day

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day

Patient Information for Inclusion in the UW Medicine Inpatient Facility Directory

Please Read this Statement Carefully

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

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

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

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

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

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

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out

☐ Crime Victim ☐ Employee ☐ Incarcerated Patient
☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest

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

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

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

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

OMB APPROVAL 0938-0566

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

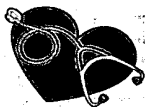
C00001

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

PATIENT INFORMATION FOR UW MEDICINE INPATIENT FACILITY DIRECTORY
© UH1868 (08/13) File Under: Consent

NORTHWEST HOSPITAL & MEDICAL CENTER — Partners with the Community for Wellness

Our mission is to raise the long–term health status of our community by providing personalized, quality care with compassion, dignity, and respect.

	WHAT TO LOOK FOR?	WHAT TO DO?
HEART FAILURE 	**Call your primary care provider for any of the symptoms below:** • Shortness of breath that gets worse or wakes you from sleep • Weight gain above 2lb per day or 3lb per week • Swollen/puffy feet, ankles or legs • Dizziness or light–headedness with standing • Feeling exhausted during routine activity	• Don't smoke! • Take medications on time, to control blood pressure, choles–terol and glucose • Check weight daily • Pace yourself. Slow down or stop when you need to rest • Participate in activities that you can do comfortably and build exercise into your daily routine • Avoid stress • Eat heart healthy diet: reduce salt, fat, cholesterol, and increase fiber • Limit alcohol intake • Follow up regularly with your primary care provider as directed
STROKE "Brain Attack!"	**Call 911 if you have:** • Sudden numbness or weakness of face, arm or leg • Sudden confusion, trouble speaking or understanding • Sudden change in vision in one or both eyes • Sudden difficulty with walking • Sudden dizziness, loss of balance or coordination • Sudden severe headache with un–known cause	**Know the 2 types of stroke** • Ischemic stroke – blocked artery • Hemorrhagic – ruptured artery **How to prevent stroke** • Don't smoke! • Control blood pressure • Take medications as directed • Manage diabetes • Eat a heart healthy diet: reduce salt, fat, cholesterol, and • increase fiber • Incorporate physical activity into your daily routine • Limit alcohol intake • Maintain healthy weight
QUIT SMOKING	**Did you know?** • Tobacco is the number 1 killer in America today • Second hand smoke is just as harmful to your health • 1/2 million Americans die from smok–ing related disease each year	• Get ready to quit and pick a date to stop smoking • Get support and encouragement from family, friends and co–workers • Do things differently to avoid triggers that make you want to smoke • Consider medication and use it correctly • Be prepared for relapse, it may take several attempts • Join a support group or telephone a quit–line

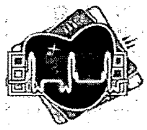
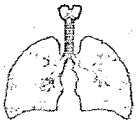
HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823773755** MRN:**U8170135**
ADM: **02/01/2018**
CLASS: **IP**
SVC: **Intern**

DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

COMMUNITY WELLNESS EDUCATION

© M–1199 (03/2013) File Under: Discharge Information

HEART ATTACK 	**Call 911 if you have:** • Chest pain or pressure lasting more than a few minutes • Arm, back, neck or jaw discomfort • Shortness of breath • Nausea • Cold sweat • Dizziness	**Heart Attack Prevention** • Don't smoke! • Control blood pressure • Take medications as directed • Eat heart healthy diet: reduce salt, fat, cholesterol, and increase fiber • Limit alcohol intake • Control diabetes • Maintain healthy weight • Incorporate physical activity into your daily routine
PNEUMONIA 	**Call your primary care provider for any of the symptoms below:** • Fever • Fatigue • Confusion • Shortness of breath • Cough with mucous production	**Pneumonia Prevention** • Don't smoke! • Get pneumonia vaccine • Get influenza vaccine yearly • Avoid contact with others that are sick • Cover your cough • Control asthma and COPD (Chronic Obstructive Pulmonary Disease) • Incorporate physical activity into your daily routine • Practice good hand–washing
DIABETES	**Call your primary care provider for any of the symptoms below:** • Frequent urination • Frequent thirst or hunger • Unusual weight loss • Increased fatigue • Irritability • Blurry vision	**Diabetes Related Risk Prevention** • Don't smoke • Incorporate physical activity into your daily routine • Control blood pressure, cholesterol and weight • Monitor blood glucose as ordered • Eat heart healthy diet: reduce salt, fat, cholesterol, and increase fiber • Get influenza vaccine yearly • Regular follow–up with primary care provider
BLOOD CLOT PREVENTION	**Call your primary care provider for any of the symptoms below:** • Calf pain/tenderness • Calf swelling or redness • Shortness of breath • Sharp chest pain • Rapid heart beat	• Don't smoke! • Maintain healthy weight • Avoid prolonged sitting and bed rest • Walk at least every 2 hours during the day to maintain mobility **If you are taking blood thinners:** • Take blood thinner as directed • Get regular blood level checks (PT/INR) as directed • Eat a consistent amount of foods containing Vitamin K • Diet & Medications can affect PT/INR levels • Do not change dietary habits or notify MD before changing habits • Blood Thinners increase risk of bleeding • Do not start/stop any medication (prescribed/over the counter) unless instructed by your MD

Received Information and Discharged on Date/Time 2/4/18 0845
Patient / Caregiver Signature Jeanne L Hoffman
Registered Nurse Signature

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

DC0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

COMMUNITY WELLNESS EDUCATION

© M–1199 (01/2011) File Under: Discharge Tab

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Discharge Instructions

Allergies: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

VISIT SUMMARY INFORMATION

Discharging Provider	Dr. Amie Macnab
Consultants	Dr. Seth Cohen Infection Disease
Primary Diagnosis	Cellulitis
Other Major Diagnoses	Chronic Ulcer of Lower Extremity
Treatment of Primary Diagnosis	Treated with Antibiotics

ACTIVITY

Activity	Resume usual activity as tolerated	**Lifting**	As tolerated
Stairs	As tolerated	**Shower/Bathing**	As tolerated
Weight Bearing Right Leg	Full		
Weight Bearing Left Leg	Full		

DIET

Diet Instructions	Other (specify in instructions)
Fluid Intake	Drink 6-8 glasses per day
Other Diet Instructions	Soft diet instructions provided.

PRECAUTIONS

Precaution Type	Fall,Pressure ulcer

WOUND/DRAIN CARE

Wound Care	Other	**Instructions**	wash leg. apply vaseline to dry intact skin. irrigate wounds with Normal Saline, cut silver alginate (maxsorb AG - stores) to fit, cover with ABD pad and kerlix every other day and as needed. Leg elevation.
Discontinue Staples/Sutures	left leg		

FOLLOW UP APPOINTMENTS

	Provider Name	Phone#	When to Follow Up
Follow up Appt	Northwest Hospital Wound Care Center	206.668.1244	Within 5-7 Days
Follow up Labs	INR on 2/5 or 2/6 By visiting nurse		
Referral	Home health,Physical therapy,Wound care		
Additional Referral	RN. patient needs every other day dressing change, INR check and physical therapy to help with mobility		
Referral Instructions	Kindred at Home 206.729.7773		

ADDITIONAL INSTRUCTIONS

Community Wellness Tool Reviewed, Signed and Given	Yes
Personal Belongings List Reviewed and signed	Yes
Medication Side Effects Fact Sheet given	Yes
Additional Instructions	Wound care instructions provided.
Notify Provider	Per printed educational materials

SPECIAL MEDICATION ADMINISTRATION INSTRUCTIONS

Med Administration Instructions	Whole with thin liquids

DC0001 - DC Info

Patient Name:	HOFFMAN, JEANNE L	**Account Number:**	1823773755
Date of Birth:	01/06/1925	**Age / Sex:**	93Y/F
Date Admitted:	02/01/2018	**Attending Physician:**	Macnab, Amie MD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

Discharge Instructions

Allergies: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

VITAL SIGNS

BP	114/52 (2/4/2018 6:00)	**NBP Systolic (mmHg)**	
Respiration	18 (2/4/2018 6:00)	**NBP Diastolic (mmHg)**	
Temperature	36.1 Cel (2/4/2018 6:00)	**HR**	
Pulse	59 (2/4/2018 6:00)	**SpO2**	
O2 Sat(%)	97 (2/4/2018 6:00)	**Temperature**	
		Respiration	

Thank you for entrusting your care to UW Medicine/Northwest Hospital & Medical Center. Your hospital visit summary is available online by clicking the "Request Account" link at this URL:
https://nwh.uwmedicineecare.org/NWH/Patient#

My discharge instructions have been reviewed with me and I have received a copy.

X Jeanne L Hoffman
Patient/Representative Signature

2/4/18
Date/Time

Kim-Hwa Barela
Discharging RN (print clearly)

2/4/18 8:40
Date/Time

Patient Name:	HOFFMAN, JEANNE L	**Account Number:**	1823773755
Date of Birth:	01/06/1925	**Age / Sex:**	93Y/F
Date Admitted:	02/01/2018	**Attending Physician:**	Macnab, Amie MD

Patient Name:
Patient ID Number:
Physician: MacNab

Department of Health & Human Services
Centers for Medicare & Medicaid Services
OMB Approval No. 0938–0692

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO
Livanta, LLC

Telephone Number of QIO
1–877–588–1123

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - ❑ **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - ❑ If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call: Care Management Department at 206–668–1304.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative	Date/Time
Jeanne L Hoffman	2/1/18 1535

Form CMS–R–193 (Exp. 03/31/2020)

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

FS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M–1195 (07/2017) File Under: Admitting Financial

Steps To Appeal Your Discharge

- **Step** [redacted]ou must contact [redacted]QIO no later tha[redacted]ur planned disch[redacted] date and before [redacted] leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - ❑ Here is the contact information for the QIO:

    Name of QIO (in bold)
    Livanta, LLC

    Telephone Number of QIO
    1–877–588–1123
  - ❑ You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - ❑ Ask the hospital if you need help contacting the QIO.
  - ❑ The name of this hospital is : Northwest Hospital & Medical Center.

Hospital Name	Provider ID Number
Acute NPI:	**1700861580**
Geropsych NPI:	**1497766067**

- **Step 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4**: The QIO will review your medical records and other important information about your case.
- **Step 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - ❑ If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - ❑ If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

If You Miss The Deadline To Appeal, You Have Other Appeal Rights:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - ❑ If you have Original Medicare: Call the QIO listed above.
  - ❑ If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1–800–MEDICARE (1–800–633–4227), or TTY: 1–877–486–2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1–800–MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938–0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4–26–05, Baltimore, Maryland 21244–1850.

Unit: _____ **Room #:** _____ **Item Disposition:** in safe = (S) Home = (H) With Patient – (P) See Instructions on page *3*

ITEM/DESCRIPTION	Item Disposition	Deposit/ Balance	Unit/Date	Unit/Date	Unit/Discharge Date
CURRENCY (LIST AMOUNTS)			#S 2/01/2018		2/4/18 0820
$100 $50 $20 $10					
$5 $1 COINS					
TOTAL:					
WALLET					
CREDIT CARDS					
# MEDICATION BOTTLES: _____					
HEARING AID ☐ 1 ☒ 2	P		P		P
DENTURES ☒ TOP ☐ FULL ☐ PARTIAL	P		P		P
GLASSES	P		P		P
WATCH	P		P		P
RINGS					
OTHER JEWELRY					
			V.B		

CHECK ITEM(S) THAT ARE **WITH PATIENT**

- V.B ☒ **STREET CLOTHING**
- ☒ **COAT** V.B
- ☐ **PURSE**
- U.R ☒ **OTHER:** Walker - red
- ☐ **ROBE, SLIPPERS**
- ☐ **CONTACTS**
- ☐ **RAZOR**
- V.B ☒ **OTHER:** umbrellas
- ☐ **CELL PHONE**
- ☐ **ELECTRONIC DEVICE**
- ☐ **SUITCASE**
- ☐ **OTHER:**
- ☐ **CHARGERS**
- V.B ☒ **SHOES**
- ☐ **OTHER:**

OTHER ADDITIONAL BELONGINGS: ☐ **IN SECURITY LOCKER;** ☐ **HOME MEDICATIONS SENT TO PHARMACY**

I authorize the following relative/person _____ to inspect my personal Belongings and take non–essential items home. Relationship to patient: _____.

SIGNED: Jeanne L Hoffman DATE/TIME: 2/1/2018
PATIENT/RESPONSIBLE PARTY/STAFF SIGNATURE PATIENT/RESPONSIBLE PARTY PRINTED NAME

SIGNED: V. Bahethiwar _____ _____
STAFF SIGNATURE STAFF PRINTED NAME WITNESS

I have received the belongings listed above at the time of discharge:

SIGNED: _____ DATE/TIME: 2/4/18 _____
PATIENT/RESPONSIBLE PARTY SIGNATURE STAFF SIGNATURE

Jeanne L Hoffman

Call Admitting at 206–368–6737 for valuables.

Copy–Patient ☐
Original–Medical Record ☐

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

FS0010

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

PATIENT BELONGINGS INVENTORY– ADMITTING STAFF

© UH0951A (07/15) File Under: Admitting Financial

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

Northwest Hospital (NWH) staff respects and promotes the rights of all patients. Patients should expect that efforts are taken to promote a safe and secure environment. NWH will make reasonable efforts to safeguard the personal property of patients; however, property is generally the responsibility of patients and their families, and NWH cannot guarantee the security of personal property. To minimize potential harm to personal property including lost, misplaced, stolen or damaged items, the following practices will be observed:

NWH has two choices for storing personal property of patients during hospitalization:	1	One choice is placing items in the NWH "Valuables and Property Storage System". This choice involves NWH placing small valuables (examples: watch, jewelry, dentures, glasses) in a secure locked safe in the Admitting Department. This "Valuables and Property Storage System" utilizes a witnessed (2 person) property check–in process. It is generally for nonessential items and access to this may be limited by hours of operation.
	2	Another choice for storing property is in the patient's room. The patient is generally responsible for these items and these items are generally accessible to the patient. NWH will provide limited unsecured storage spaces for patient storage of personal property in the hospital room during hospitalization.

- Patients are strongly encouraged to leave and/or send all nonessential belongings and valuables home.
- Prohibited items are firearms and other dangerous weapons, illegal drugs, marijuana, drug paraphernalia, and alcohol.
- Biohazards or severely damaged clothing are generally discarded immediately unless required for forensic evidence. (Biohazards means: clothing or other items are contaminated in the judgment of medical staff and presents a health risk.)
- NWH will dispose of unclaimed patient belongings as allowed by law after proper notice and time period for retrieval of items. When patient belongings are not claimed after 30 days, items are disposed of as allowed by law.
- Further information about NWH's property policies and procedures will be provided as needed or requested to the patient or patient's authorized representative.

Patient's Personal Property Liability Agreement

I, the undersigned, have read or have been informed about the above policy. I/patient understand that I/patient am responsible for all property brought to Northwest Hospital. I/patient understand that the hospital recommends all nonessential items be left at home or be sent home with family or friends.

I/patient understand that the hospital provides a "Valuable and Property Storage System" for important personal property and that access to this area may be limited by hours of operation.

I/patient agree to hold the hospital and its employees harmless from liability for my/patient's property if it is lost, misplaced, stolen or damaged when such property is not placed in the "Valuable and Property Storage System" or otherwise under the direct control of the hospital. I/patient further acknowledge the potential harm to property maintained by the hospital due to circumstances beyond the hospital's control (e.g., fire, earthquake) and hereby release the hospital from any liability in such circumstances.

Patient Signature: Jeanne L Hoffman Date/Time: 2/1/18 1555

Witness Signature: Roberta G Hinz Printed Name of Witness: Roberta G Hinz

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823773755** MRN:**U8170135**
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FS0010

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

PATIENT BELONGINGS INVENTORY–ADMITTING STAFF

© UH0951A (07/15) File Under: Admitting Financial

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925
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093 Y - F
MRN: U8170135

FAXED

Washington State Department of Transportation

WSDOT Ferries Division
Medical Preferential Load Program
Attending Physician/Hospital/Clinic Form
DO NOT GIVE THIS FORM TO THE PATIENT

Required Information

Ferry Route	Sailing Time		Beginning Date of Travel
Seattle -> Bainbridge	0945	☒ AM ☐ PM	2/4/18
			Ending Date of Travel 2/4/18

Check the box below which best applies to your patient's need for ferry service.

One Day Travel	Multi Day Travel
☒ One Way (Good only on Date Above)	☐ Days # _____
☐ Round Trip (Good only on Date Above)	**Rules:** Up to 90 days maximum. A new form is required every 90 days.

WSDOT Ferries Division takes its responsibilities seriously regarding the Medical Preferential Load Program. In accordance with state law (Washington Administrative Code [WAC] 468-300-700 (d) *"Where a vehicle occupant states that an extended wait would cause **detrimental health risks** to a vehicle occupant, that vehicle will be allowed preferential loading whenever the afflicted occupant has provided a medical form (DOT Form 675-062) **certified by a physician** that such preferential loading is required. However, when that vehicle occupant has not submitted the proper medical form, preferential loading will be permissible based upon appropriate terminal staff determination."*

Medical Appointments, such as but not limited to, general scheduled appointments, routine exams, immunizations, dentist appointments, etc., DO NOT QUALIFY. Medical Preferential Loading provides exemption from the standard "first come first served" policy. For example, even when sailings are on overload and there are long wait times at the terminal, the person with Medical Preferential status will sail on the very next sailing. **This assures space on the vessel but does not entitle the user to first on/ first off positioning.** We ask that all health care professionals please consider the intent of the program before granting these requests. If there are any questions or concerns regarding these requests, please call our **Information Agents at 1-888-808-7977**.

Washington State Ferry Terminal Fax Numbers: Check the appropriate box for each departure terminal and fax a copy of this request to each terminal. These fax numbers are confidential information provided for the sole use of physicians/hospitals/clinics. **DO NOT GIVE THIS FORM TO THE PATIENT.**

☐	Anacortes	206-264-3561	☒	Colman Dock, Pier 52	206-515-3880
☐	Lopez Island	360-676-2228	☒	Bainbridge Island	206-464-6260
☐	Shaw Island	360-468-4660	☐	Bremerton	206-264-3570
☐	Orcas Island	360-376-6334	☐	Fauntleroy	206-470-0512
☐	Friday Harbor	360-676-2225	☐	Vashon Island	206-470-0529
☐	Port Townsend/Keystone	206-264-3598	☐	Southworth	206-470-0511
☐	Mukilteo	206-470-0527	☐	Point Defiance	206-515-3919
☐	Clinton	206-264-3564			
☐	Edmonds	206-470-0526	☐	Operations Center (24-hour)	206-515-3445
☐	Kingston	206-470-0514	Fax to Operations if Terminal Fax numbers are busy.		

Patient Name Hoffman Jeanne Leonie	Phone
Printed Physician Name and Clinic Amie Macnas Northwest Hospital	Phone 206-668-1824
Physician / Physician's Designee Signature and Title MD	Fax 206-668-1859

NOTE: ***WSDOT Ferries Division does not have medical facilities or trained medical practitioners on board its vessels.***

DOT Form 675-062A EF
Revised11/2012

FS0030 - Admit Financial

UW Medicine

NORTHWEST HOSPITAL & MEDICAL CENTER

ATTENTION:

Form # WSDOT Ferries

Page(s) 2 of 2

Not received in HIM

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

Date 02-05

Initials

Q:\MRD8690\PUBLIC\CHART ORDER

Discharge Medication Instructions

Alrg: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Continue Taking These Home Medications

acetaminophen-codeine 300 mg-30 mg Tablet
Directions: 0.25 tablet oral twice a day as needed for pain
Additional Instructions:
Last Dose Given Date: Not given Time: _____

atorvastatin 20 mg Tablet
Directions: 0.5 tablet oral daily
Additional Instructions:
Last Dose Given Date: 2/3/18 Time: 08:11 pm

losartan 25 mg Tablet
Directions: 0.5 tablet oral daily
Additional Instructions:
Last Dose Given Date: 2/4/18 Time: 07:35 am

pentoxifylline 400 mg Tablet Extended Release
Directions: 1 tablet oral three times a day
Additional Instructions:
Last Dose Given Date: 2/4/18 Time: 07:35 am

timolol maleate 0.5 % Drops
Directions: 1 drop ophthalmic, both eyes twice a day
Additional Instructions:
Last Dose Given Date: 2/4/18 Time: 07:35 am

warfarin 5 mg Tablet
Directions: 1 tablet oral Every Monday, Tuesday, Wednesday, Friday, Saturday
Additional Instructions: Last dose taken on 1/31/18 @ bedtime, per pt
Last Dose Given Date: 2/3/18 Time: 05:01 pm

Electronically signed by: Amie E Macnab, MD 2/3/2018 13:17

ME0020 - Med Reconciliation

Discharge Medication Instructions

Alrg: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Continue Taking These Home Medications

warfarin 5 mg Tablet
Directions: 0.5 tablet oral Every Thursday and Sunday
Additional Instructions:
Last Dose Given Date: 2/2/18 Time: 05:26 pm

Start Taking These New Medications

doxycycline monohydrate 100 mg Tablet
Directions: 1 tablet oral twice a day
Additional Instructions:
Last Dose Given Date: 2/4/18 Time: 06:14 am
Printed

Stop Taking These Medications

levofloxacin 500 mg Tablet
Directions: 1 tablet oral daily
Reason to Stop:
Date last Given: Not given

SAFEWAY #27-1252
253 HIGH SCHOOL ROAD N.E.
BAINBRIDGE ISLAND, WA 98110
Phone # 2068420127 Fax # 2067800731

Electronically signed by: Amie E Macnab, MD 2/3/2018 13:17

ADDENDUM TO ORDERS FOR HOME HEALTH CARE

Date of Face–to–Face Encounter: 2/3/18

This Face–to–Face Encounter was in whole, or in part, for the following medical condition(s) which is the primary reason for home health care:

Medical Condition(s): lower extremity allerlitis, chronic lower extremity wounds

I certify that, based on my findings, the following services are medically necessary for home health services:

- ☒ Nursing
- ☒ Physical Therapy
- ☐ Speech Therapy
- ☐ OT
- ☒ wound care
- ☐ _____

My clinical findings that support the need for the above services are:

Pt needs every other day dressing Kis, INR check and PT to help & mobility.

I certify that this patient is homebound (i.e., absences from home require considerable and taxing effort and are for medical reasons or religious services and are infrequent or of short duration) because:

poor balance & mobility, pain from peripheral vascular disease & allerlitis.

The Center for Medicare and Medicaid Services (CMS) requires the hospitalist/attending signing the Face–to–Face Encounter documentation to identify the community physician in the discharge plan for home health care. **(The provider who will be assuming ongoing management of the Home Health Plan of Care.)**

Name of Provider: William Neighbor

Attending Physician Name: (Please print) Annie Marie G (Required)

Date: 2/3/18 (Required) **Time:** 1375 (Required) **Attending Physician Signature:** (Required)

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

P00040

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

ADDENDUM TO ORDERS FOR HOME HEALTH

© M–1364 (10/16) File Under: Physician Discharge Orders

Page 1 of 1

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

DISCHARGE ORDERS

HOSPITAL PHYSICIANS:
Discharging Physician: Amie Marcus
Consultants (significant): Seth Cohen

EDUCATION:
- ☐ Materials Provided by MD: _____
- ☐ RN to provide Krames discharge educational materials of primary diagnosis on Soarian problem list
- ☐ RN to provide discharge educational materials on: _____

DEVICES:
- ☐ Disc. Foley on: _____
- ☐ Disc. PICC/midline on: _____

FOLLOW-UP APPOINTMENTS
☐ Unit Secretary to schedule ☒ Family/Patient/SNF to schedule
Dr. Wound Care Center within 5-7 days
Dr. _____ within _____ days

Confirmed Follow-up Appointments:
Date: _____ Time: _____
Date: _____ Time: _____

☐ Patient d/c to SNF, follow-up with SNF MD. ☐ Establish care with new PCP within _____ days. Please provide list of PCPs.

DISCHARGE TO: ☒ Home ☐ SNF _____ ☐ ALF/AFH _____ ☐ Other _____

Primary Diagnosis: cellulitis

Other Major Diagnosis: chronic LE ulcers.

Treatment of Primary Diagnosis: Treated w antibiotics.

Invasive Procedures: _____

MEDICATIONS: For all medications and allergies, see attached Discharge Medication Orders and/or Prescriptions.

POST DISCHARGE SERVICES

* Home Health orders require additional documentation. Please fill out the Addendum to Orders for Home Health Care (M-1364) prior to discharge.

			New	Resume
☒ Home Health*	☒ RN ☒ PT ☐ OT ☐ RT	INR ✓ on 2/5 or 2/6	☒	☐
☐ SNF	☐ MSW		☐	☐
☐ Outpatient	☐ Bath Aid		☐	☐
	☐ Speech / Swallow		☐	☐
	☐ Home Oxygen		☐	☐
	☐ Home Infusion		☐	☐
	☐ Hospice		☐	☐
Agency Name:	☒ Wound Care	See orders	☐	☐

D/C Staples/Sutures on _____

Date: 2/3/18 (Required) **Time:** 1310 (Required) **Physician Signature:** _____ (Required)

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

PO0040

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PHYSICIAN DISCHARGE ORDERS

© M-1224 (02/17) File Under: Physician Discharge Orders

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

DIET ☐ RN/SLS/RD to provide educational materials on dietary restrictions

☐ General ☐ Na Restricted_____gm. ☐ No Salt added ☐ ADA/Low Cal____ ☐ AHA low chol./low sat. fat
☐ Pureed ☐ Dysphagia Stimulation ☐ Dysphagia Blenderized ☐ Dysphagia Mechanical ☐ Dysphagia Advanced
☐ NPO ☐ Thin Liquid (normal) ☐ Nectar thick Liquid ☐ Honey thick Liquid ☐ Spoon thick Liquid
☐ 1:1 Supervision ☐ Tube Feeding_____ml/hr ☒ Other Soft.

MEDICATION ADMINISTRATION

☒ Whole w/ Liquid ☐ One at a time ☐ Whole w/ Puree ☐ Crushed w/ Puree ☐ Alternate Route

MOBILITY & PRECAUTIONS

☒ Up ad lib ☐ Bed Rest ☐ Fall Precautions ☐ Amb w/ Assist
☐ Right ☐ Left
☐ PWB_____% ☐ WBAT ☐ NWB
Hip: ☐ Right ☐ Left ☐ Anterior Hip Precautions ☐ Posterior Hip Precautions ☐ Flexion to ____°
Upper Extremity Limitation (e.g. ROM or Weight Bearing): _____
☐ Sternal Precautions ☐ Other:_____

Notify Provider: ☐ per printed educational materials
☐ Other: _____

Additional Orders/Patient Instructions/Wound Care Orders/Outpatient Studies & Labs:

☒ **Attach wound care instructions from Wound Care RN Note:**

Date: 2/3/18 (Required) **Time:** 1310. (Required) **Physician Signature:** _____ (Required)

If patient is discharging to a SNF, the following section MUST ALSO be completed.

CODE STATUS

☐ Full Code ☐ No Code, Full Medical ☐ Comfort Care ☐ POLST Form Completed
☐ Indicate when/with whom discussed: _____

VITAL SIGNS ☐ Q Shift x 3 days ☐ NH Routine Other:

LAB OR X-RAY Lab/Study _____ on _____ (date) Lab/Study _____ on _____ (date)

Certification for Skilled Nursing Care

I certify that post hospital Skilled Nursing Care is medically necessary on a continuing basis for any of the conditions for which he/she received care during this hospitalization.

Physician Signature: _____ Date: _____

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

P00040

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PHYSICIAN DISCHARGE ORDERS

© M–1224 (02/17) File Under: Physician Discharge Orders

12

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center
- Summit Cardiology
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record. Part of your care may take place through telemedicine technology, which may mean 1) live video between your care team members (*in which you also may be involved*), or 2) "remote" review by your care team of the images described above.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
[signature]	Hoffman, Louis	2/1/18

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☒ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☒ ADULT CHILD ☐ ADULT BROTHER/SISTER

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

C00005

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

CARE AGREEMENT

© UH0051 (08/2017) File Under: Care Agreement

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital & Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

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

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

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian	☐ 2. Durable Power of Attorney for Health Care	☐ 3. Spouse/registered domestic partner
☒ 4. Adult Child(ren)	☐ 5. Parent(s)	☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian	☐ 2. Court–authorized person forchild	☐ 3. Parent(s)

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

CO0005

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE
© UH1865 (03/2016) File Under: Consent

Financial Agreement & Consent for Disclosure

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co–payment or co–insurance responsibility, depending on my insurance coverage. The exact amount of the co–insurance or co–payment will depend upon the actual services provided and the coverage provisions of any insurance I have. Sometimes patients will pay more for certain outpatient services and procedures at hospital–based outpatient locations. The amount will depend on my insurance. I may review my insurance benefits or contact my insurer to learn what my policy will pay and what out–of–pocket expenses I may need to pay. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

Notice of Privacy Practices Acknowledgment

The Joint Notice of Privacy Practices brochure describes how medical information about you may be used and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices and follow the information practices that are described in this notice. If you have any questions, please contact: UW Medicine Compliance **855–211–6193** *(toll free).*

Please do not write comments on this form, refer to the "Your Individual Rights About Patient Health Information."

We may change our policies at any time. Any significant policy change will be posted.

You may request a copy of this notice from UW Medicine Compliance 855–211–6193 or at www.uwmedicine.org/nopp.

By signing below, I agree that I have received the Joint Notice of Privacy Practices.

SIGNATURE *(PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)*	DATE
Jeanne Hoffman	2/1/18

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

- ☐ 1. Guardian
- ☐ 2. Durable Power of Attorney for Health Care
- ☐ 3. Spouse/registered domestic partner
- ☒ 4. Adult Child(ren)
- ☐ 5. Parent(s)
- ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

FOR OFFICE USE ONLY: REMARKS for the UW Medicine Notice of Privacy Practices:
(This section below is to be filled out by UW Medicine staff only)

We are unable to obtain acknowledgment from this individual at this time, but immediate treatment is needed for the following reason(s):

- ☐ *Emergency Treatment Situation*
- ☐ *Incarcerated Patient*
- ☐ *Patient refuses to sign*
- ☐ *Patient unable to sign*

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

C00005

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

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

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NORTHWEST HOSPITAL
& MEDICAL CENTER

Foreign Travel Questionnaire

In the last 4 weeks, have you traveled or been in contact with anyone that has traveled *outside* of the United States and Canada?

Yes [ ] **No [x]**

If you answered Yes, please list the countries you have visited in the last 4 weeks:

1. 4.
2. 5.
3. 6.

Please return this form to the front desk representative

SPANISH VERSION

Cuestionario para personas que viajaron al exterior

¿ En las últimas 4 semanas, ha viajado o ha estado en contacto con alguna persona que haya viajado afuera de los Estados Unidos y Canadá?

Sí [ ] **No [ ]**

Si contestó Sí, por favor enliste los países que ha visitado en las últimas 4 semanas:

1. 4.
2. 5.
3. 6.

Por favor entregue este formulario al personal de recepción

***THE FOLLOWING SECTION IS FOR STAFF ONLY ***

Date: 2-1-18
ED

Department:

Receiving Staff: Moreen Skaps

Please place patient's label here.
Alternatively, please write the patient's name down:

U81701135 BD:1/6/1925 93YF
HOFFMAN
JEANNE
LEONIE
NW ED
DOS:2/1/2018
Enc:1823773755 RES:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

TRAVEL QUESTIONNAIRE

M–1899 (09/17) File Under: Assessments

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823773755	Visit Type:	Inpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Routine/Acute Care	Patient Conditon:	
Station:		Bed:		Unit Contacted:	Internal Medicine
Isolation:		Complaint:	LEFT LEG PAIN		
Admit D/T:	2/1/2018 12:17	Discharge D/T:	2/4/2018 08:45	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Admitting:	AMIE MACNAB, M.D.	334090	Hospitalist	(206)668-1500	(206)668-1503
Attending:	AMIE MACNAB, M.D.	334090	Hospitalist	(206)668-1500	(206)668-1503
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)780-(	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

eED PulseCheck Complete - Springston, MD, Mastafa 2/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:52:49 PM -04:00

Northwest Hospital & Medical Center
EMERGENCY FLOW SHEET RECORD
Name: HOFFMAN, JEANNE LEONIE Age: 93Y MR: U8170135 Acct: 1823773755

VITAL SIGNS	CSAN	ECOR	ECOR
TIME	2/1/2018 16:07	2/1/2018 12:41	2/1/2018 12:40
BP	163/83		143/55
MAP			
PULSE	78	60	
RESP	20		20
TEMP			36.9 (Temporal Artery)
PAIN			face 5
O2 SAT	100 on (ra)		100 on (RA)
END-TIDAL CO2			

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1823773755

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Patient Data

Complaint: LEFT LEG PAIN
Triage Time: Thu Feb 01, 2018 12:39
Urgency: 3−ESI III
Bed: ED 2−ED
Initial Vital Signs: 2/1/2018 12:40
BP:143/55
MAP:
T:36.9 (Temporal Artery)
Pain:face 5
R:20
P:
O2 sat:100 on (RA)
End−Tidal CO2:

ED Attending: Springston, MD, Mastafa
Primary RN: Middleton,RN, Kent

DIAGNOSIS (15:17 MSPR)

FINAL: PRIMARY: Cellulitis of left lower limb.

DOCTOR NOTES (Fri Feb 02, 2018 14:05 MSPR)

TEXT: 93yo F sent from the wound care center for a cellulitis from superinfected ulcers not responding to outpatient abx.
Labs ordered and reviewed: no leukocytosis, CRP not elevated, INR at upper end of goal at 3.0.
Do not suspect DVT given pt has been on Coumadin throughout and exam seems more localized like a cellulitis than a DVT.
Case d/w Dr. MacNabb of hospital medicine. After consultation w/ ID will begin treatment w/ Cefepime and admit for further care. Pt given a dose of IV cefepime in the ED.

DATA REVIEWED: Lab data reviewed, Old records reviewed, Discussed with consultants.

DISPOSITION

PATIENT: Disposition Type: Inpatient, Disposition: Admit to Med/Surg, Condition: 1−STABLE. (15:17 MSPR)
Patient left the department. (17:26 KHMI)

PRESCRIPTION

No recorded prescriptions

HPI CELLULITIS (Fri Feb 02, 2018 13:59 MSPR)

CHIEF COMPLAINT: Patient presents for the evaluation of erythema, cellulitis, of the left, lower leg, Ulcerated. *HISTORIAN:* History obtained from patient, History obtained from family. *TIME COURSE:* Onset of symptoms reported as gradual, Onset was months prior to arrival, Patient currently has symptoms. *LOCATION:* LLE. *ASSOCIATED WITH:* Pain, Warmth. *SEVERITY:* Onset severity was mild, Present severity is moderate. *MECHANISM:* Possible source is venous stasis. *EXACERBATED BY:* Patient's condition exacerbated by nothing. *RELIEVED BY:* Patient's condition relieved by nothing. *NOTES:* Pt is a 93yo F who has a h/o arterial and venous insufficiency to her BLE. She has chronic ulcer of her LLE that she has been receiving wound care for. A few weeks ago she developed some erythema concerning for superinfection. She was started on levoquin PO after a wound culture from the wound care center grew MSSA and Enterobacter. After being on the levoquin for 8 days she has no improvement and endorses worsening pain so was sent from the Wound Care Center to the ED for evaluation. Denies any fevers.

PAST MEDICAL HISTORY

MEDICAL HISTORY: 1. PVD. (Thu Feb 01, 2018 12:39 ECOR)
1. PVD
2. h/o DVT and venous insufficiency. (Fri Feb 02, 2018 14:01 MSPR)

PSYCHIATRIC HISTORY: No previous psychiatric history. (Thu Feb 01, 2018 12:39 ECOR)

SOCIAL HISTORY: Denies smoking, Denies consumption of alcohol, son (doug hoffman) has been abusive to her − not to be allowed to see her. (Thu Feb 01, 2018 12:39 ECOR)
Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Denies smoking, Denies consumption of alcohol, Lives with son. (Fri Feb 02, 2018 14:02 MSPR)

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1823773755

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

NOTES: Nursing records reviewed, I agree with nursing records except where I document differently. (Fri Feb 02, 2018 14:03 MSPR)

CURRENT MEDICATIONS
No recorded medications

KNOWN ALLERGIES
No recorded allergies

ROS (Fri Feb 02, 2018 14:03 MSPR)
CONSTITUTIONAL: No lethargy, No fever, No chills.
EYES: No vision changes, No eye pain, No eye discharge.
ENT: No voice changes, No epistaxis, No otalgia.
CARDIOVASCULAR: No chest pain, No dyspnea on exertion, No edema, No syncope.
RESPIRATORY: No Cough, No SOB, No wheezing.
GI: No abdominal pain, No nausea, No diarrhea, No vomiting.
GENITOURINARY FEMALE: No dysuria, No vaginal discharge, No vaginal bleeding.
MUSCULOSKELETAL: No neck pain, No back pain.
SKIN: Historian reports cellulitis, No rash.
NEUROLOGIC: No focal weakness, No sensory changes, No speech changes.
PSYCHIATRIC: Negative psychiatric review of systems.

VITAL SIGNS
VITAL SIGNS: BP: 143/55, Resp: 20, Temp: 36.9 (Temporal Artery), Pain: face 5, O2 sat: 100 on (RA), Time: 2/1/2018 12:40. (12:40 ECOR)
Pulse: 60, Time: 2/1/2018 12:41. (12:41 ECOR)
BP: 163/83, Pulse: 78, Resp: 20, O2 sat: 100 on (ra), Time: 2/1/2018 16:07. (16:07 CSAN)

PHYSICAL EXAM (Fri Feb 02, 2018 14:03 MSPR)
CONSTITUTIONAL: Vital signs reviewed, Patient is afebrile, elderly female, sitting in stretcher, in no distress.
HEAD: Atraumatic, Normocephalic.
EYES: Pupils equal, round and reactive to light, Extraocular muscles intact.
ENT: Ears normal to inspection, Nose examination normal, Mouth normal to inspection.
NECK: Normal ROM, Cervical spine nontender.
RESPIRATORY CHEST: Breath sounds normal, No respiratory distress.
CARDIOVASCULAR: Normal Rate/Rhythm, Normal S1 S2.
ABDOMEN: Abdomen is nontender, No distension, No peritoneal signs.
BACK: There is no CVA Tenderness, There is no tenderness to palpation.
UPPER EXTREMITY: No edema, Normal range of motion, Normal pulses.
LOWER EXTREMITY: LLE: Diffuse erythema below the knee, 1+ edema, dopplerable pulse. Ulceration to anterior surface above the ankle with fibrinous exudate. No purulent discharge, no abscess seen.
NEURO: No focal motor deficits, No focal sensory deficits, Speech normal.
SKIN: Skin is warm, Skin is dry.
PSYCHIATRIC: Oriented X 3.

LAB INTERPRETATION (Fri Feb 02, 2018 14:05 MSPR)
INTERPRETATION: I reviewed the lab results.

ORDERS
CBC, Diff/Smear Evaluation: Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: System − Thu Feb 01, 2018 13:21. (13:06 MSPR)

NORTHWEST HOSPITAL & MEDICAL CENTER
COMPLETE CHART

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1823773755

Comprehensive Metabolic Panel: Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: System − Thu Feb 01, 2018 13:45. (13:06 MSPR)
CRP, high sensitivity: Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: System − Thu Feb 01, 2018 13:45. (13:06 MSPR)
1st Extra Blue Top (Hold Coag): Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: System − Thu Feb 01, 2018 13:17. (13:17 MSPR)
Lab Add On Order: Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: System − Thu Feb 01, 2018 14:22. (14:15 MSPR)
Prothrombin Time: Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: System − Thu Feb 01, 2018 14:41. (14:21 MSPR)
Page / Call MD >>: Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: Hurt, US, Leah − Thu Feb 01, 2018 15:12. (15:10 MSPR)
IV Access/Saline Lock: Ordered by: Springston, MD, Mastafa
Ordered for: Springston, MD, Mastafa
Status: Done by: Sansom, RN, Colleen − Thu Feb 01, 2018 15:29. (15:11 MSPR)

RESULTS (Fri Feb 02, 2018 14:05 MSPR)

Measurement	Result	Units	Range
Prothrombin Time (NWH) Collection DT: Thu Feb 01, 2018 13:16			
Prothrombin Time Patient (NWH)	**30.3 − H**	**s**	**8.9−12.1**
Prothrombin INR	**3.0 − H**		**0.8−1.3**

Measurement	Result	Units	Range
Lab Add On Order, Non−Micro Collection DT: Thu Feb 01, 2018 14:21			
Lab Test Requested	See comment below		
PRONW			
Specimen Type/Description	See comment below		
Blood			
Sample To Use	See comment below		
Information not provided			
Test Request Status	See comment below		
Order Processed			

Measurement	Result	Units	Range
CRP, high sensitivity Collection DT: Thu Feb 01, 2018 13:16			
CRP, high sensitivity	1.9	mg/L	0.0−10.0

Measurement	Result	Units	Range
Comprehensive Metabolic Panel Collection DT: Thu Feb 01, 2018 13:16			
Sodium	143	mEq/L	135−145
Potassium	4.2	mEq/L	3.6−5.2
Chloride	108	mEq/L	98−108
Carbon Dioxide, Total	26	mEq/L	22−32
Anion Gap	9		4−12
Glucose	117	mg/dL	62−125
Urea Nitrogen	**24 − H**	**mg/dL**	**8−21**
Creatinine	**1.08 − H**	**mg/dL**	**0.38−1.02**

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1823773755

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

Protein (Total)	7.0	g/dL	6.0−8.2
Albumin	3.9	g/dL	3.5−5.2
Bilirubin (Total)	0.4	mg/dL	0.2−1.3
Calcium	9.1	mg/dL	8.9−10.2
AST (GOT)	15	U/L	9−38
Alkaline Phosphatase (Total)	55	U/L	49−199
ALT (GPT)	10	U/L	7−33
eGFR, Calc, European American	**47 − L**	**mL/min/1.73_m2**	**>59**
eGFR, Calc, African American	**57 − L**	**mL/min/1.73_m2**	**>59**
eGFR, Information	See comment below		
Calculated GFR in mL/min/1.73 m2 by MDRD equation.			
eGFR, Information	See comment below		
Inaccurate with changing renal function. See			
eGFR, Information	See comment below		
eGFR, Information	See comment below		
http://depts.washington.edu/labweb/test/bclim/cGFR.html			

Measurement	**Result**	**Units**	**Range**
CBC, Diff/Smear Evaluation Collection DT: Thu Feb 01, 2018 13:16			
WBC	6.76	THOU/uL	4.3−10.0
RBC	**3.55 − L**	**mil/uL**	**3.80−5.00**
Hemoglobin	**10.9 − L**	**g/dL**	**11.5−15.5**
Hematocrit	**35 − L**	**%**	**36−45**
MCV	97	fL	81−98
MCH	30.7	pg	27.3−33.6
MCHC	**31.6 − L**	**g/dL**	**32.2−36.5**
Platelet Count	201	THOU/uL	150−400
RDW−CV	13.7	%	11.6−14.4
% Neutrophils	64	%	
% Lymphocytes	23	%	
% Monocytes	8	%	
% Eosinophils	4	%	
% Basophils	1	%	
% Immature Granulocytes	0	%	
Neutrophils	4.27	THOU/uL	1.80−7.00
Lymphocytes	1.55	THOU/uL	1.00−4.80
Monocytes	0.57	THOU/uL	0.00−0.80
Eosinophils	0.30	THOU/uL	0.00−0.50
Basophils	0.05	THOU/uL	0.00−0.20
Immature Granulocytes	0.02	THOU/uL	0.00−0.05
Nucleated RBC	0.00	THOU/uL	0.00
% Nucleated RBC	0	%	

Measurement	**Result**	**Units**	**Range**
1st Extra Orange Top Collection DT: Thu Feb 01, 2018 13:16			
1st Extra Orange Top	See comment below		
Additional collection tube			

Measurement	**Result**	**Units**	**Range**
1st Extra Blue Top Collection DT: Thu Feb 01, 2018 13:16			
1st Extra Blue Top	See comment below		
Additional collection tube			

MEDICATION ADMINISTRATION SUMMARY

Drug Name	**Dose Ordered**	**Route**	**Status**	**Time**

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1823773755

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

cefTRIAXone intravenous	2 gram(s)	IV Piggy Back	Canceled	15:31 2/1/2018
cefepime	2 gram(s)	IV Piggy Back	Given	16:02 2/1/2018

Detailed record available in Medication Service section.

MEDICATION SERVICE

cefepime: Order: cefepime (cefepime HCl) − **Dose:** 2 gram(s) : IV Piggy Back
Ordered by: Mastafa Springston, MD
Entered by: Mastafa Springston, MD Thu Feb 01, 2018 15:32 ,
Acknowledged by: Sansom, RN Colleen Thu Feb 01, 2018 15:33
Documented as given by: Colleen Sansom, RN Thu Feb 01, 2018 16:02
Patient, Medication, Dose, Route, Schedule verified prior to administration., Amount given: 2gram, IV SITE #1 IVPB or drip, initial infusion, Premixed, via primary tubing, Catheter placement confirmed via flush prior to administration, IV site without signs or symptoms of infiltration during medication administration, No swelling during administration, No drainage during administration, IV flushed after administration, Correct patient, time, route, dose and medication confirmed prior to administration, Patient advised of actions and side−effects prior to administration, Allergies confirmed and medications reviewed prior to administration, Patient in position of comfort, Side rails up, Cart in lowest position, Call light in reach.

: Follow Up : _IV SITE #1:_, Medication infusion discontinued, at 1640. (16:51 KHMI)

(CANCELED) cefTRIAXone intravenous: Order: cefTRIAXone intravenous (ceftriaxone sodium) − **Dose:** 2 gram(s) : IV Piggy Back
Ordered by: Mastafa Springston, MD
Entered by: Mastafa Springston, MD Thu Feb 01, 2018 15:23 ,
Acknowledged by: Sansom, RN Colleen Thu Feb 01, 2018 15:29
Canceled by: Mastafa Springston, MD. Thu Feb 01, 2018 15:31, Cancel reason: Change in medication plan.

CALL IN (12:15 TKOO)

CALL IN: Call In: Thu Feb 01, 2018 12:15.
NOTES: MD Calling: wound care center, ED MD evaluation with disposition, Age 93, female, cellulitis on leg, no response to levaquin for the past week. tender to touch, painful to touch. U8170135.

TRIAGE (Thu Feb 01, 2018 12:39 ECOR)

PATIENT: AGE: 93, GENDER: female, DOB: Tue Jan 06, 1925, TIME OF GREET: Thu Feb 01, 2018 12:17, PREFERRED LANGUAGE: ENGLISH, RACE: WHITE, Zip Code: 98110, PHONE: (206)780−6885, MEDICAL RECORD NUMBER: U8170135, ACCOUNT NUMBER: 1823773755, PCP: NEIGHBOR JR, WILLIAM. (Thu Feb 01, 2018 12:39 ECOR)
NAME: HOFFMAN, JEANNE LEONIE. (15:05)
COMPLAINT: LEFT LEG PAIN. (Thu Feb 01, 2018 12:39 ECOR)
ADMISSION: URGENCY: 3−ESI III, ADMISSION SOURCE: CLINIC, TRANSPORT: .Wheelchair, BED: MEDREC. (Thu Feb 01, 2018 12:39 ECOR)
TRAVEL SCREENING: Patient has not traveled outside U.S. (Thu Feb 01, 2018 12:39 ECOR)
PROVIDERS: TRIAGE NURSE: Emma Corbilla, RN. (Thu Feb 01, 2018 12:39 ECOR)
TRIAGE NOTES: ulcer to l leg since march 2017
worsening over the past 1 month
no fevers
referred from wound clinic. (Thu Feb 01, 2018 12:39 ECOR)
DOMESTIC VIOLENCE: Does anyone hurt you or threaten to hurt you? YES, Has anyone tried to keep you from seeing your family, going to school or doing other things that are important to you? YES, Have you ever been forced by someone to have sex when you did not want to? NO. (Thu Feb 01, 2018 12:39 ECOR)
SUICIDE ASSESSMENT: In the last 2 weeks, have you had any thoughts that you don't want to

live any more? NO, In the last 2 weeks, have you had thoughts of hurting yourself in any way? NO, Do you have a plan to commit suicide? NO, Are you suicidal now? NO. (Thu Feb 01, 2018 12:39 ECOR)

TREATMENTS PRIOR TO ARRIVAL: None, Backboard. (Thu Feb 01, 2018 12:39 ECOR)

EVENTS

ATTENDING: I saw this patient as of this date/timestamp. (13:06 MSPR)

TRANSFER: Triage to Emergency Home Med List. (Thu Feb 01, 2018 12:39 ECOR)
Emergency Home Med List to Team Two 12. (12:56 ECOR)
Emergency Team Two 12 to F. (16:22 DMMA)
Removed from Emergency Team Two F. (17:26 KHMI)

ADMISSION REQUEST

ENTRY: Disposition Type: Inpatient
Disposition: Admit to Med/Surg
Condition: 1−STABLE
Admitting Doctor: Macnab, Amie
PCP Doctor: NEIGHBOR JR, WILLIAM
Special Needs: No
View Bed: No
Isolation: None
PRIMARY: Cellulitis of left lower limb. (15:17 MSPR)

UPDATE: Admitting Doctor: MACNAB, AMIE
Attending Doctor: MACNAB, AMIE
Admit Room: ED. (15:21 LHUR)
Additional Comments: Printed − RH. (15:37 RHIN)
Admit Area: 4. (15:50 MZIE)
Additional Comments: DONE − RH. (15:59 RHIN)
Admit Room: 416 NR
Admit Area: 4S. (16:01 MZIE)
Admit Room: 418 RDY
Bed Status: Bed Ready. (16:22 VBAN)

NURSING ASSESSMENT: EXTREMITY LOWER (13:24 KHMI)

CONSTITUTIONAL: Patient arrives ambulatory with steady gait to treatment area, History obtained from patient, Patient is cooperative, Patient is alert and oriented x 3, Patient appears in no acute distress, Patient's skin is warm and dry, Patient's mucous membranes are moist and pink, Patient arrives to treatment area ambulatory, with steady gait.

LEFT LOWER EXTREMITY: Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Full range of motion, On a scale 0−10 patient rates pain as 4, Redness, less than 2 seconds.

RIGHT LOWER EXTREMITY: No complaint of pain, Pedal pulses present, Brisk capillary refill, Sensation intact, Patient denies numbness/tingling, Full range of motion.

NURSING PROCEDURE: NURSE NOTES (15:57 CSAN)

TIME: son − Louis net phone: 206−780−6885; louisalloin@usa.com.

NURSING PROCEDURE: ADMISSION (17:16 KHMI)

TIME: Report called at 1715, Patient admitted to room 418, Patient acuity level was non−urgent, Patient admitted to, med−surg unit, Report called/faxed to Amy RN, Patient transported via, cart, Accompanied by, emergency room technician, Transported with, BLS care, Belongings are, with patient.

NURSING PROCEDURE: IV (15:29 CSAN)

NORTHWEST HOSPITAL & MEDICAL CENTER COMPLETE CHART

HOFFMAN, JEANNE LEONIE
DOB: 1/6/1925 F93
Wt/Ht:
MedRec: U8170135
AcctNum: 1823773755

SITE 1: Patient's identity verified by, patient stating name, hospital ID bracelet, Indications for procedure: medication administration, IV established for venous access, 20 gauge catheter inserted, into left forearm, in 2 attempts, Saline lock established, flushed with normal saline, amount 10, ml, After procedure, no swelling noted at site, After procedure, no drainage noted at site, After procedure, no redness, 2x3 ensure dressing applied.

IMAGING (14:14 LHUR)
EDIE NOTIFICATION: Image captured from scanner.

ADMIN
DIGITAL SIGNATURE: Springston, MD, Mastafa. (Fri Feb 02, 2018 14:07 MSPR)
MERGE: Call In Thu Feb 01, 2018 12:15. (12:51 TKOO)
PATIENT DATA CHANGE: Primary Nurse changed from (none) to Kent Middleton,RN. (13:02 KHMI)
Attending changed from (none) to Mastafa Springston, MD. (13:06 MSPR)
A08 92419674 by Interface, Name: HOFFMAN, JEANNE LEONIE, Payment: Medicare. (15:05)
A08 92419685 by Interface. (15:05)
A08 92419809 by Interface. (15:05)
Admitting Doctor: Macnab, Amie. (15:17 MSPR)
A08 92423118 by Interface, Admitting Doctor: MACNAB, AMIE, Attending Doctor: MACNAB, AMIE. (15:20)
Admit Room: ED. (15:21 LHUR)
Primary Nurse changed from Kent Middleton,RN to Colleen Sansom, RN. (15:29 CSAN)
Admit Area: 4. (15:50 MZIE)
Admit Room: 416 NR, Admit Area: 4S. (16:01 MZIE)
Primary Nurse changed from Colleen Sansom, RN to Kent Middleton,RN. (16:15 KHMI)
Admit Room: 418 RDY. (16:22 VBAN)
A08 92437508 by Interface. (16:31)
A08 92437513 by Interface. (16:31)

Key:
CSAN=Sansom, RN, Colleen DMMA=Mahoney , RN, Dennis ECOR=Corbilla, RN, Emma KHMI=Middleton,RN, Kent LHUR=Hurt, US, Leah MSPR=Springston, MD, Mastafa MZIE=Ziegler, Mark RHIN=Hinz, REG, Roberta TKOO=Koo, RN, Tiara VBAN=Banel, Victor

Unit: _____ **Room #:** _____ **Item Disposition:** in safe = (S) Home = (H) With Patient – (P) See Instructions on page *3*

ITEM/DESCRIPTION	Item Disposition	Deposit/ Balance	Unit/Date	Unit/Date	Unit/Discharge Date
CURRENCY (LIST AMOUNTS)					
$100 | $50 | $20 | $10					
$5 | $1 | COINS					
TOTAL:					
WALLET					
CREDIT CARDS					
# MEDICATION BOTTLES: _____					
HEARING AID ☐ 1 ☒ 2	P				
DENTURES ☒ FULL ☐ PARTIAL (Top)	P				
GLASSES	P				
WATCH	P				
RINGS					
OTHER JEWELRY					

CHECK ITEM(S) THAT ARE **WITH PATIENT**

- ☒ **STREET CLOTHING**
- ☒ **COAT**
- ☐ **PURSE**
- ☒ **OTHER:** Walker - red
- ☐ **ROBE, SLIPPERS**
- ☐ **CONTACTS**
- ☐ **RAZOR**
- ☐ **OTHER:** umbrellas
- ☐ **CELL PHONE**
- ☐ **ELECTRONIC DEVICE**
- ☐ **SUITCASE**
- ☐ **OTHER:** _____
- ☐ **CHARGERS**
- ☒ **SHOES**
- ☐ **OTHER:** _____

OTHER ADDITIONAL BELONGINGS: ☐ **IN SECURITY LOCKER;** ☐ **HOME MEDICATIONS SENT TO PHARMACY**

I authorize the following relative/person _____ to inspect my personal Belongings and take non-essential items home. Relationship to patient: _____.

SIGNED: _____ _____ DATE/TIME: _____
PATIENT/RESPONSIBLE PARTY/STAFF SIGNATURE PATIENT/RESPONSIBLE PARTY PRINTED NAME

SIGNED: _____ _____ _____
STAFF SIGNATURE STAFF PRINTED NAME WITNESS

I have received the belongings listed above at the time of discharge:

SIGNED: _____ DATE/TIME: _____ _____
PATIENT/RESPONSIBLE PARTY SIGNATURE STAFF SIGNATURE

Call Admitting at 206-368-6737 for valuables.

Copy–Patient ☐
Original–Medical Record ☐

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

F50010

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

PATIENT BELONGINGS INVENTORY–ADMITTING STAFF

© UH0951A (07/15) File Under: Admitting Financial
Page 1 of 2

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

Northwest Hospital (NWH) staff respects and promotes the rights of all patients. Patients should expect that efforts are taken to promote a safe and secure environment. NWH will make reasonable efforts to safeguard the personal property of patients; however, property is generally the responsibility of patients and their families, and NWH cannot guarantee the security of personal property. To minimize potential harm to personal property including lost, misplaced, stolen or damaged items, the following practices will be observed:

NWH has two choices for storing personal property of patients during hospitalization:	1	One choice is placing items in the NWH "Valuables and Property Storage System". This choice involves NWH placing small valuables (examples: watch, jewelry, dentures, glasses) in a secure locked safe in the Admitting Department. This "Valuables and Property Storage System" utilizes a witnessed (2 person) property check–in process. It is generally for nonessential items and access to this may be limited by hours of operation.
	2	Another choice for storing property is in the patient's room. The patient is generally responsible for these items and these items are generally accessible to the patient. NWH will provide limited unsecured storage spaces for patient storage of personal property in the hospital room during hospitalization.

- Patients are strongly encouraged to leave and/or send all nonessential belongings and valuables home.
- Prohibited items are firearms and other dangerous weapons, illegal drugs, marijuana, drug paraphernalia, and alcohol.
- Biohazards or severely damaged clothing are generally discarded immediately unless required for forensic evidence. (Biohazards means: clothing or other items are contaminated in the judgment of medical staff and presents a health risk.)
- NWH will dispose of unclaimed patient belongings as allowed by law after proper notice and time period for retrieval of items. When patient belongings are not claimed after 30 days, items are disposed of as allowed by law.
- Further information about NWH's property policies and procedures will be provided as needed or requested to the patient or patient's authorized representative.

Patient's Personal Property Liability Agreement

I, the undersigned, have read or have been informed about the above policy. I/patient understand that I/patient am responsible for all property brought to Northwest Hospital. I/patient understand that the hospital recommends all nonessential items be left at home or be sent home with family or friends.

I/patient understand that the hospital provides a "Valuable and Property Storage System" for important personal property and that access to this area may be limited by hours of operation.

I/patient agree to hold the hospital and its employees harmless from liability for my/patient's property if it is lost, misplaced, stolen or damaged when such property is not placed in the "Valuable and Property Storage System" or otherwise under the direct control of the hospital. I/patient further acknowledge the potential harm to property maintained by the hospital due to circumstances beyond the hospital's control (e.g., fire, earthquake) and hereby release the hospital from any liability in such circumstances.

Patient Signature: Jeanne L Hoffman Date/Time: 2/1/18 1555

Witness Signature: Roberta G Hinz Printed Name of Witness: Roberta G Hinz

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

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

FS0010

PATIENT BELONGINGS INVENTORY–ADMITTING STAFF

© UH0951A (07/15) File Under: Admitting Financial

Patient Name:
Patient ID Number:
Physician: MacNab

Department of Health & Human Services
Centers for Medicare & Medicaid Services
OMB Approval No. 0938–0692

An Important Message From Medicare About Your Rights

As A Hospital Inpatient, You Have The Right To:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here:

Name of QIO
Livanta, LLC
Telephone Number of QIO
1–877–588–1123

Your Medicare Discharge Rights

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - ❑ **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - ❑ If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- Step by step instructions for calling the QIO and filing an appeal are on page 2.

To speak with someone at the hospital about this notice, call: Care Management Department at 206–668–1304.

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative	Date/Time
Jeanne L Hoffman	2/1/18 1535

Form CMS–R–193 (Exp. 03/31/2020)

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

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

MEDICARE IMPORTANT MESSAGE

M–1195 (07/2017) File Under: Admitting Financial

Steps To Appeal Your Discharge

- **Step1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).

  ❑ Here is the contact information for the QIO:

  Name of QIO (in bold)
  Livanta, LLC

  Telephone Number of QIO
  1-877-588-1123

  ❑ You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**

  ❑ Ask the hospital if you need help contacting the QIO.

  ❑ The name of this hospital is : Northwest Hospital & Medical Center.

Hospital Name	Provider ID Number
Acute NPI: **Geropsych NPI:**	**1700861580** **1497766067**

- **Step 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **Step 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **Step 4**: The QIO will review your medical records and other important information about your case.
- **Step 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - ❑ If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - ❑ If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

If You Miss The Deadline To Appeal, You Have Other Appeal Rights:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - ❑ If you have Original Medicare: Call the QIO listed above.
  - ❑ If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048. CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email: AltFormatRequest@cms.hhs.gov.

Additional Information:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

2-eH and P Macnab, MD, Amie 2/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:50:03 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

DATE OF SERVICE: 02/01/2018

CHIEF COMPLAINT:
The patient is a 93-year-old woman who came to the emergency department due to increased left lower extremity pain in the setting of chronic wounds.

HISTORY OF PRESENT ILLNESS:
The patient is a 93-year-old woman with history of chronic lower extremity wound on the left leg which has been ongoing for about a year. She has chronic pain in her leg for which she takes a quarter tablet of Tylenol with codeine and aspirin on a routine basis. The patient developed worsening pain and erythema and back on
January 11th had wound cultures performed at the Wound Care Clinic that grew MSSA and Enterobacter. She has been reportedly taking Levaquin for the last 8 days, but has not had any improvement in her leg symptoms. She says that a week ago the erythema was worse, but today the pain has increased. The patient denies any fevers or chills. No shortness of breath, chest pain, nausea, vomiting, diarrhea, or constipation. The patient says the pain is severe but is able to ambulate. In the emergency department, she was given cefepime and admitted for further treatment.

PAST MEDICAL HISTORY:
1. Chronic lower extremity ulcerations of her legs have been going on for the last year at least.
2. History of venous insufficiency.
3. Bilateral lower extremity DVT about 30 years ago and has since been on warfarin.
4. History of poor balance.
5. Chronic peripheral neuropathy.
6. History of right lower extremity fracture.

SOCIAL HISTORY:
She uses a walker for ambulation. Her son lives with her. She does not smoke or drink.

FAMILY HISTORY:
The patient denies known family history. Says mother died of old age.

REVIEW OF SYSTEMS:

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

See above HPI. Otherwise, complete review of systems is negative.

ALLERGIES:
1. TAPE causes rash.
2. PENICILLIN causes rash.
3. SULFA causes rash.
4. The patient also says she is very sensitive to NARCOTIC PAIN MEDICATIONS.

HOME MEDICATIONS:
1. Acetaminophen/codeine 300/30 mg quarter of a tablet twice a day as needed for pain.
2. Atorvastatin 10 mg daily.
3. Levofloxacin 500 mg daily started on 01/25.
4. Losartan 12.5 mg daily.
5. Pentoxifylline 400 mg 3 times a day.
6. Timolol 0.5% eye drops both eyes twice a day.
7. Warfarin 5 mg Monday, Tuesday, Wednesday, Friday and 2.5 mg Thursday and Sunday.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature 36.8, pulse 87, respiratory rate 24, blood pressure 148/94, satting 100% on room air.
GENERAL: Patient is awake, conversant, appears to be in pain.
HEENT: Pupils equal. Oral mucous membranes moist.
NECK: Supple. No lymphadenopathy.
LUNGS: Clear to auscultation bilaterally.
CV: Regular rate and rhythm with no murmurs.
ABDOMEN: Soft, nontender.
EXTREMITIES: Her left lower leg is diffusely erythematous to below her knee. It is moderately edematous and tender to palpation. She has 3 ulcerations, 1 around her medial ankle, 1 on her lateral lower leg, and 1 on her foot. They are dry with no drainage. The patient also has tenderness to palpation over her right ankle as well with 1+ pitting edema with no significant erythema

noted on her right lower leg. She has dopplerable pulses in her bilateral dorsalis pedis.
SKIN: See extremity exam.
NEURO: Patient is awake, answering questions appropriately. Moving all 4 extremities though decreased movement in her left lower leg due to pain. The patient reports chronic neuropathy that is unchanged.

2-eH and P Macnab, MD, Amie 2/1/2018 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 8:50:03 PM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 02/01/2018 **Acct#:** 1823773755
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

LABORATORY DATA:
White count is 6.7, hematocrit 35, platelets 201, INR 3. Chem 7 notable for a BUN of 24, creatinine l.08. LFTs within normal limits. CRP l.9.

ASSESSMENT/PLAN:
1. Cellulitis in the setting of chronic wounds of the left lower leg. The patient did not have any improvement of her symptoms while on Levaquin. She is afebrile with a normal white count though has significant pain in her left leg. Will change antibiotics to cefepime. Will order request Infectious Disease consult and wound care. We will continue her Trental.
2. History of anticoagulation due to history of deep venous thrombosis. INR is therapeutic. We will continue warfarin.
3. Code status: The patient says she defers her code status to her son who will be here tomorrow, so for now will be FULL CODE.

MLS: 514581
D: 02/01/2018 19:54:43
T: 02/01/2018 22:06:27
47792105 [ID1: 334090]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 02/01/2018 1 DOB: 01/06/1925

Physician: Amie Macnab, MD

Edited By Macnab, M.D.Amie E 02-Feb-2018 10:36:49 -05:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 02/01/2018
Date of Discharge:
Dictating Physician: Macnab, MD, Amie

MR#: U8170135
Acct#: 1823773755

Signed by Macnab, M.D.Amie E on 02-Feb-2018 10:36:49 -05:00

Macnab, MD, Amie

CC: William Neighbor, MD

D: 02/01/2018 19:54 T: 02/01/2018 22:06 JOB: 47792105 MLS: 514581

Home Medication List

Allergy: adhesive tape, Penicillins, Sulfa (Sulfonamide Antibiotics)

Status: Complete Collected On: 2/1/2018 15:32 By: Amie E Macnab, MD
Comments: Medlist reviewed by Rx via pt, records from Mindscape and records from Safeway Rx (206) 842-0127.

Home Medications

acetaminophen-codeine 300 mg-30 mg Tablet 0.25 tablet oral twice a day PRN

PRN Reason: pain
Medication Status: active
Confirmed Source: Patient

atorvastatin 20 mg Tablet 0.5 tablet oral daily

Medication Status: active
Confirmed Source: Patient

levofloxacin 500 mg Tablet 1 tablet oral daily

Extended Instructions: started on 1/25/18 for 10 days, per pt
Medication Status: active
Confirmed Source: Patient

losartan 25 mg Tablet 0.5 tablet oral daily

Medication Status: active
Confirmed Source: Patient

pentoxifylline 400 mg Tablet Extended Release 1 tablet oral three times a day

Medication Status: active
Confirmed Source: Patient

timolol maleate 0.5 % Drops 1 drop ophthalmic, both eyes twice a day

Medication Status: active
Confirmed Source: Patient

warfarin 5 mg Tablet 1 tablet oral Every Monday, Tuesday, Wednesday, Friday, Saturday

Extended Instructions: Last dose taken on 1/31/18 @ bedtime, per pt
Medication Status: active
Confirmed Source: Patient

warfarin 5 mg Tablet 0.5 tablet oral Every Thursday and Sunday

Medication Status: active
Confirmed Source: Patient

DATE: JAN 29 2018 **TIME:** 10 00 | Type of Service: ☐ Initial Visit ☑ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☑ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☐ None ☐ Other:

Height: _____inches | Weight: _____lbs.

Source: ☐ Stated/Not Measured ☐ Measured ☐ Not measured | Source: ☐ Stated ☐ Measured

Accompanied by: Self

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☑ Yes

Patient requires Transmission–Based Precautions? ☐ Yes ☑ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 98.0 Pulse: 80 Respirations: 12 Blood pressure (mmHg): _____

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☑ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☑ N/A

Has compression in place as prescribed: ☐ Yes ☑ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☑ No ☐ N/A

Blood glucose under control: ☐ Yes ☐ No ☑ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☑ R ☑ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☑ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: [signature] Date: JAN 29 2018 Time: 1000

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: [signature] Date: JAN 29 2018 Time: 1000

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823561933** MRN:**U8170135**
ADM: **01/29/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	(L) lat calf	(L) lat ankle	(L) med. ankle	
▲ Current Wound Stage/Grade:	FT E	FT S	FT S	
Is this a change?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Length:	NV cm	NV cm	NV cm	cm
▲ Width:	cm	NV cm	NV cm	cm
▲ Depth:	cm	cm	cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm
Granulation Amount	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: K McKinnon Initials: KM Date: JAN 29 2018 Time: 1010
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823561933** MRN:**U8170135**
ADM: **01/29/2018**
CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
EDEMA ASSESSMENT				
	LEFT ☐ Not Applicable ☐ Not Assessed		**RIGHT** ☐ Not Applicable ☑ Not Assessed	
Lower Limb Edema	☑ Yes ☐ No		☐ Yes ☐ No	
Calf	32.5 centimeters with point of measurement 32 centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
VASCULAR ASSESSMENT				
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed		**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed	
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status		☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	
Popliteal Pulses Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Posterior Tibial Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Dorsalis Pedis Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented		☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	
Hair Growth on Extremity	☐ Yes ☐ No		☐ Yes ☐ No	
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm		☐ Cool ☐ Cold ☐ Hot ☐ Warm	
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds		☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	
Dependent Rubor	☐ Yes ☐ No		☐ Yes ☐ No	
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable		☐ Yes ☐ No ☐ Not Applicable	
Lipodermatosclerosis	☐ Yes ☐ No		☐ Yes ☐ No	

Nurse Signature: [signature] Initials: [initials] Date: JAN 29 2018 Time: 1010
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823561933** MRN:**U8170135**
ADM: **01/29/2018**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☐ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Silver Alginate Aquacel			
Covered/Secured With:	Kling tape			

NURSE'S NOTES:

Nurse Signature: _____ Initials: KL Date: JAN 29 2018 Time: 10:38

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823561933** MRN:**U8170135**
ADM: **01/29/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/29/18
Enc:1823561933
NWH WC CLINICAL SUP
RES:32517196
(addressograph)

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram ☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____ ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s): Calazime to periwounds.	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
(L) lat calf (D) medial calf		Silver AG grade Gauze	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
(L) lat calf		Kling Tape	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4-6 times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs_____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1145AM

Follow Up in ____ Week(s) with Dr. Linn On (Day) 2/1/18 (Date) _____ at (Time) _____

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: JAN 29 2018 Time: _____

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: K. McKinnon RN Date: JAN 29 2018 Time: 1045

I have received and understand the above instructions:

Patient Signature: _____ Date: JAN 29 2018 Time: 1045

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Plc•A•Poc @ (631) 981-2094

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823561933	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	1/29/2018 9:58:39AM	Discharge D/T:	1/29/2018 10:38:59AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact: NEEDED,- Relationship: OT
Address:
Home Phone: (206)0000000~(206)000-(Work Phone:

Contact: HOFFMAN,LOUIS Relationship: Son
Address: UNKNOWN
SEATTLE WA 98101
Home Phone: (206)7806885~(206)393-8 Work Phone:

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

02/04/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:11 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1823562549

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
01/25/18 1150	27.5* {NW}	2.7* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

CHIEF COMPLAINT

Patient c/o urinate to legs + leg pain + frequent urination (LF)

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1 calf	2 lateral	3 medial
Laterality	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable
Wound Grade/Stage			
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☑ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: JAN 25 2018 Time: 11a

Physician or Physician Extender Printed Name*: _____ Date: JAN 25 2018 Time: 11a

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1823161491 MRN:U8170135
ADM: 01/25/2018
CLASS: OP
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:	❑ Blood Clots ❑ Fibrin/Slough ❑ Bone ❑ Ligament ❑ Callus ❑ Muscle ❑ Cartilage ❑ Non–viable ❑ Eschar ❑ Skin ❑ Exudate ❑ Subcutaneous ❑ Fat ❑ Viable ❑ Other:
Severity	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone	❑ Limited to Skin Breakdown ❑ Fat Layer Exposed ❑ Necrosis of Muscle ❑ Necrosis of Bone
Instrument(s) Used	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:	❑ Scalpel ❑ Curette ❑ Scissors ❑ Forceps ❑ Pulse Lavage ❑ Ronguer ❑ Ultrasound ❑ Tissue Punch ❑ Other:
Bleeding Controlled with	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable	❑ Pressure ❑ Silver Nitrate ❑ Suture ❑ Ligation ❑ Topical Coagulant ❑ Not Applicable
Estimated Blood Loss*	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None	❑ Large ❑ Moderate ❑ Minimum ❑ None
Specimen	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None	❑ Swab ❑ Biopsy ❑ Number of Specimens Taken:____ ❑ None
Actual Area Debrided	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____	Length ____ cm x Width ____ cm **=Total Square CM:** _____
Post Wound Care	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:	❑ See *Physicians Orders* ❑ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm	❑ Improved ❑ Requires Further Debridement ❑ Other:_____ Length:____ Width:____ Depth:____cm

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

OTHER PROCEDURES

❑ Application of Total Contact Cast ❑ Left ❑ Right	❑ Paring of Benign Lesions Location:	❑ Incision and Drainage of:	❑ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ❑ Manufacturer's Guidelines Followed ❑ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____	❑ Apligraf® ❑ Dermagraft® ❑ Oasis® ❑ EpiFix® ❑ Other: _____ Lot Number: _____ Expiration Date: _____
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____	❑ N/A Solution Type: _____ Solution Amount: _____ Lot Number: _____
How Affixed	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:	❑ Sutures ❑ Staples ❑ Steristrips ❑ Other:

Procedure Tolerated: ❑ Yes ❑ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: JAN 25 2018 Time: 11[illegible]

Physician or Physician Extender Printed Name*: _____ Date: JAN 25 2018 Time: 11[illegible]

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823161491** MRN:**U8170135**
ADM: **01/25/2018**
CLASS: **OP**
SVC:

P1001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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You are having infection

you will need to take

oral antibiotic

you will be back here on

Monday

keep elevate your leg up

good young Lady!

LOS. 116

AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient c hearing aide does not work well; she is unable to sleep last night 2° R calf/foot pain, questionable fragment in wound ? fever.

R LE: ? cellulitis of calf up to knee laterally ? right heel of foot ulcer

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

All three clear → mild c/w tinea pedis, must r/o DVT, bone injury or

ASSESSMENT

foot ulcer → wounds both OF

? leg edema, trauma extend of cellulitis

Dx: cellulitis of R calf.

Wound ok, should heal over week → ? Enterobacter cloacae ? staph

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

- Start levaquin 500 mg daily #7
- Continue same dressing to all wounds of calf & continue compression of calf
- → Call clinic if ↑ redness associated with pain

RTC 3 days for wound check

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: JAN 25 2018 Time: 11:19

Physician or Physician Extender Printed Name*: Paul Lum Date: JAN 25 2018 Time: 11:19

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1823161491 MRN:U8170135
ADM: 01/25/2018
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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823161491	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	1/25/2018 09:59	Discharge D/T:	1/25/2018 11:19	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

DATE: JAN 25 2018 **TIME:** 1032 | Type of Service: ☐ Initial Visit ☑ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☑ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☑ Manual ☐ Transfer Board ☐ Stretcher ☐ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☑ Not measured

Weight: 121.6 lbs.
Source: ☐ Stated ☑ Measured

Accompanied by: SOL

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☑ Yes

Patient requires Transmission–Based Precautions? ☐ Yes ☐ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 98.0 Pulse: 92 Respirations: 20 Blood pressure (mmHg): 140 / 60

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☑ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☐ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☑ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☐ N/A

Blood glucose under control: ☐ Yes ☐ No ☑ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☑ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☑ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date JAN 25 2018 Time: 1040

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain: very tender - no

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☑ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☑ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: _____ Date: JAN 25 2018 Time: 1040

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
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ADM: **01/25/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	ⓛ lat ank	ⓓ lat ankle	ⓓ med ankle	
▲ Current Wound Stage/Grade:	FT c	FT 5	FT	
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
▲ Length:	6.5 cm	3.0 cm	2.5 cm	cm
▲ Width:	4.0 cm	1.0 cm	3.0 cm	cm
▲ Depth:	0.1 cm	0.3 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: JM Date: JAN 25 2018 Time: 1045
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation–Anticipated, Converted, Failed Flap, Failed–Graft, Healed–Epithelialized, Healed–Flap, Healed–Graft, Healed–Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823161491** MRN:**U8170135**
ADM: **01/25/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI–WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☑ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT		
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☑ Not Applicable ☐ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	32.5 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT		
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: [signature] Initials: [initials] Date: JAN 25 2018 Time: 1050
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823161491** MRN:**U8170135**
ADM: **01/25/2018**
CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Silver Alginate →			
Covered/Secured With:	Gauze →			

NURSE'S NOTES:

Pt has signs of cellulitis ① LLE from top of calf to foot. Pt tender to touch. We reviewed pts culture. We prescribed oral ABX. Area of erythema marked open. pt will RTC on Monday to re-check her response.

Nurse Signature: Marjorie Ra Initials: MR Date: JAN 25 2018 Time: 1100
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1823161491** MRN:**U8170135**
ADM: **01/25/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/25/18 LUU, PAUL
Enc:1823161491 RES:32490413

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☑ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____

Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
- ☐ Right ☐ Left Lower Extremity
- ☐ With ☐ Without O_2 challenge
- ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____ ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
(L) lat calf (L) medial ankle		Silver Alginate - gauze - Kling	☐ Daily ☑ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
(L) lat ankle			☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☑ Elevate legs to the level of the heart or above for 30 minutes 4X times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in 1 Week(s) with Dr. Luu On (Day) 2/1/18 (Date) _____ at (Time) _____

Nurse Visit in: 1/30/18 1000 days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: JAN 25 2018 Time: 1115

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: JAN 25 2018 Time: 1115

I have received and understand the above instructions:

Patient Signature: Jeanne Hoffman Date: JAN 25 2018 Time: 1115

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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STNDORDERS 07 JUN 2017 00:00:00 Flds=0 Docs=1 GB - Standing Orders HOFFMAN,J-DOB 04/14/1976 6/7/2017
W0TA_EHANGSIT 1/25/2018 11:36:47 AM -08:00

06/07/2017 10:44 Greenlake Primary Care (FAX)206 524 2841 P.002/002
6/7/2017 Patient chart - Patient: Justin D Hoffman DOB: 04/14/1976 PRN: Holmes

PATIENT
Justin D Hoffman
DOB 04/14/1976
AGE 41 yrs
SEX Male
PRN Holmes

FACILITY
Greenlake Primary Care
T (206) 524-5656
F (206) 524-2841
6800 E. Green Lake Way N #200
Seattle, WA 98115

RPS

Patient identifying details and demographics

FIRST NAME	Justin	SEX	Male	ETHNICITY	-
MIDDLE NAME	D	DATE OF BIRTH	04/14/1976	PREF. LANGUAGE	-
LAST NAME	Hoffman	DATE OF DEATH	-	RACE	-
SSN	557-45-9430	PRN	Holmes	STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	10337 Ashworth Ave N	CONTACT BY	Mobile Phone
ADDRESS LINE 2	-	EMAIL	JDKH206@gmail.com
CITY	Seattle	HOME PHONE	-
STATE	WA	MOBILE PHONE	360-670-2610
ZIP CODE	98133	OFFICE PHONE	-
		OFFICE EXTENSION	-

FAMILY INFORMATION

NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	-		
PHONE	-		
ADDRESS	-		

PATIENT NOTES

okay to leave message E-mail consent signed

Insurance

PRIMARY PAYER

PAYER	Blue Cross of WA (Premera)	INSURED ID NUMBER	HUR825047935
PRIORITY	Primary	GROUP NUMBER	169999
TYPE	PPO	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	03/08/2017	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	0.00
		STATUS	Active

PAYMENT INFORMATION

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	-
PATIENT'S RELATIONSHIP TO GUARANTOR	-	SEX	-
		SOCIAL SECURITY NUMBER	-
GUARANTOR NAME	-	PRIMARY PHONE NUMBER	-
GUARANTOR ADDRESS	-	SECONDARY PHONE NUMBER	-

H28869 01/25/2018 1144
HOFFMAN, JEANNE LEONIE
U8170135 4565 93Y F
CSREQ. PRONH
BLU 1-25-18
UNOPN COLL.TIME: INITIALS

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Page 2 of 2

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823562549	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	1/25/2018 11:29	Discharge D/T:	1/29/2018 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

U8170135

Vascular Ultrasound Laboratory Referral Form

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
CARDIAC & VASCULAR IMAGING CENTER

UW Medicine - Northwest Hospital and Medical Center
Cardiac and Vascular Imaging Center
McMurray Medical Building
1536 N 115th St, Suite 200 • Seattle, WA
Scheduling: 206-418-7050 • Fax: 206-363-3548
Address Details on Reverse Side

Ultrasound services provided by PACIFIC VASCULAR

TO BE COMPLETED BY REFERRING PROVIDER

Fax this page to 206-363-3548 • Please return this form to patient after faxing
Attach patient demographics & insurance page to faxed order (Required)

❑ STAT/Urge

Appt Date: 1/25

Patient Name: U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
MWH WOUND CARE
DOS:1/11/18 LUU, PAUL
Enc:1822554870 RES:32373858

Patient Phone

ICD-10 Code (Required): I97.322

Referring Provider Name: Paul Luu

Referring Provider Phone #: 2066681244 Fax #: 2066681270

*Referring Provider Signature (Required)

TEST(S) ORDERED – PLEASE CHECK APPROPRIATE BOX(ES)

CEREBROVASCULAR EVALUATIONS:
- ❑ Carotid/Vertebral Duplex + Transcranial Doppler (TCD) - *Complete*
- ❑ Carotid/Vertebral Duplex + TCD prn* - *Conditional*
  (*prn = >50% pre-cerebral stenosis; TIA/CVA symptoms)
- ❑ Carotid/Vertebral Duplex Only - *Abbreviated*
- ❑ Transcranial Doppler Only (TCD)
- ❑ TCD Emboli Monitoring Study
  Specify: ❑ Anterior circulation ❑ Posterior circulation
- ❑ Temporal Arteritis Duplex
- ❑ Head Turn Study
- ❑ TCD Right to Left Bubble Study (PFO) – IV access needed

ARTERIAL EVALUATIONS:
- ❑ Lower Extremity ✳
  Physiologic Testing (ABI's and/or DBI's, treadmill)
  Duplex: Aortoiliac & femoropopliteal prn
  (prn=Abnormal ABI; treadmill not performed)
  If applicable: ❑ Bypass Graft ❑ Stent Specify location: _____
- ❑ Upper Extremity
- ❑ Pseudoaneurysm Evaluation
  Specify: ❑ Right ❑ Left
- ❑ Thoracic Outlet
- ❑ Radial Artery Mapping
- ❑ Raynaud's Phenomenon
  Specify: ❑ Hands ❑ Feet

ABDOMINAL VASCULAR DUPLEX EVALUATIONS: ✳
- ❑ Abdominal Aortic Aneurysm
  Specify Indication:
  ❑ Follow-up/Known ❑ Endograft ❑ Symptomatic ❑ Other
  ❑ Medicare Screening (Age 65-75 + family hx AAA &/or male smoker)
- ❑ Renal Artery ❑ Celiac/Mesenteric Arteries
- ❑ Hepato-Portal ❑ Renal/Liver Transplant
- ❑ Aorta/Iliac Arteries ❑ Inferior Vena Cava/Iliac Veins

VENOUS EVALUATIONS:
Assessment for Venous Thrombosis (DVT)
- ❑ Lower Extremity + Iliocaval, Bilateral - *Complete*
- ❑ Lower Extremity - *Conditional* ❑ Bilateral ❑ Right ❑ Left
  (Conditional = bilateral & iliocaval duplex only if DVT or acute SVT in symptomatic leg, abnormal waveforms in CFV, DVT risk factors, or clinical concern for PE)
- ❑ Lower Extremity Only - *Abbreviated* ❑ Bilateral ❑ Right ❑ Left
- ❑ Upper Extremity Duplex ❑ Bilateral ❑ Right ❑ Left

Specialized Venous Evaluations
- ❑ Lower Extremity Reflux - To test for venous insufficiency
  Specify: ❑ Right ❑ Left
- ❑ Pelvic Congestion Syndrome ✳ **(NEW EXAM)**
  (Duplex of the Iliocaval, Ovarian and Uterine Veins)
- ❑ Post-Ablation Lower Extremity Duplex Specify: ❑ Right ❑ Left
- ❑ Vein Mapping Duplex Specify: ❑ Right ❑ Left ❑ Upper ❑ Lower

DIALYSIS VASCULAR ACCESS SITE EVALUATIONS:
- ❑ Dialysis Access Site Evaluation
- ❑ Pre-op Dialysis Access Site
  Specify: ❑ Right ❑ Left

Other Request/Info:

✳ *No Food or Drink 8 hours prior to Test (Fasting) for Lower Extremity Arterial & All Abdominal Vascular Exams (exception for diabetics)*

Revised 10/23/20

INFORMATION FOR PATIENT AND LABORATORY LOCATION DETAILS ON REVERSE SIDE

1/11/2018/THU 12:18 PM FAX No. P. 001/001

01/24/2018 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWWND
Acct: 1823161723 Dr: Luu, Paul

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
01/11/18 1118	17.1* {NW}	1.7* {NW}

********** WOUND CULTURES **********

01/11/18 1040 Tissue C/S w/Gram
ACC. NO.: H10011 TRANSPORT TIME: 9.6 Final 01/14/2018
Specimen Description: Tissue Left lateral Calf
Special Requests: Includes Anaerobic screen

Gram Smear: 1. No polymorphonuclear cells or organisms seen

Culture: 1. 3+ Enterobacter cloacae : This bacterial species is known to produce a chromosomal AmpC inducible beta-lactamase. Penicillin or third-generation cephalosporin monotherapy for serious infections may result in the emergence of high-level resistance. : Multi-Drug Resistant Organism - For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.
2. 2+ Staphylococcus aureus, coagulase positive

ANTIBIOTIC	Org #1 MSMIC ECLO	Org #2 MSMIC SAUR
Ampicillin	R	
Amoxicillin/clavulanic acid	R	
Cefazolin	R	SN
Ciprofloxacin	SN	
Clindamycin		SN
Gentamicin	SN	
Levofloxacin	SN	SN
Oxacillin		SN
Penicillin		R
Piperacillin/tazobactam	SN	
Rifampin		SN
Ampicillin/sulbactam	R	
Trimeth_Sulfamethoxazole	SN	SN

<< CONTINUED ON NEXT PAGE >>
CONTINUED

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Name: HOFFMAN,JEANNE LEONIE Age: 93Y Sex: F
Pt #: U8170135 Loc: NWWND
Acct: 1823161723 Dr: Luu, Paul

********** WOUND CULTURES (CONTINUED) **********
<< ACC. NO: H10011 - CONTINUED FROM PREVIOUS PAGE >>

ANTIBIOTIC	Org #1 MSMIC ECLO	Org #2 MSMIC SAUR
Tetracycline	SN	SN
Ceftriaxone	SN	
Vancomycin		SN

SN = Susceptible INT = Intermediate R = Resistant
SYNS = Synergy with a Beta Lactam or Glycopeptide Antibiotic is likely provided the organism is susceptible to that agent.
SYNR = Synergy with a Beta Lactam or Glycopeptide Antibiotic is not likely.

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1823161723	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	1/11/2018 10:58	Discharge D/T:	1/15/2018 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
LABORATORY
CLIA# 50D0633053

1550 N. 115th Street
Seattle, WA 98133
(206) 368-1344

NWWND

2006215 R BERG / 2003399 W EHNI
5179 P RAGHU / 2003656 R SNYDER
2002782 P LUU / 2048018 M RENZ
2003609 T QUIGLEY / 2001438 S AZIZ
2069419 N NORSWORTHY / 261590 S NEME
2079572 T GEGAX-MARTINEZ

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/11/18 LUU, PAUL
Enc:1822554870 RES:32373858

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH LAB
DOS:1/11/18 NWH LAB
Enc:1823161723 RES:32374999

DATE 1/11/18
SPEC TIME 10:40 AM PM
RESPONSIBLE PARTY (FOR BI
❒ SELF: ❒ OTH
ADDRESS:
CITY:
BILL: ❒ PATIENT
❒ MEDICARE ❒ PRIV
❒ MEDICAID BILLIN
SUBSCRIBER #:
GROUP #:

(Attach Copy of Card)
❒ Yes ❒ No
❒ Yes ❒ No

ICD-10 (DX) CODE(S) REQUIRED: C97.322

❒ CALL RESULTS TO DR. @ ph #
❒ CALL AFTER HRS. #
❒ FAX RESULTS TO DR. @ fax #
❒ COPY RESULTS TO DR.

☑ PANELS (G
BMP BASIC METABOLI
BMPICR BASIC METABOLI w/REFLEXIVE ION
COMP COMPLETE METABOLIC PANEL
LYT ELECTROLYTE PANEL
LIPID LIPID PANEL ✻
HFPA HEPATIC FUNCTION PANEL (Liver)
RENFP RENAL FUNCTION PANEL

☑ COAG & HEME
PRONW PROTIME (PT) + INR ✻ (BLU)
PTT PTT ✻ (BLU)
FIBCL FIBRINOGEN (BLU)
DDI D-DIMER QUANTITATIVE (BLU)
CBC BLOOD COUNT ✻ (LAV)
CBD CBC + DIFF ✻ (LAV)
PLTG PLATELET COUNT (LAV)
RETIC RETICULOCYTE COUNT (LAV)
ESR SEDIMENTATION RATE (LAV)

☑ ENDOCRINE (GOLD SST)
EDOL ESTRADIOL
TSH TSH ✻
T4 T4, TOTAL ✻
T4FR T4, FREE ✻
T3 T3, TOTAL ✻
T3FR T3, FREE
FSH FSH
LH LH
CRT CORTISOL
PRL PROLACTIN
PROG PROGESTERONE
IPTH PTH
TEST TESTOSTERONE

☑ URINALYSIS
UAWK URINALYSIS WORKUP - MICROSCOPIC IF INDICATED
UAWKRC URINALYSIS WORKUP - MICROSCOPIC AND CULTURE IF INDICATED

☑ 24-HR URINE
TV URN
TEST(S)

(GOLD SST)
AST AST (SGPT)
AY AMYLASE
BILD BILIRUBIN, DIRECT
BIL BILIRUBIN, TOTAL
BUN BUN
CA CALCIUM
SRICG CALCIUM, IONIZED
CL CHLORIDE
CHOL CHOLESTEROL ✻
CK CPK
HSCRP CRP, HIGH SENSITIVITY
HSCRPG CRP, WITH CARDIAC RISK
CREG CREATININE
FER FERRITIN ✻
FOLAT FOLATE
GGT GGT ✻
GLU GLUCOSE ✻
FE IRON ✻
IBCD IRON, TIBC, %SAT ✻
PG HCG PREGANCY SERUM
UPG HCG PREGANCY STAT ONLY - URINE URN
HMCY HOMOCYSTEINE LAV
LD LDH
LPASE LIPASE
MG MAGNESIUM
P PHOSPHATE
K POTASSIUM
TP PROTEIN
NA SODIUM
TTHY TRANSTHYRETIN (Prealbumin)
TROPIG TROPONIN
URIC URIC AC
VITDG2 VITAMI

☑ HEPATITIS (GOLD SST & PPT)
HAS HEP A AB (IGG, IGM if indicated)
HBCA HEP B CORE AB
RHBCAM HEP B CORE AB IGM
HBSA HEP B SURFACE AB
HBSAG HEP B SURFACE AG
HCAB HEP C AB WITH REFLEX TO PCR
HCABX HEP C AB WITHOUT PCR
HCVQNT HEP C QUANT RNA BY PCR

☑ CHEMISTRY SPECIALTY
CA125 CA125 ✻ RED
ACCP2 CCP AB SST
AFPNOT ALPHA FETOPROTEIN, NOT MATERNAL ✻ SST
ANAG ANA SST
ANARC ANA REFLEX COMP PANEL SST
CEA CEA ✻ SST
ELPP PROTEIN ELECTROPHORESIS REFLEX PAN. SST
ELPNR ELECTROPHORESIS, NO INTERP SST
HPYLAB H. PYLORI IGG AB ✻ SST
A1C HEMOGLOBIN A1C ✻ LAV
HSWB HERPES SIMPLEX AB 1 & 2 SST
HVAGAB HIV ANTIGEN & ANTIBODYSCREEN ✻ LAV
IFIX PROTEIN IMMUNOFIXATION ELP SST
UNTPG N-TELOPEPTIDE W/CREATININE ✻ URN
PSA PSA TOTAL ✻ SST
PCTNW PROCALCITONIN SST

☑ DRUG TESTING
TIME LAST DOSE:
CBAM CARBAMAZEPINE (Tegretol) SST
DIG DIGOXIN ✻ SST
LI LITHIUM SST
DIL PHENYTOIN (Dilantin) SST
UDRSS URINE DRUG SCREEN ✻ URN
VPA VALPROIC ACID SST
VANCOT VANCOMYCIN TROUGH SST
OMYCIN RANDOM SST
OMYCIN PEAK SST
TESTS: NOTE BELOW

☑ BODY FLUIDS
SOURCE
FCCNT FLUID CELL COUNT & DIFFERENTIAL
FGLUG FLUID GLUCOSE
FLDG FLUID LDH
FPHG FLUID PH
FTPG FLUID TOTAL PROTEIN
FAYG FLUID AMYLASE
FMEG FLUID CRYSTAL EXAM, SYN
CCCNT CSF CELL COUNT & DIFF
CGLU CSF GLUCOSE
CTP CSF TOTAL PROTEIN

☑ MICROBIOLOGY
SPECIFIC SOURCE: Olecranon
URINE: ❒ CATH ❒ FOLEY ❒ CLEAN CATCH
☑ CULTURE:
[ ] BACTERIAL [ ] FUNGAL
GRAM ☑ GRAM STAIN
AFBHSC AFB CULT WITH SMEAR
BLDC BLOOD CULTURE
STAPHC MRSA/SA SCREEN
BSARD STREP GP A RAPID (THROAT)
BSC STREP GP A CULTURE
BSCGU STREP GP B CULTURE
❒ YES, PCN ALLERGY
YSTF YEAST SCREEN
BVSNW BACTERIAL VAGINOSIS SCREEN (NWH)
VCHG HERPES GROUP CULTURE
CHLAD CHLAMYDIA BY PCR
GCCAD GONORRHOEAE BY PCR
STLEUN STOOL WBC'S (NWH)
OAPP OVA AND PARASITE
CDTP C. DIFFICILE TOXIN PCR
GIRDAG GIARDIA ANTIGEN
FLUPCN INFLUENZA A & B BY PCR (NWH)

H10011 01/11/2018 1040
HOFFMAN, JEANNE LEONIE
U8170135 93Y F
TISC

NWWND COLL. TIME: INITIALS

11 JAN 17:09

FORM #A-394 REV 7/15

"TWO PATIENT IDENTIFIERS ARE REQUIRED ON ALL SPECIMENS. SPECIMENS NOT LABELLED CORRECTLY WILL BE REJECTED"

YELLOW HIGHLIGHTS ARE REQUIRED FIELDS

LAB USE ONLY

PST	SST	RED	BLU	LAV	GRN	GRY	URN	CULT	PCR	VIR	BV	FLD

COLLECTION TIME:	DRAWN BY:	SITE OF DRAW:	REC'D BY:	CHECKED BY:

for Medicare coverage - use approved ICD-10 codes and attach ABN if necessary.

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/11/18 LUU, PAUL
Enc:1822554870 RES:32373858

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☒ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: (L) lat calf
Diagnosis: ulcer

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☒ Arterial Segmental Pressures/Pulse Volume
  - ☐ Right Leg ☐ Left Leg ☒ Both
- ☐ Venous Duplex Ultrasound
  - ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____
  - ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1 2	(L) lat calf (L) post calf (L) lat ankle	Dermapan B, Vaseline gauze, gauze	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
3	(L) med ankle		☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 2X times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in 2 Week(s) with Dr. Luu On (Day) 1/25/18 (Date) _____ at (Time) 1130

Nurse Visit in: ____ days for a: ☒ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: 1/11/18 Time: 1040

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: 1/11/18 Time: 1040

I have received and understand the above instructions:

Patient Signature: Jeanne F Hoffman Date: 1/11/18 Time: 1040

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C3077F, Physician Orders.doc • Rev (6/2012)
To Order Call Plc-A-Poc @ (631) 981-2094

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Category: Orders
Date of Service: 01/11/2018 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1822554870
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2018-01-11 10:07:00
Discharge Date Time: 2018-01-11 10:55:00

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
LABORATORY
CLIA# 50D0633053

1550 N. 115th Street
Seattle, WA 98133
(206) 368-1344

NWWND

2006215 R BERG / 2003399 W EHNI
5179 P RAGHU / 2003656 R SNYDER
2002782 P LUU / 2048018 M RENZ
2003609 T QUIGLEY / 2001438 S AZIZ
2069419 N NORSWORTHY / 261590 S NEME
2079572 T GEGAX-MARTINEZ

DATE: 1/11/18
SPEC TIME: 04:0 AM/PM
LAST NAME:
BIRTHDATE:
RESPONSIBLE PARTY (FOR BI
☐ SELF: ☐ OTH
ADDRESS:
CITY:

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/11/18 LUU, PAUL
Enc:1822554870 RES:32373858

RST NAME M.I.
I.N. (OPTIONAL)
IONE (H): (___)___-___
IONE (W):(___)___-___
YER:

BILL: ☐ PATIENT ☐ DOCTOR OFFICE ☐ INSURANCE
☐ MEDICARE ☐ PRIVATE INSURANCE: (Attach Copy of Card)
☐ MEDICAID BILLING ADDRESS:
SUBSCRIBER #:
GROUP #:

☐ CALL RESULTS TO DR. @ ph #
☐ CALL AFTER HRS. #
☐ FAX RESULTS TO DR. @ fax #
☐ COPY RESULTS TO DR.

ICD-10 (DX) CODE(S) REQUIRED: C97.322

FASTING SPECIMEN REQUIRED: ☐ Yes ☐ No
IS PATIENT FASTING? ☐ Yes ☐ No

☑ PANELS (GOLD SST)

BMP	BASIC METABOLIC PANEL
MPICR	BASIC METABOLIC PANEL w/REFLEXIVE IONIZED CALCIUM
COMP	COMPLETE METABOLIC PANEL
LYT	ELECTROLYTE PANEL
LIPID	LIPID PANEL ✻
HEPA	HEPATIC FUNCTION PANEL (Liver)
RENFP	RENAL FUNCTION PANEL

☑ COAG & HEME

PTINW	PROTIME (PT) + INR ✻	(BLU)
PTT	PTT ✻	(BLU)
FIBCL	FIBRINOGEN	(BLU)
DDI	D-DIMER QUANTITATIVE	(BLU)
CBC	BLOOD COUNT ✻	(LAV)
CBD	CBC + DIFF ✻	(LAV)
PLTG	PLATELET COUNT	(LAV)
RETIC	RETICULOCYTE COUNT	(LAV)
ESR	SEDIMENTATION RATE	(LAV)

☑ ENDOCRINE (GOLD SST)

ESTROL	ESTRADIOL
TSH	TSH ✻
T4	T4, TOTAL ✻
T4FR	T4, FREE ✻
T3	T3, TOTAL ✻
T3FR	T3, FREE
FSH	FSH
LH	LH
CRT	CORTISOL
PRL	PROLACTIN
PROG	PROGESTERONE
IPTH	PTH
TEST	TESTOSTERONE

☑ URINALYSIS

UAWK	URINALYSIS WORKUP - MICROSCOPIC IF INDICATED
UAWKRC	URINALYSIS WORKUP - MICROSCOPIC AND CULTURE IF INDICATED

☑ 24 HR URINE

TV: URN
TEST(S):

☑ CHEMISTRY (GOLD SST)

ALB	ALBUMIN	
ALK	ALK PHOSPHATASE	
ALT	ALT (SGOT)	
AST	AST (SGPT)	
AY	AMYLASE	
BILD	BILIRUBIN, DIRECT	
BIL	BILIRUBIN, TOTAL	
BUN	BUN	
CA	CALCIUM	
SRICG	CALCIUM, IONIZED	
CL	CHLORIDE	
CHOL	CHOLESTEROL ✻	
CK	CPK	
HSCRP	CRP, HIGH SENSITIVITY	
HSCRPG	CRP, WITH CARDIAC RISK	
CREG	CREATININE	
FER	FERRITIN ✻	
FOLAT	FOLATE	
GGT	GGT ✻	
GLU	GLUCOSE ✻	
FE	IRON ✻	
IBCD	IRON, TIBC, %SAT ✻	
PG	HCG PREGANCY SERUM	
UPG	HCG PREGANCY STAT ONLY - URINE	URN
HMCY	HOMOCYSTEINE	LAV
LD	LDH	
LPASE	LIPASE	
MG	MAGNESIUM	
P	PHOSPHATE	
K	POTASSIUM	
TP	PROTEIN	
NA	SODIUM	
TTHY	TRANSTHYRETIN (Prealbumin)	
TROPIG	TROPONIN	
URIC	URIC ACID	
VITDG2	VITAMIN D (25 HYDROXY)	

☑ HEPATITIS (GOLD SST & PPT)

HAS	HEP A AB (IGG, IGM if indicated)
HBCA	HEP B CORE AB
RHBCAM	HEP B CORE AB IGM
HBSA	HEP B SURFACE AB
HBSAG	HEP B SURFACE AG
HCAB	HEP C AB WITH REFLEX TO PCR
HCABX	HEP C AB WITHOUT PCR
HCVQNT	HEP C QUANT RNA BY PCR

☑ CHEMISTRY SPECIALTY

CA125	CA125 ✻	RED
ACCP2	CCP AB	SST
AFPNOT	ALPHA FETOPROTEIN, NOT MATERNAL ✻	SST
ANAG	ANA	SST
ANARC	ANA REFLEX COMP PANEL	SST
CEA	CEA ✻	SST
ELPP	PROTEIN ELECTROPHORESIS REFLEX PAN.	SST
ELPNR	ELECTROPHORESIS, NO INTERP	SST
HPYLAB	H. PYLORI IGG AB ✻	SST
A1C	HEMOGLOBIN A1C ✻	LAV
HSWB	HERPES SIMPLEX AB 1 & 2	SST
HVAGAB	HIV ANTIGEN & ANTIBODYSCREEN ✻	LAV
IFIX	PROTEIN IMMUNOFIXATION ELP	SST
UNTPG	N-TELOPEPTIDE W/CREATININE ✻	URN
PSA	PSA TOTAL ✻	SST
PCTNW	PROCALCITONIN	SST

☑ DRUG TESTING

TIME LAST DOSE:

CBAM	CARBAMAZEPINE (Tegretol)	SST
DIG	DIGOXIN ✻	SST
LI	LITHIUM	SST
DIL	PHENYTOIN (Dilantin)	SST
UDRSS	URINE DRUG SCREEN ✻	URN
VPA	VALPROIC ACID	SST
VANCOT	VANCOMYCIN TROUGH	SST
VANCOR	VANCOMYCIN RANDOM	SST
VANCOP	VANCOMYCIN PEAK	SST

UNDEFINED TESTS: NOTE BELOW

☑ BODY FLUIDS

SOURCE

FCCNT	FLUID CELL COUNT & DIFFERENTIAL
FGLUG	FLUID GLUCOSE
FLDG	FLUID LDH
FPHG	FLUID PH
FTPG	FLUID TOTAL PROTEIN
FAYG	FLUID AMYLASE
FMEG	FLUID CRYSTAL EXAM, SYN
CCCNT	CSF CELL COUNT & DIFF
CGLU	CSF GLUCOSE
CTP	CSF TOTAL PROTEIN

☑ MICROBIOLOGY

SPECIFIC SOURCE: Clarity (Indicate specific body site)
URINE: ☐ CATH ☐ FOLEY ☐ CLEAN CATCH

☑	CULTURE:
☑	[ ] BACTERIAL [ ] FUNGAL
GRAM ☑	GRAM STAIN
AFBHSC	AFB CULT WITH SMEAR
BLDC	BLOOD CULTURE
STAPHC	MRSA/SA SCREEN
BSARD	STREP GP A RAPID (THROAT)
BSC	STREP GP A CULTURE
BSCGU	STREP GP B CULTURE
	☐ YES, PCN ALLERGY
YSTF	YEAST SCREEN
BVSNW	BACTERIAL VAGINOSIS SCREEN (NWH)
VCHG	HERPES GROUP CULTURE
CHLAD	CHLAMYDIA BY PCR
GCCAD	GONORRHOEAE BY PCR
STLEUN	STOOL WBC'S (NWH)
OAPP	OVA AND PARASITE
CDTP	C. DIFFICILE TOXIN PCR
SGRDAG	GIARDIA ANTIGEN
FLUPCN	INFLUENZA A & B BY PCR (NWH)

"TWO PATIENT IDENTIFIERS ARE REQUIRED ON ALL SPECIMENS. SPECIMENS NOT LABELLED CORRECTLY WILL BE REJECTED"

YELLOW HIGHLIGHTS ARE REQUIRED FIELDS

LAB USE ONLY													COLLECTION TIME:	DRAWN BY:	SITE OF DRAW:	REC'D BY:	CHECKED BY:
PST	SST	RED	BLU	LAV	GRN	GRY	URN	CULT	PCR	VIR	BV	FLD					

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Vascular Ultrasound Laboratory Referral Form

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
CARDIAC & VASCULAR IMAGING CENTER

UW Medicine - Northwest Hospital and Medical Center
Cardiac and Vascular Imaging Center
McMurray Medical Building
1536 N 115th St, Suite 200 • Seattle, WA
Scheduling: 206-418-7050 • Fax: 206-363-3548
Address Details on Reverse Side

Ultrasound services provided by
PACIFIC VASCULAR

TO BE COMPLETED BY REFERRING PROVIDER

Fax this page to 206-363-3548 • Please return this form to patient after faxing
Attach patient demographics & insurance page to faxed order (Required)

❑ STAT/Urge

U8170135 BD:1/06/1925 93Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:1/11/18 LUU, PAUL
Enc:1822554870 RES:32373858

Appt Date

Patient Name

Patient Phone

I97.322
ICD-10 Code (Required)

Paul Luu
Referring Provider Name

2066681244 2066681270
Referring Provider Phone # Fax #

*Referring Provider Signature (Required)

TEST(S) ORDERED – PLEASE CHECK APPROPRIATE BOX(ES)

CEREBROVASCULAR EVALUATIONS:

- ❑ Carotid/Vertebral Duplex + Transcranial Doppler (TCD) - *Complete*
- ❑ Carotid/Vertebral Duplex + TCD prn* - *Conditional*
  (*prn = >50% pre-cerebral stenosis; TIA/CVA symptoms)
- ❑ Carotid/Vertebral Duplex Only - *Abbreviated*
- ❑ Transcranial Doppler Only (TCD)
- ❑ TCD Emboli Monitoring Study
  Specify: ❑ Anterior circulation ❑ Posterior circulation
- ❑ Temporal Arteritis Duplex
- ❑ Head Turn Study
- ❑ TCD Right to Left Bubble Study (PFO) – IV access needed

ARTERIAL EVALUATIONS:

- ☒ Lower Extremity ✳
  Physiologic Testing (ABI's and/or DBI's, treadmill)
  Duplex: Aortoiliac & femoropopliteal prn
  (prn=Abnormal ABI; treadmill not performed)
  If applicable: ❑ Bypass Graft ❑ Stent Specify location: _____
- ❑ Upper Extremity
- ❑ Pseudoaneurysm Evaluation
  Specify: ❑ Right ❑ Left
- ❑ Thoracic Outlet
- ❑ Radial Artery Mapping
- ❑ Raynaud's Phenomenon
  Specify: ❑ Hands ❑ Feet

ABDOMINAL VASCULAR DUPLEX EVALUATIONS: ✳

- ❑ Abdominal Aortic Aneurysm
  Specify Indication:
  ❑ Follow-up/Known ❑ Endograft ❑ Symptomatic ❑ Other
  ❑ Medicare Screening (Age 65-75 + family hx AAA &/or male smoker)
- ❑ Renal Artery ❑ Celiac/Mesenteric Arteries
- ❑ Hepato-Portal ❑ Renal/Liver Transplant
- ❑ Aorta/Iliac Arteries ❑ Inferior Vena Cava/Iliac Veins

VENOUS EVALUATIONS:

Assessment for Venous Thrombosis (DVT)

- ❑ Lower Extremity + Iliocaval, Bilateral - *Complete*
- ❑ Lower Extremity - *Conditional* ❑ Bilateral ❑ Right ❑ Left
  (Conditional = bilateral & iliocaval duplex only if DVT or acute SVT in symptomatic leg, abnormal waveforms in CFV, DVT risk factors, or clinical concern for PE)
- ❑ Lower Extremity Only - *Abbreviated* ❑ Bilateral ❑ Right ❑ Left
- ❑ Upper Extremity Duplex ❑ Bilateral ❑ Right ❑ Left

Specialized Venous Evaluations

- ❑ Lower Extremity Reflux - To test for venous insufficiency
  Specify: ❑ Right ❑ Left
- ❑ Pelvic Congestion Syndrome ✳ **(NEW EXAM)**
  (Duplex of the Iliocaval, Ovarian and Uterine Veins)
- ❑ Post-Ablation Lower Extremity Duplex Specify: ❑ Right ❑ Left
- ❑ Vein Mapping Duplex Specify: ❑ Right ❑ Left ❑ Upper ❑ Lower

DIALYSIS VASCULAR ACCESS SITE EVALUATIONS:

- ❑ Dialysis Access Site Evaluation
- ❑ Pre-op Dialysis Access Site
  Specify: ❑ Right ❑ Left

Other Request/Info: _____

✳ No Food or Drink 8 hours prior to Test (Fasting) for Lower Extremity Arterial & All Abdominal Vascular Exams (exception for diabetics)

Revised 10/23/2015

INFORMATION FOR PATIENT AND LABORATORY LOCATION DETAILS ON REVERSE SIDE

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	93 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1822554870	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	1/11/2018 10:07:32AM	Discharge D/T:	1/11/2018 10:55:20AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

DATE: 1/11/18 **TIME:** 1015 | Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☑ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☑ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: _____ lbs.
Source: ☐ Stated ☐ Measured

Accompanied by: son

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission–Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.8 Pulse: 84 Respirations: 20 Blood pressure (mmHg): 138/80
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☑ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Margaret RN Date: 1/11/18 Time: 1015

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☑ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: Margaret RN Date: 1/11/18 Time: 1015

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1822554870** MRN:**U8170135**
ADM: **01/11/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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7.0

WOUND/ULCER INFORMATION

	①	②	③	
▲ Number:				
▲ Location:	(L) lat calf	(L) LAT ANKLE	(L) med ankle	
▲ Current Wound Stage/Grade:	FT 1	FT 3	FT 3	
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
▲ Length:	4.0 cm	3.0 cm	2.8 cm	cm
▲ Width:	4.0 cm	1.9 cm	3.0 cm	cm
▲ Depth:	0.1 cm	0.3 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Maynard RN Initials: MN Date: 1/11/18 Time: 1015
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1822554870** MRN:**U8170135**
ADM: **01/11/2018**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

▲ Wound/Ulcer Number (cont):	1	2	3	
	PERI–WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

	EDEMA ASSESSMENT	
	LEFT ☐ Not Applicable ☑ Not Assessed	**RIGHT** ☐ Not Applicable ☑ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	_____ centimeters with point of measurement _____ centimeters from the medial instep	_____ centimeters with point of measurement _____ centimeters from the medial instep
Ankle	_____ centimeters with point of measurement _____ centimeters from the medial instep	_____ centimeters with point of measurement _____ centimeters from the medial instep

	VASCULAR ASSESSMENT	
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: Maynuee R Initials: M Date: 1/11/18 Time: 1015
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1822554870** MRN:**U8170135**
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SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ Procedure Performed	☒ Yes* ☐ No *Time-out taken: (Time: 1020) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1020) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1020) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type: _____	Type: _____	Type: _____	Type: _____
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 (2) 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 (2) 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 (2) 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate (0) 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate (0) 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate (0) 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Dermagran B VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Pt has more tenderness at (1) calf. 2 small new open areas on (1) post calf. Pt has more edema. Culture taken today from (1) lat calf. Pt's son states they are going to hold off on the Skingraft. PCP may be stopping Coumadin. CBC ordered today.

Nurse Signature: Marjorie R Initials: MN Date: 1/11/18 Time: 1040
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 093 Y – F
CSN: 1822554870 MRN:U8170135
ADM: 01/11/2018
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SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

Multiple ulcers R calf/ankle

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ **Type and Level of Debridement**	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: 1/11/18 Time: 10:56
Physician or Physician Extender Printed Name*: _____ Date: 1/11/18 Time: 10:57

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **093 Y – F**
CSN: **1822554870** MRN:**U8170135**
ADM: **01/11/2018**
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SVC:

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☑ Biopsy ☐ Number of Specimens Taken: 1 ☐ None C&S	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken: ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken: ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken: ☐ None
Actual Area Debrided	Length 7.0 cm x Width 4.0 cm =Total Square CM:	Length 3 cm x Width 1 cm =Total Square CM: 6	Length 2.8 cm x Width 3 cm =Total Square CM:	Length ____ cm x Width ____ cm =Total Square CM:
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☐ Improved ☐ Requires Further Debridement ☐ Other: Length: 7.0 Width: 4.0 Depth: 0.2 cm	☑ Improved ☐ Requires Further Debridement ☐ Other: Length: 3 Width: 1 Depth: 0.4 cm	☐ Improved ☐ Requires Further Debridement ☐ Other: Length: 2.8 Width: 3 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other: Length: Width: Depth: cm
Procedure Tolerated: ☑ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: 1/11/18 Time: _____

Physician or Physician Extender Printed Name*: _____ Date: 1/11/18 Time: _____

**Asterisked items are required to meet TJC standard RC.02.01.03*

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patients does not feel well - c/o pain of R hip → down to R leg/calf - c/o increase pain of R calf post 2 (& blistering at home (on Post) - ? trauma (?)
Referred

RE: R leg - R subcut hemorrhage/bruising of R calf.

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

(R) ingrowth exam → pt has hx of chronic thrombosis of R (hip)

ASSESSMENT

R leg: all pulses present → ? superficial thrombophlebitis
R calf pain, multiple
R multifocal tender superficial cords c
R posterior calf
R instep ant R calf tender + firm but no cords

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

Rx: Rec'd pt to ER for R leg swelling & pain. R leg is only one pulses could not
calf pain present.

Rx: Debrided all R leg wounds (SQ level) → sent R tissue for C&S
Advised to continue dopplers since last test 2 years ago
Dressings → compression stockings

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

pt to ER

Physician or Physician Extender Signature: _____ Date: 1/11/18 Time: 10:56

Physician or Physician Extender Printed Name*: _____ Date: JAN 11 2018 Time: 10:00

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
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12/31/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:11 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1822555219

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
12/21/17 1108	9.7 {NW}	0.9 {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

DATE: DEC 21 2017 **TIME:** 1024 Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 118 lbs.
Source: ☐ Stated ☐ Measured

Accompanied by: Son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DO

Patient requires Transmission–Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.3 Pulse: 52 Respirations: 16 Blood pressure (mmHg): 115/20
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: [signature] Date: DEC 21 2017 Time: 1030

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non–wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☒ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: [signature] Date: DEC 21 2017 Time: 1030

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1822153686** MRN:**U8170135**
ADM: **12/21/2017**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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Category: Progress Notes
Date of Service: 12/21/2017 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1822153686
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2017-12-21 09:58:00
Discharge Date Time: 2017-12-21 10:55:00

WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:	1	2	3	
▲ Location:	(L) lat calf	(L) lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FT 5	FT 5	FT 5	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	6.0 cm	3.2 cm	2.8 cm	cm
▲ Width:	4.1 cm	0.9 cm	2.6 cm	cm
▲ Depth:	0.2 cm	0.2 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Kmcdonald Initials: KM Date: DEC 21 2017 Time: 1025
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
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Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

▲ Wound/Ulcer Number (cont):	1	2	3	
	PERI–WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

	EDEMA ASSESSMENT	
	LEFT ☐ Not Applicable ☑ Not Assessed	**RIGHT** ☐ Not Applicable ☑ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

	VASCULAR ASSESSMENT	
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: [signature] Initials: [illegible] Date: DEC 21 2017 Time: 1025
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Domaguen B VG			
Covered/Secured With:	1080			

NURSE'S NOTES:

All wounds look healthier. DR Lee discussed c pt if she wants to do a skin graft. pt agreeable we need to discuss c PCP her coumadin and see if she can hold it. I left a msg for DR neighbor.

Nurse Signature: Marginell RN Initials: MN Date: DEC 21 2017 Time: 1050
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
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WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:12/21/17 LUU, PAUL
Enc:1822153686 RES:32230073

Provider Orders / Patient Instructions

√ ORDERS *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ minutes before procedure: ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s): Calazine around wound edges	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1	@ calcaneus	Dermagran B, Vaseline gauze, gauze	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
2	@ lateral ankle		
3	@ med ankle		☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4X times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____
Follow Up in 2 Week(s) with Dr. Luu On (Day) 1/4/18 (Date) _____ at (Time) 1000
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date: DEC 21 2017 Time: 1050
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: Marquella RN Date: DEC 21 2017 Time: 1050
I have received and understand the above instructions:
Patient Signature: X Jeanne P Hoffman Date: DEC 21 2017 Time: 1050

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms:C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic-A-Poc @ (631) 981-2094

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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

CHIEF COMPLAINT

left leg ulcers (3)

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☑ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☑ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☑ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: DEC 21 2017 Time: 11:00

Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 11:00

**Asterisked items are required to meet TJC standard RC.02.01.03*

DEC 21 2017

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1822153686** MRN:**U8170135**
ADM: **12/21/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 6.0 cm x Width 4.1 cm =Total Square CM: ____	Length 2.2 cm x Width 0.9 cm =Total Square CM: ____	Length 2.8 cm x Width 2.6 cm =Total Square CM: ____	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.0 Width: 4.1 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.2 Width: 0.9 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.8 Width: 2.6 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: DEC 21 2017 Time: 11 w

Physician or Physician Extender Printed Name*: _____ Date: DEC 21 2017 Time: 11 w

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1822153686** MRN:**U8170135**
ADM: **12/21/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

No complaints. Per son, RN is using Q-tip to brush to clean wound area.
@ face
R/F All three wounds L @ calf/ankle are covered with thick fibrin mat tissue

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre–Procedure/Operative Diagnosis** are all lower heads, P debridement @ pad granulation tissue, @ foot ulcer

ASSESSMENT

@ peripheral venous insufficiency

Wound care → excisional debrided including subcutaneous tissue all three wounds

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

Dressing
Start to use Dermagran B. dress daily with
prn T-11 weekly

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: DEC 21 2017 Time: 11a

Physician or Physician Extender Printed Name*: _____ Date: DEC 21 2017 Time: 11a

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1822153686	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	12/21/2017 09:58	Discharge D/T:	12/21/2017 10:55	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:		Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1822555219	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	12/21/2017 11:00	Discharge D/T:	12/25/2017 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE		Plan: 35	Status:	
Contact:			Group No:	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE		Birth Date : 01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA	98110		Sub Phone:	
Insurance 2:	WA MEDICAID		Plan: 8027	Status:	
Contact:			Group No: S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA	98507-9248		Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE		Birth Date : 01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA	98110		Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1822154111	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	12/7/2017 10:53:55AM	Discharge D/T:	12/11/2017 9:37:58PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

12/17/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1822154111 Dr: Neighbor Jr, William E.

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
12/07/17 1108	18.1* {NW}	1.8* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Category: Orders
Date of Service: 12/07/2017 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1820276967
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2017-12-07 10:05:00
Discharge Date Time: 2017-12-07 10:47:00

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:12/07/17 LUU, PAUL
Enc:1820276967 RES:32113098

assograph)

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried*

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** order supplies

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	(L) lat calf	Medihoney, Vaseline gauze, Xeroform	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	(L) lat ankle		
3	(L) med ankle		☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1030
Follow Up in 2 Week(s) with Dr. Luu On (Day) 12/21/17 (Date) _____ at (Time) 1030
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date: 12/7/17 Time: 1035 1/4 1030
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: 12/7/17 Time: 1035

I have received and understand the above instructions:
Patient Signature: X _____ Date: 12/7/17 Time: 1035

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms:C90TF_Physician Orders.doc • Rev (6/2012)
To Order Call Pic-A-Poc @ (631) 981-2094

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DATE / TIME / DISCIPLINE

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

1560 North 115th Street
Seattle, WA 98133
PH 206.368.1244

Dr. Suleman Aziz, MD
Dr. Rion Berg, DPM
Dr. William Ehni, MD
Dr. Paul Luu, MD
Dr. Santiago Neme, MD, MPH
Dr. Nilufer Norsworthy, MD
Dr. Terence Quigley, MD
Dr. Prema Raghu, MD
Dr. Rodney Snyder, MD
Teresa Gegax-Martinez, ARNP
Mary Jo Renz, ARNP

NAME U8170135 BD:1/06/1925 92Y F _____ DOB _____

HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:12/07/17 LUU, PAUL
Enc:1820276967 RES:32113098

ADDRESS _____ DATE 12/7/17.

℞ Xylocaine Jelly 2% Apply to ① of wounds with bid pkt over large tube each dsg Δ.

Substitution Permitted _____ Dispense as Written

DEA No. _____ Refill NR 1 2 (3) 4 5 PRN

A-1281 (10/15)

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

PROGRESS NOTES

M-91A (2-08)

CHIEF COMPLAINT

Left calf / ankle ulcers (three)

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☑ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☑ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☑ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ **Type and Level of Debridement**	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non–viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: 12/7/17 Time: 1100

Physician or Physician Extender Printed Name*: Marc Lum Date: 12/7/17 Time: 1100

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1820276967** MRN:**U8170135**
ADM: **12/07/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 6.5 cm x Width 4.1 cm =**Total Square CM:** ____	Length 1.6 cm x Width 0.6 cm =**Total Square CM:** ____	Length 2.4 cm x Width 2.6 cm =**Total Square CM:** ____	Length ____ cm x Width ____ cm =**Total Square CM:** ____
Post Wound Care	☐ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.5 Width: 4.1 Depth: 0.2 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 1.6 Width: 0.6 Depth: 0.2 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.4 Width: 2.6 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm

Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:

Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*

Physician or Physician Extender Signature: Jeanne Hoffman Date: 12/7/17 Time: 1100

Physician or Physician Extender Printed Name*: Jeanne Hoffman Date: 12/7/17 Time: 11:02

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1820276967** MRN:**U8170135**
ADM: **12/07/2017**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient recently returned to Seattle p a long travel trip.
Denies f/sore. ⊖ fever

Rt ABI wounds are covered with foot

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

❑ Same as Pre-Procedure/Operative Diagnosis

Jmin x hours dark black color

ASSESSMENT

Use curette → excisional debrided fxcy
to bone x subcutaneous tissues!
The Lat ⓓ Lat - calf → very rubbery

PLAN OF CARE

❑ Refer to *Physician Orders* dated:

❑ See dictated note date:

⊖ cellulitis ⊖ pain edema

Rt: wounds are cleaned → debrided/dressed
continue to drain ↓ medihoney → moist
gauze → x 1/week

Rt 1/week

DISCHARGE

❑ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: _____ Date: 12/7/17 Time: 11:00

Physician or Physician Extender Printed Name*: _____ Date: 12/7/17 Time: 11:00

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1820276967** MRN:**U8170135**
ADM: **12/07/2017**
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SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1820276967	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	12/7/2017 10:05:43AM	Discharge D/T:	12/7/2017 10:47:20AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S03	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

FAXED on: 12/7 by:

Sound Health MEDICAL

Quick Start Program
Next Day Delivery

CMN Order
Fax: 866-213-4464
Questions Please Call: 888.958.2960
Full Assignment Accepted

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:12/07/17 LUU, PAUL
Enc:1820276967 RES:32113098

Name of Clinic: Nw WHC

In order for Sound Health to process your/a patient's order, we need the following documentation faxed:
*Copy of the **PATIENT FACE SHEET** *signed (AOB) (at bottom) ***ORDER SIGNED BY PHYSICIAN**

	WOUND 2	WOUND 3	WOUND 4
PRIMARY TREATMENT: Medihoney Vaselinegauze 4x4gauze Roll gauze.	PRIMARY TREATMENT: Medihoney Vaselinegauze 4x4 gauze Roll gauze	PRIMARY TREATMENT: medihoney vaselinegauze 4x4gauze roll gauze	PRIMARY TREATMENT:
LOCATION: Lt calf	LOCATION: Lt ankle	LOCATION: Ondankle	LOCATION:
AMOUNT OF EXUDATE: mod	AMOUNT OF EXUDATE: small	AMOUNT OF EXUDATE: small	AMOUNT OF EXUDATE:
WOUND DIMENSIONS 6.4 x 4.0 x 0.1	WOUND DIMENSIONS 1.5 x 0.5 x 0.2	WOUND DIMENSIONS 2.3 x 2.5 x 0.2	WOUND DIMENSIONS X X
FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:
DURATION: 90 DAYS OTHER:	DURATION: 90 DAYS OTHER:	DURATION: 90 DAYS OTHER:	DURATION: 90 DAYS OTHER:
DIAGNOSIS CODES	I97.322, I97.222, I87.032		
PROGNOSIS	☐ POOR ☐ FAIR ☑ GOOD ☐ EXCELLENT		

NORTHWEST HOSPITAL

☐ STARTER KIT GIVEN
DOES PATIENT NEED SALINE? ☐ YES ☒ NO
IS PATIENT ON HOME HEALTH? ☐ YES ☒ NO
TYPE OF WOUND: ☐ SURGICAL ☑ DEBRIDED ☐ OTHER:

☒ Dr Luu (1124100672) ☐ MaryJo Renz, ARNP (1457356222) ☐ Dr Neme (1215039821) ☐ Dr Ehni (1679502264)
☐ Dr Norsworthy (1700016391) ☐ Dr Raghu (1215907027) ☐ Dr Berg (1649342643) ☐ Dr Quigley (1063471837) ☐ Terasa Gegax-Martinez ARNP(1861780264)
OTHER:
SIGNATURE: _____ DATE: 12/7/17 NPI: _____
*Please provide email address if provider can not sign for electronic signature _____

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize any holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

PATIENT'S NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
ADDRESS: _____ PHONE: _____
PATIENT'S SIGNATURE: _____ AUTHORIZED SIGNATURE: _____ DATE: _____
NAME OF AUTHORIZED REPRESENTATIVE: _____
(If Patient is Unable to Sign)

DATE: DEC 07 2017 **TIME:** 1012	Type of Service: ☐ Initial Visit ☒ Follow–up Visit ☐ Nurse–only Visit ☐ Other:
This section may be completed by the Nurse/MA/CNA or HBO Tech.	
Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☐ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:	
Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☐ None ☐ Other:	
Height: _____inches Source: ☐ Stated/Not Measured ☐ Measured ☐ Not measured	Weight: 178. lbs. Source: ☐ Stated ☐ Measured
Accompanied by: SON	
Patient Identification Verified: ☐ Yes	Secondary Verification Process: ☐ Yes
Patient requires Transmission–Based Precautions? ☐ Yes ☐ No If yes, ☐ Airborne ☐ Droplet ☐ Contact	
Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*	
Temperature: 97.6 Pulse: 58 Respirations: 16 Blood pressure (mmHg): 130/72 If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*	
History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*	
Added or deleted any medications: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*	
Any new allergies or adverse reactions: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*	
Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☐ No *(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)*	
Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☐ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*	
Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Patient Summary.)*	
Has dressing in place as prescribed ☐ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☐ N/A	
Has compression in place as prescribed: ☐ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☐ N/A	
Blood glucose under control: ☐ Yes ☐ No ☐ N/A Comments:	
FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable	
Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L Other Footwear: _____ ☐ R ☐ L	
Pain present now? ☐ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***	
NOTES:	

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: K. Mattison RN Date: DEC 07 2017 Time: 1012

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.
☐ Non–wound related chronic pain referred to primary care provider for management plan
With Dressing Changes: ☐ Yes ☒ No Location of pain:
Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent
Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other
Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:
Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate
Patient's Stated Goals for Pain Management
Modification to Pain Management
NOTES:

Nurse Signature: K. Mattison RN Date: DEC 07 2017 Time: 1012

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1820276967** MRN:**U8170135**
ADM: **12/07/2017**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	(L) lat calf	(L) lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FT 1	FT 3	FT 5	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	6.4 cm	1.5 cm	2.3 cm	cm
▲ Width:	4.0 cm	0.5 cm	2.5 cm	cm
▲ Depth:	0.1 cm	0.2 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: [illegible] Date: 12/7/17 Time: 1015

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation–Anticipated, Converted, Failed Flap, Failed–Graft, Healed–Epithelialized, Healed–Flap, Healed–Graft, Healed–Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1820276967** MRN:**U8170135**
ADM: **12/07/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI–WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☑ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☑ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

EDEMA ASSESSMENT		
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☐ Not Applicable ☑ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT		
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: [signature] Initials: [illegible] Date: 12/7/17 Time: 1000
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: M	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	medihoney VG			
Covered/Secured With:	PSD Kling			

NURSE'S NOTES:

At returns from long vacation. Wounds debrided of all necrotic tissues. Most of the wounds look better.

Nurse Signature: Maynell RN Initials: MN Date: 12/7/17 Time: 1040
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1820276967** MRN:**U8170135**
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AS0001

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WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1820276449	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	10/5/2017 11:54:45AM	Discharge D/T:	10/9/2017 9:35:58PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

10/15/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1820276449

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
10/05/17 1214	21.6* {NW}	2.2* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

PROCEDURES ADDENDUM

(Addendum to Patient Summary)

List any additional Procedures, Surgeries, Treatments or Tests Performed During This Admission (Including those performed in the CENTER)

Initials	Date	Time	Admit Date	Facility	Hospital Ancillary	Procedure, Surgery, Treatment, or Test	Wound Related?	Data Entered
MN	10/5/17	1100		WCC	DR Lee, Debride, medihoney		yes	
MN	12/7/17	1045		WCC	DR Lee, Debride, MH,		yes.	
MN	12/21/17	1030		WCC	DR Lee, Debride, Dermagrans		yes	
MN	1/11/18	1040		WCC	DR Lee, Debride, Dermagrans		yes	
					Culture, LEA,			
MN	1/25/18	1100		WCC	DR Lee, EM, PO ABO		yes	
	1/29/18	1015		WCC	marksons Rg			
	1/29/18	1015		LVVA	NV, SA, Kling		yes.	
MN	2/1/18	1200		WCC	DR Lee, EM, Silverfel,		yes	
					Sent to ER for cellulitis Rg			
MN	2/8/18	1230		WCC	DR Lee, DR Cohen, Santyl		yes	
					Stop PO ABO.			
MN	3/1/18	1130		WCC	DR Lee, DR Cohen, Debride		yes.	
					Santyl.			
MN	3/15/18	1020		WCC	DR Lee, Debride, Santyl		yes	
SC	4-6-18			WCC	NV / Santyl / silver AG		X	
MN	4/12/18	1015		WCC	DR Lee, Debride, Santyl		yes.	
QL	4/19/18	935		WCC/LVVA	Debride medihoney, vaseline gauze, gauze, wrap gauze		X	
		Compression wrap						
MN	4/26/18	1100		WCC	DR Lee, Debride, MH,		yes	

Signature: [signature] Initials: MN Signature: [signature] Initials:

Signature: [signature] Initials: Signature: Initials:

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:10/05/17 LUU, PAUL
Enc:1819866053 RES:31604857

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WWC PROCEDURES ADDENDUM

M-1219B (2/13) C305FB File Under: Progress Note
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1819866053	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	10/5/2017 10:46:39AM	Discharge D/T:	10/5/2017 12:02:11PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	NEEDED,-	Relationship:	OT
Address:			
Home Phone:	(206)0000000~(206)000-(	Work Phone:	

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:10/05/17 LUU, PAUL
Enc:1819866053 RES:31604857

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:** 10

Apply to Wound(s) ____ minutes before procedure: ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____

Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____ ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbable Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	Dlat calf	Medihoney Vaseline gauze 4x4 pkg, Kling	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	Dlat ankle		☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
3	Dmed ankle		☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT)** to: _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes ☒ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in ____ Week(s) with Dr. Luu On (Day) 12/7/17 (Date) 10:15 at (Time) _____

Nurse Visit in: ____ days for ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: OCT 05 2017 Time: 1125

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: OCT 05 2017 Time: 1125

I have received and understand the above instructions:

Patient Signature: _____ Date: OCT 05 2017 Time: 1125

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C3027F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2084

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DATE: OCT 05 2017 **TIME:** 1050 | Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 110 lbs.
Source: ☒ Stated ☐ Measured

Accompanied by: son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.9 Pulse: 60 Respirations: 16 Blood pressure (mmHg): 120/60
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☒ Yes ☐ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES: Hospitalized @ wake - took some medication → made her confused

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Margaret A Ray, RN Date: OCT 05 2017 Time: 1050

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☒ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: Received OMK Date: OCT 05 2017 Time: 1050

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819866053** MRN:**U8170135**
ADM: **10/05/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	ⓛ lat calf.	ⓛ lat. ankle	ⓛ med ankle	
▲ Current Wound Stage/Grade:	FT & E	FT 5	FT 5	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Length:	6.5 cm	1.8 cm	2.1 cm	cm
▲ Width:	1.0 cm	0.8 cm	2.1 cm	cm
▲ Depth:	0.2 cm	0.2 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%
Tunneling	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%
Granulation Quality	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☑ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☑ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Jeanne Hoffman Initials: JH Date: OCT 05 2017 Time: 1100
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819866053** MRN:**U8170135**
ADM: **10/05/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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Page 1 of 3

▲ Wound/Ulcer Number (cont):	1	2	3	
	PERI-WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

	EDEMA ASSESSMENT	
	LEFT ☐ Not Applicable ☑ Not Assessed	**RIGHT** ☐ Not Applicable ☑ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	_____ centimeters with point of measurement _____ centimeters from the medial instep	_____ centimeters with point of measurement _____ centimeters from the medial instep
Ankle	_____ centimeters with point of measurement _____ centimeters from the medial instep	_____ centimeters with point of measurement _____ centimeters from the medial instep

	VASCULAR ASSESSMENT	
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: _____ Date: OCT 05 2017 Time: 1105
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819866053** MRN:**U8170135**
ADM: **10/05/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT
M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ Procedure Performed	☒ Yes* ☐ No *Time-out taken: (Time: 1130) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1130) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1130) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time:) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type:	Type:	Type:	Type:
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☐ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Response to Treatment	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Medihoney VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Pt recently in the hospital for altered mental status. She was brought to beach 2 to Norco. Pt now stable. She is given tramadol for pain until End of NOV. Pt's son will be taking care of her wounds.

Nurse Signature: MaryAnn Nelson RN Initials: MN Date: OCT 05 2017 Time: 1130
Nurse Signature: Initials: Date: Time:
Nurse Signature: Initials: Date: Time:

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1819866053 MRN:U8170135
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AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

(1) distal calf & ankle ulcers (2)

☐ **Refer to *Physician Progress Note* dated:** _____ ***(If billing an E&M on same date of a procedure.)***

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ **Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:**
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1 lat calf	2 lat ankle	3 med ankle	
Laterality	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: OCT 05 2017 Time: 11:30

Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 11:30

OCT 05 2017

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819866053** MRN:**U8170135**
ADM: **10/05/2017**
CLASS: **OP**
SVC:

RN0001

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WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	4
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☒ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☒ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☒ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☒ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 6.5 cm x Width 4.0 cm =**Total Square CM:** ____	Length 1.8 cm x Width 0.8 cm =**Total Square CM:** ____	Length 2.7 cm x Width 2.1 cm =**Total Square CM:** ____	Length ____ cm x Width ____ cm =**Total Square CM:** ____
Post Wound Care	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.5 Width: 4.0 Depth: 0.3 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 1.8 Width: 0.8 Depth: 0.3 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.7 Width: 2.1 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm
Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	4
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: OCT 05 2017 Time: 1120

Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 1132

**Asterisked items are required to meet TJC standard RC.02.01.03*

OCT 05 2017

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient could not tolerate more → myelin. I.

No other grafts complaint

RE: All wounds → significant drainage

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis** multiple

Use curette → excisional debrided including subcutaneous tissue → distal calf wound to bleeding well - bone wounds - bleed like.

Elevate leg edema education

ASSESSMENT

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

- Continue same dress.
must use both Xeroform to clean wound at least 3/week
- Elevate leg as much as possible
- → She will be on a trip until 12/03/2017
→ call clinic PRN
Copy of chart given for PRN problem.

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

VAC @ return home

Physician or Physician Extender Signature: _____ Date: OCT 05 2017 Time: 11:22

Physician or Physician Extender Printed Name*: _____ Date: OCT 05 2017 Time: 11:22

**Asterisked items are required to meet TJC standard RC.02.01.03*

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DATE / TIME / DISCIPLINE

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

1560 North 115th Street
Seattle, WA 98133
PH 206.368.1244

Dr. Paul Luu, MD
o Neme, MD, MPH
Norsworthy, MD
Quigley, MD

Dr. Prema Raghu, MD
Dr. Rodney Snyder, MD
Teresa Gegax-Martinez, ARNP
Mary Jo Renz, ARNP

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:10/05/17 LUU, PAUL
Enc:1819866053 RES:31604857

DOB

DATE 10/5/17

Tylenol #3 Sig: one - two tabs PO Q4-6° hrs PRN pain

Dispense #30 (Thirty)

Substitution Permitted

Dispense as Written

DEA No. BL4960159

Refill NR 1 2 3 4 5 PRN

A-1281 (10/15)

PO0030 - Req Orders

ASSESSMENT:

Assessment

Problems/Interventions/Education: 1. Pt alert and oriented, heard of hearing, no c/o pain, VS stable on RA, voiding, no BM this shift. Poor appetite. Pt with chronic venous ulcers on left shin. Pt in need of one person assistance with walker to bathroom. Pleasant. .

EVALUATION:

Evaluation:

Orientation: A&O x4.
VTE Prophylaxis: Coumadin.
Mobility: Standby with walker.
Tubes/Lines/Drains: PIV.

.

Plan/Education for Next Shift: Continue to monitor, notify MD with changes. .
Plan/Education for Discharge: Possible D/C home..

Electronically Reviewed/Signed On: 09/29/17 at 05:34

_____

Klimenko RN, Liliya Y
Box 356089

LYK
DD:09/28/17

Nursing Shift Summary - UWMC 6NE 1900-07

Patient Discharge Instructions
University of Washington Medical Center
1959 NE Pacific, Seattle WA 98195
206-598-3300

PERSON INFORMATION
Medical Record ID Number: U8170135
Patient Name: HOFFMAN, JEANNE LEONIE
Date of Birth: 01/06/1925

Age: 92 Years
Sex: Female
Race: White
Ethnicity: Not Hispanic or Latino
Preferred Language: English

Primary Health Care Provider
Provider Name: Neighbor Jr, MD, William E **Provider Phone #:** 206 598-5613

Medical Service taking care of patient during stay
Medical Service: Family Med Ctr

Information Related to Stay
Code Status: Code Status - DNR DNR / DNI

Fall Risk: 6 **(At Risk)**

Weight: 52 kg

Admission Date/Time: 9/27/2017 10:39 PM
Discharge Diagnosis(es): 1:Altered consciousness

Problem List: Supratherapeutic INR

Category: Discharge/Transfer/Interim
Date of Service: 09/29/2017 11:25
Document Status: Modified
Title: Interdisciplinary Discharge Report
Document Version : 4

Encounter Number: 1820056124
Facility: UWMC
Encounter Type: Observation
Admit Date Time: 09/27/2017 22:39:00
Discharge Date Time: 09/29/2017 10:29:00

Performed By: Robosa RN, Margie D
Performed Date Time: 09/29/2017 11:25:28
Verified By: Robosa RN, Margie D
Verified Date Time: 09/29/2017 11:25:28

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Allergies: nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Medication List:

It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.

Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.

Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

MEDICATIONS TO BE TAKEN AT HOME:

Medication	AM	Noon	PM	Bed	Comments
atorvastatin (Lipitor 40 mg oral tablet) 40 mg by Mouth Daily					Lowers cholesterol
losartan 25 mg oral tablet 12.5 mg by Mouth daily					Treats high blood pressure
pentoxifylline 400 mg oral tablet, extended release 400 mg by Mouth three times daily					For the liver
timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) 1 drop(s) Each EYE twice daily					For eye health
warfarin 5 mg oral tablet 5 mg by Mouth Monday, Tuesday, Wednesday, Friday, Saturday					Prevents blood clots
warfarin 2.5 mg oral tablet 2.5 mg by Mouth Thursday and Sunday					Prevents blood clots
acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) 1 tablet(s) by Mouth daily as needed Pain					Treats pain

Additional medication information:

Follow-up Information:

When:	10/05/17 at 10:15 am
Clinic Address:	Paul Luu Wound Care Center 1560 N 115th St Seattle, WA 98133 (206) 723-2889
Comments:	NWH Wound Care Clinic

Documentation:

Discharge Arrangements/Plan

Transportation to Follow Up Appointment:	Patient/caregiver to arrange transportation to follow up

Discharged to/Discharged how

Patient Disposition:	Self care Home/Apt, Shelter/Respite, Street (01)
Disposition Code (01) Location:	Home
Discharge - Actual Transport Arrangement:	Personal ride

Discharge Signs/Symptoms

Call if following Signs/Symptoms Appear:	Fever greater than 101.5F, Increased confusion
Teach Outcome-Sign & Symptom-Teach Back:	Yes
Teach Outcome-Sign & Symptom-Response:	Patient returns demonstration and describes plan of care

Discharge Activity Instr

Discharge Activity/Instructions:	Activity as tolerated
Other, Discharge Activity/Instructions:	Please be careful when moving around without something to hold onto.
Teach Outcome-Act. Instruct.-Teach Back:	Yes
Teach Outcome-Act. Instruct.-Response:	Patient returns demonstration and describes plan of care

Additional Nutrition Instr

Discharge Diet / Nutrition Instructions:	Regular diet

Special Instr/Info

Discharge Special Instructions:	You were admitted with some concern for your mental status being a little different than usual. You seem to be back to normal and all of the tests were negative. Go to your usual follow-up appointments and continue taking your usual medications.

Discharge Instructions - Provider

Diet:	Regular
Activity:	Ad lib. Please be careful when moving around without something to hold onto
General care and/or wound instructions:	You were admitted with some concern for your mental status being a little different than usual. You seem to be back to normal and all of the tests were negative. Go to your usual follow-up appointments and continue taking your usual medications.
Patient at risk for:	Falls

Discharge Orders Form finalized by Kappel MD, Justin Daniel on 09/28/17 13:01:45

Your Discharge Education:
FALL PREVENTION

Fall Prevention

Falls often occur due to slipping, tripping or losing your balance. Here are ways to reduce your risk of falling again.

- Was there anything that caused your fall that can be fixed, removed or replaced?
- Make your home safe by keeping walkways clear of objects you may trip over.
- Use non-slip pads under rugs.
- Do not walk in poorly lit areas.
- Do not stand on chairs or wobbly ladders.
- Use caution when reaching overhead or looking upward. This position can cause a loss of balance.
- Be sure your shoes fit properly, have non-slip bottoms and are in good condition.
- Be cautious when going up and down stairs, curbs, and when walking on uneven sidewalks.
- If your balance is poor, consider using a cane or walker.
- If your fall was related to alcohol use, stop or limit alcohol intake.
- If your fall was related to use of sleeping medicines, talk to your doctor about this. You may need to reduce your dosage at bedtime if you awaken during the night to go to the bathroom.
- To reduce the need for nighttime bathroom trips:
- Avoid drinking fluids for several hours before going to bed
- Empty your bladder before going to bed
- Men can keep a urinal at the bedside
- Stay as active as you can. Balance, flexibility, strength, and endurance all come from exercise. They all play a role in preventing falls. Ask your heathcare provider which types of activity are right for you.

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Yes - PATIENT/CAREGIVER/FACILITY PROVIDED COPY OF PRINTED DISCHARGE INSTRUCTIONS

U3104

UW Medicine
Discharge Instructions

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925

MRN: U8170135 **Acct #:** 1820056124
Current Date/Time: 9/29/2017 11:25:29 **Admission Date/Time**: 9/27/2017 10:39 PM

I (HOFFMAN, JEANNE LEONIE), have received printed discharge instructions and personalized patient education materials. I have verbalized understanding of instructions given.

_____

Patient/Guardian Signature Relation to Patient
Date/Time

_____

Discharge Staff Member

This form will be scanned and placed in the patient's medical record.

PLACE EPIC PATIENT LABEL HERE

U3104

Discharge Instructions
University of Washington Medical Center
1959 NE Pacific
Seattle WA 98195

General Phone Numbers you may need to call after discharge if you have questions
For MEDICAL QUESTIONS please call your practitioner during business hours (8 a.m. - 5 p.m.) as you have been instructed. After business hours, or on weekends/holidays, Call the Community Care Line at (206) 744-2500.

For APPOINTMENT SCHEDULING QUESTIONS please call UW Medicine Contact Center at (206)520-5000 or 1-877-520-5000.

For questions regarding your bill please call (206) 598-1950.

PATIENT INFORMATION
Your Hospital ID Number: U8170135
Name: HOFFMAN, JEANNE LEONIE
Date of Birth: 01/06/1925

Age: 92 Years
Address: 245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110
Phone: 206 780-6885

INFORMATION RELATED TO YOUR HOSPITAL STAY
Admission Date/Time 9/27/2017 10:39 PM

Your discharge diagnosis(es):
1:Altered consciousness

Medical Team who took care of you when you were in hospital
Medical Service: Family Med Ctr

Primary Health Care Provider
Provider Name: Neighbor Jr, MD, William E **Provider Phone #:** 206 598-5613

Category: Discharge/Transfer/Interim
Date of Service: 09/29/2017 11:25
Document Status: Modified
Title: Patient Discharge Report
Document Version : 4

Encounter Number: 1820056124
Facility: UWMC
Encounter Type: Observation
Admit Date Time: 09/27/2017 22:39:00
Discharge Date Time: 09/29/2017 10:29:00

Performed By: Robosa RN, Margie D
Performed Date Time: 09/29/2017 11:25:30
Verified By: Robosa RN, Margie D
Verified Date Time: 09/29/2017 11:25:30

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Your Follow-up Visits/Appointments:

When:	10/05/17 at 10:15 am
Clinic Address:	Paul Luu Wound Care Center 1560 N 115th St Seattle, WA 98133 (206) 723-2889
Comments:	NWH Wound Care Clinic

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Medication List:
It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.

Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.

Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

If a medication is not on this list, contact your provider to discuss whether it should be discontinued.

MEDICATIONS TO BE TAKEN AT HOME:

Medication	AM	Noon	PM	Bed	Comments
atorvastatin (Lipitor 40 mg oral tablet) 40 mg by Mouth Daily					Lowers cholesterol
losartan 25 mg oral tablet 12.5 mg by Mouth daily					Treats high blood pressure
pentoxifylline 400 mg oral tablet, extended release 400 mg by Mouth three times daily					For the liver
timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) 1 drop(s) Each EYE twice daily					For eye health
warfarin 5 mg oral tablet 5 mg by Mouth Monday, Tuesday, Wednesday, Friday, Saturday					Prevents blood clots
warfarin 2.5 mg oral tablet 2.5 mg by Mouth Thursday and Sunday					Prevents blood clots
acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) 1 tablet(s) by Mouth daily as needed Pain					Treats pain

Additional medication information:

Patient Instructions:

Signs/Symptoms

Call if following Signs/Symptoms Appear:	Fever greater than 101.5F Increased confusion

Activity Instructions

Discharge Activity/Instructions:	Activity as tolerated
Other, Discharge Activity/Instructions:	Please be careful when moving around without something to hold onto.

Nutrition Instructions

Discharge Diet / Nutrition Instructions:	Regular diet

Special Instructions/Info

Discharge Special Instructions:	You were admitted with some concern for your mental status being a little different than usual. You seem to be back to normal and all of the tests were negative. Go to your usual follow-up appointments and continue taking your usual medications.
Transportation to Follow Up Appointment:	Patient/caregiver to arrange transportation to follow up

Your Discharge Education:
FALL PREVENTION

Fall Prevention

Falls often occur due to slipping, tripping or losing your balance. Here are ways to reduce your risk of falling again.

- Was there anything that caused your fall that can be fixed, removed or replaced?
- Make your home safe by keeping walkways clear of objects you may trip over.
- Use non-slip pads under rugs.
- Do not walk in poorly lit areas.
- Do not stand on chairs or wobbly ladders.
- Use caution when reaching overhead or looking upward. This position can cause a loss of balance.
- Be sure your shoes fit properly, have non-slip bottoms and are in good condition.
- Be cautious when going up and down stairs, curbs, and when walking on uneven sidewalks.
- If your balance is poor, consider using a cane or walker.
- If your fall was related to alcohol use, stop or limit alcohol intake.
- If your fall was related to use of sleeping medicines, talk to your doctor about this. You may need to reduce your dosage at bedtime if you awaken during the night to go to the bathroom.
- To reduce the need for nighttime bathroom trips:
- Avoid drinking fluids for several hours before going to bed
- Empty your bladder before going to bed
- Men can keep a urinal at the bedside
- Stay as active as you can. Balance, flexibility, strength, and endurance all come from exercise. They all play a role in preventing falls. Ask your heathcare provider which types of activity are right for you.

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Yes - PATIENT/CAREGIVER/FACILITY PROVIDED COPY OF PRINTED DISCHARGE INSTRUCTIONS

Additional Information/Special Instructions
If you experience chest pain or difficulty breathing - CALL 911

Quit Smoking
Quitting smoking or other tobacco use is the most important thing a person can do for their health. If you or a family member smokes, call the National Tobacco Quitline toll-free at 1-800-QUIT-NOW (1-800-784-8669) & talk to your primary care provider (PCP).

Weight Monitoring
If you have heart failure, check your weight daily. Call if your weight gain is 2-3 pounds in one day or 4-5 pounds in the past 5 days.

Diet and Activity
Follow the diet and activity instructions as given to you by your care team.

Website to View your Online Hospital Medical Record Summary
Get access to a secure website to view your summary from your hospital stay at University of Washington Medical Center. If you have already signed up for this website, check for an email from UW Medicine with instructions to view your summary. If you did not sign up or cannot locate your email, call UW Medicine Medical Records at 206-744-9000 to request access.

ASSESSMENT:

Assessment

Problems/Interventions/Education: 1) Fall risk: pt able to call for assist. Up to BR with SBA.
2) Wound care: chorine venous ulcers on L shin. Wound RN's assessment, recommendation and care were done at bed side this AM. Pt showed understanding how to care it at home.
3) D/c plan: Pt steady ambulation with FWW and pt's son SBA. D/c order and meds were reviewed with pt and her son by Charge RN. Pt d/cd to home from 6 NE with pt's sone at 1155 am. .

Electronically Reviewed/Signed On: 09/29/17 at 12:11

_____

Lisbin RN, Ichiko
Box 356089

IL
DD:09/29/17

Nursing Shift Summary - UWMC 6 NE 0700-1

Discharge Summary

DATE OF ADMISSION: 09/27/2017

DATE OF DISCHARGE: 09/29/2017

PCP: William Neighbor

DISCHARGE DIAGNOSIS:
Altered consciousness
Social disarray

CONSULTS COMPLETED:
Consulting services in CORES:
Wound/Ostomy
Family Medicine

OPERATIONS/PROCEDURES:
None

PRINCIPAL DIAGNOSTIC STUDIES/RESULTS:
9/28/17:
CT Head:
IMPRESSION:
No acute infarct, hemorrhage or mass effect.

CXR
FINDINGS AND IMPRESSION:
Cardiac and mediastinal contours are normal.

Findings suggestive of underlying obstructive lung disease. Otherwise the lungs are clear.

No pneumothorax or pleural effusion.

REASON FOR ADMISSION:
Per admission HPI by Dr. Hyde on 9/28/17:
"Jeanne is a 92-year-old female with history of DVTs on Coumadin, venous stasis, and chronic leg ulcers presenting to the hospital because of altered mental status. History is gathered from the patient, ER physician, and an excellent note written by the emergency room social worker. Jeanne was in her usual state of health until today, when she and her son Lewis were evicted from their home on Bainbridge Island. She states that the stress of the event made her "lose it." Apparently Jeanne started acting in a bizarre manner, threatening to the burn the house down, and stating that she would "get them for this." Her son grew concerned that she may have overdosed on medications, so he called 911. Jeanne tells this interviewer that she suspects someone is trying to kill her. When asked about the eviction today, she states that she had her son were kicked out of the house because he is gay.

Upon presentation to the emergency room, Jeanne was in no acute distress. Her vital signs were within normal limits. Workup in the emergency room for altered mental status including labs and head imaging was unremarkable. The emergency room social

worker attempted to reach the patient's son (and DPOA) Lewis and was unable to get in touch with him. She was able to get in touch with Jeanne's other son who shed light on a fairly complex family dynamic. He states that the rest of the family has been very concerned about Lewis neglecting his mother. Multiple APS reports have been filed but nothing has come of them. With respect to this hospitalization, the family medicine service was called for admission due to failure to thrive, concern for elder abuse, and unsafe discharge from the emergency room."

HOSPITAL COURSE:
Jeanne is a 92 yo F with history of DVTs on warfarin, venous stasis, and chronic leg ulcers presenting with AMS, admitted for possibly psych issues including concerns for paranoia and threats to burn down her apartment. After discussion with her son, Lewis, these appear to be valid concerns as the owner and neighbors in their apartment building are part of an anti-gay hate group and have been trying to get themvicted, with ongoing legal proceedings but no eviction eminent. Patient endorsed not actually planning to burn down the building. Her mental status cleared soon after admission, and is likely attributable to taking an extra tylenol with codeine. She was counseled on just taking tylenol without codeine for her pain in the future.

She was otherwise continued on her regular home medication regimen.

CONDITION:
Fair

DISCHARGE PHYSICAL EXAM:
Temperature: 37.2 Pulse: 71 Blood Pressure: 128 / 57 Respirations: 16 Height: 160cm Weight: 52kg BMI: 20.3kg/m2 Oxygen Saturation: 99% (Room air)
GENERAL: Elderly, thin woman, in NAD, hard of hearing
HEENT: NC/AT, MMM, anicteric sclerae, edentulous
CV: RRR, no m/r/g appreciated
RESP: normal respiratory effort, CTAB
ABDOMEN: soft, non-tender, non-distended
EXT: LLE with venous stasis ulcerations with granulated borders, no surrounding erythema or purulent drainage, no eripheral edema
NEURO: Alert and oriented, MAE spontaneously
PSYCH: Delightful, appropriate

DISPOSITION:
[x] Home [_] Skilled Nursing Facility [_] Other: _

CLINICAL FOLLOW-UP, INCLUDING APPOINTMENTS:
NWH Wound Care at 10/05/2017 10:15

DIAGNOSTIC STUDIES RECOMMENDED:
continue outpatient INR monitoing

PENDING RESULTS: *(as of this summary)*
Opioid Confirmation, URN

THERAPEUTIC RECOMMENDATIONS:
Caution with taking tylenol with codeine - please just take tylenol alone.

DISCHARGE MEDICATIONS:
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) Dose: 1 tab PO Daily PRN Pain

CODE STATUS:
- DNR ORDER EXPIRED

UW Medicine physicians mentioned in this note can be reached by calling MedCon at 800-326-5300.
If any part of this transcript is missing or to request other transcripts for this
patient call 206-744-9000. For online access to patient records enroll in U-Link at
uwmedicine.org/u-link.

FAMILY MEDICINE SERVICE ATTENDING PHYSICIAN
I personally interviewed and examined this patient, I reviewed her study results, developed her assessment and plan of care and discussed that plan in detail with the resident physicians. I agree with Dr. Khoury's documentation without revision.
Megan Wilson, MD

Electronically Reviewed/Signed On: 09/29/17 at 16:33

_____

Khoury MD, Lamya M
Resident, Department of Uwmc-northgate
Box 358732
Seattle WA

Electronically Co-Signed On: 09/29/17 at 21:09

_____

Wilson MD, Megan Lohr
UWNC Northgate
314 NE Thornton Place
Seattle WA 98125

cc: Neighbor Jr, MD, William E
Attending, Hall Health Primary Care
Box 354410
Seattle WA

LMK
DD:09/29/17

Inpatient Anticoagulation Monitoring - Warfarin

Patient: Jeanne Hoffman

Indication: history of recurrent DVTs

Home dosing regimen: warfarin 2.5 mg on Thurs/Sun and 5 mg on M/Tu/W/F/Sat

Outpatient anticoagulation provider: PCP (Dr. William Neighbor at Hall Health Primary Care)

INR goal: 2-3 (per PCP note, closer to 2.0 given age)

Current INR and Warfarin Dosing:

Date	INR	Warfarin	HCT	PLT	SCr	VitK	Comment
09/20/17	2.1						*outpatient INR check
**********							
09/28/17	1.9	5 mg (21:14)	35	241	0.97		_
09/29/17		1.6					_

Vitamin K administered: none

Factors potentially influencing INR:
-Patient endorses increased vegetable intake recently; increased Vitamin K intake may reduce INR

Assessment:
Ms. Jeanne Hoffman is a 92 year old female with a history of DVTs, who has been managed on warfarin for years. She was admitted to the hospital with altered mental status and failure to thrive. INR upon admission was slightly subtherapeutic at 1.9. Patient and son deny any missed doses of warfarin except for last night's dose.

Plan:
1. Pt discharged on home dose of warfarin 2.5 mg Th/Sun and 5 mg M/Tu/W/F/Sat.
2. Per discussion, MD will arrange for anticoagulation follow-up with her PCP, Dr. Neighbor early next week.

Electronically Reviewed/Signed On: 09/29/17 at 21:53

_____

Kim, Joong Do
Clinical Pharmacist, Dept of Pharmacy
Box 359885
Seattle WA

JDK
DD:09/29/17

Anticoagulation Monitoring - Warfarin

Discharge Medications:
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. losartan 25 mg oral tablet Dose: 12.5 mg PO Daily
3. pentoxifylline 400 mg oral tablet, extended release Dose: 400 mg PO TID
4. timolol ophthalmic (timolol maleate 0.5% ophthalmic solution) Dose: 1 drop(s) EYE-Both BID
5. warfarin 5 mg oral tablet Dose: 5 mg PO QMTuWFSa
6. warfarin 2.5 mg oral tablet Dose: 2.5 mg PO QThSu
7. acetaminophen-codeine (Tylenol with Codeine #3 300 mg-30 mg oral tablet) Dose: 1 tab PO Daily PRN Pain

Pt was discharged and left prior to meeting with the pharmacist.

Electronically Reviewed/Signed On: 09/29/17 at 22:00

_____

Kim, Joong Do
Clinical Pharmacist, Dept of Pharmacy
Box 359885
Seattle WA

JDK
DD:09/29/17

Discharge Medication Counseling

HOFFMAN, JEANNE LEONIE
Visit: 1820056124
MRN: U8170135

Patient Call

Report Date/Time: 10/3/2017 14:00:39 PT
Call Date: 10/3/2017 13:18:52 PT

Note: This report shows only exportable questions that have been answered.

Question: We want to make sure you continue to improve now that you are home. Are you experiencing any unusual pain, symptoms or problems?
Response: Not fully with it. Looking into victims assistance.

Question: Were you able to schedule your follow-up appointment with your physician(s)?
Response: Yes.

Question: Have you filled your prescriptions?
Response: Yes.

Call History

Attempt	Started	Status	Caller	Comments
1	09/30/2017 9:32 AM PT	No Answer	Vogt, Christy L.	
2	10/01/2017 9:37 AM PT	No Answer	Vogt, Christy L.	
3	10/02/2017 1:29 PM PT	No Answer	Powell, Russell	
4	10/03/2017 1:18 PM PT	Completed	Powell, Russell	

Call Comments:

Electronic Signature: Powell, Russell **Date: 10/03/2017 13:18:52 PT**

UW Medicine
UNIVERSITY OF WASHINGTON MEDICAL CENTER

University of Washington Medical Center-1326002049

MRN: U8170135 Visit: 1820056124 Type: Obv
HOFFMAN, JEANNE LEONIE Sex: F
DOB: 01/06/1925 Room: Unit: 6Ne
ADM: 09/27/2017 22:39:00 PT DISCH: 09/29/2017 11:55:00 PT
Home Phone: (206)780-6885 Alternate Phone: (206)393-8938
Additional Phone:
WILSON, MEGAN LOHR (Attending)

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HOFFMAN, JEANNE LEONIE
Visit: 1820056124
MRN: U8170135

Patient Call

Report Date/Time: 10/3/2017 14:00:39 PT
Call Date: 10/3/2017 13:18:52 PT

Employee Number
861008990
861008990
847009486
847009486

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EMERGENCY ROOM SOCIAL WORKER NOTE (0300 Hours):

PP: Per triage, pt from Bainbridge and received an eviction notice today. Son left her alone. Pt has decreased level of consciousness. Want to take revenge on others she stated "got to do it tonight". Repeating words. Failure to thrive, per son. EDMD requested SW assistance with obtaining collateral and disposition planning.

HPI: 92 year old Caucasian female BIB Bainbridge Island Ambulance Association after her son called 911 requesting transfer to UWMC for psychiatric evaluation, per report. On transport, patient was agitated, confused, oriented to person, and monitored for failure to thrive. Per ambulance report, son reported that he was concerned that his mother had an accidental overdose due to her bizarre behavior. He also was concerned that she had stopped taking her medications today. Son reported to ambulance that his mother stated, they want me dead and that she needed to set the house on fire. He also reported that she was being evicted from her apartment. Per EDMD, patient does not have any remarkable medical findings and patient is being considered for admission due to failure to thrive.

Per chart, patient has two sons that live in the Bainbridge Island area. Louis Hoffman is her DPOA and they live together. Louis has a physical impairment and is unable to complete all of his mother's caretaking needs. It appears there have been three previous APS referrals for concern of neglect/abuse in the home. Patient's other son is Douglas Hoffman. Per chart, the brothers have a history of a tenuous relationship.

Writer attempted to obtain collateral from Louis Hoffman (206-855-0815), whom patient resides with, and left a VM. Writer obtained collateral from Douglas Hoffman (206-842-8360), where he reported that he and the rest of his mother's family have not had contact with his mother in almost three years due to the brother not allowing contact. Douglas reports that Louis is emotionally abusive and controlling of his mother. He reports that his mother's brother passed away 6 months ago and she is unaware due to the family's inability to contact her. He reports that he has made several APS referrals and that "they haven't done anything" and "I'm not very happy with social services in Bremerton". He reports he has friends in the police department who keep him updated on his mother's condition. He reports that he would be happy to help support his mother financially and emotionally if his brother wasn't involved. He reported that when he tries to visit his mom, Louis will call the police reporting that he has someone trespassing on his property that is "gay bashing". He reports he set up a bank account to help support his mother and his brother "cleaned out the bank account". Douglas reports that he is interested in coming to visit his mother in the hospital, with her permission.

IMPRESSION: 92 year old Caucasian female BIB Bainbridge Island Ambulance Association after her son called 911 requesting transfer to UWMC for psychiatric evaluation, per report. It is unclear whether the patient received eviction paperwork today or was evicted from her home. The patient resides in the home with her adult son, Louis, who is physically impaired and her legal DPOA. Writer has been unable to connect with Louis. Per collateral from son Douglas, there is concern for possible neglect and emotional abuse by her son, Louis. Per chart, her sons have had a difficult relationship for many years. Patient would benefit from hospitalization for further evaluation and to create safe disposition moving forward.

PLAN: EDMD admitting patient to hospital for failure to thrive. EDSW available, PRN.

Electronically Reviewed/Signed On: 09/28/17 at 03:42

_____

Fitzgerald, Erin
Box 356125

EF
DD:09/28/17

Code Status Documentation Entered On: 9/28/2017 4:15
Performed On: 9/28/2017 4:15 by Hyde MD, Nicola Meridith

Code Status
Code Status - Summary of Conversation : Discussed on admit. Patient wishes for DNR/DNI status.

Hyde MD, Nicola Meridith - 9/28/2017 4:15

Electronically Reviewed/Signed On: 09/28/17 at 04:15

_____

Hyde MD, Nicola Meridith
Resident, Department of Family Medicine
Box 358732
Seattle WA

NMH
DD:09/28/17

Code Status Documentation

HOSPITAL DAY: 0

CHIEF CONCERN: *(Required for all billing levels)*
This is a 92 year old female who presents with FTT and social disarray.

PCP: William Neighbor, Hall Health

HISTORY OF PRESENT ILLNESS:
Jeanne is a 92-year-old female with history of DVTs on Coumadin, venous stasis, and chronic leg ulcers presenting to the hospital because of altered mental status. History is gathered from the patient, ER physician, and an excellent note written by the emergency room social worker. Jeanne was in her usual state of health until today, when she and her son Lewis were evicted from their home on Bainbridge Island. She states that the stress of the event made her "lose it." Apparently Jeanne started acting in a bizarre manner, threatening to the burn the house down, and stating that she would "get them for this." Her son grew concerned that she may have overdosed on medications, so he called 911. Jeanne tells this interviewer that she suspects someone is trying to kill her. When asked about the eviction today, she states that she had her son were kicked out of the house because he is gay.

Upon presentation to the emergency room, Jeanne was in no acute distress. Her vital signs were within normal limits. Workup in the emergency room for altered mental status including labs and head imaging was unremarkable. The emergency room social worker attempted to reach the patient's son (and DPOA) Lewis and was unable to get in touch with him. She was able to get in touch with Jeanne's other son who shed light on a fairly complex family dynamic. He states that the rest of the family has been very concerned about Lewis neglecting his mother. Multiple APS reports have been filed but nothing has come of them. With respect to this hospitalization, the family medicine service was called for admission due to failure to thrive, concern for elder abuse, and unsafe discharge from the emergency room.

PROBLEM LIST:
Supratherapeutic INR

PAST MEDICAL HISTORY:
Recurrent bilateral lower extremity DVTs - on warfarin
Hyperlipidemia
Hypertension
Venous insufficiency
Chronic leg ulcers status post skin graft
Osteoporosis

MEDICATIONS PRIOR TO ADMISSION:
Documentation of home medications had not been completed in ORCA when this note was written.

ALLERGIES:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

HABITS:

Tobacco Use: None Alcohol Use: None Drug Use: None

SOCIAL HISTORY:
Lives with her son Lewis on Bainbridge Island. Was evicted from their home today. Concern for elder abuse. Multiple APS reports have been filed.

FAMILY HISTORY:
Non contributory

REVIEW OF SYSTEMS:
Constitutional _ [x] Negative
ENMT _ [x] Negative
Cardiovascular _ [x] Negative
Respiratory _ [x] Negative
GI _ [x] Negative
Genitourinary _ [x] Negative
Neuro _ [x] Negative
Musculoskeletal _ [x] Negative
Skin: chronic skin ulcers on left shin - weeping discharge
Endocrine _ [x] Negative
Allergy/Immunology _ [x] Negative
Heme/Lymph _ [x] Negative
Psychiatric : delusions

VITALS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
09/28/17 01:53	Temp C:	36.9	36.6	-	36.9
09/28/17 01:53	HR:	72	63	-	72
09/28/17 01:53	RR:	16	16	-	16
09/28/17 01:53	SBP Non-Inv:	128	121	-	136
09/28/17 01:53	DBP Non-Inv:	79	61	-	79
09/28/17 01:53	MAP Non-Inv:	95	95	-	95
09/27/17 23:50	GCS Total	14	14	-	14
09/28/17 01:53	O2 Sat:	100			
09/28/17 01:53	O2 Delivery Device:	Room air			

I&O DATA:
Height: Height (cm): No Results Found.
Admit Wt:Admit Wt: No Results Found.
BMI: No Results Found.
Last Daily Wt: No Results Found.
Previous Daily Wt: No Results Found.

No I&O Results Found.

PHYSICAL EXAM:

General/Constitutional: Elderly female, somewhat disheveled, NAD, sleeping in gerny,
Eyes: anicteric
Ears/Nose/Mouth/Throat: missing many teeth
Respiratory: CTAB, no increased WOB
Cardiovascular: RRR, no wheezes rales or rhonchi
Chest: atraumatic
GI/Abdominal" +BS, soft, non-tender, non-distended
GU: deferred
Musculoskeletal: no deformity
Skin: Three ulcers on left shin, weeping serous discharge, wrapped in guaze. No surrounding erythema or induration.
Neurologic: AAOx3
Psychiatric: Somewhat tangential thought process. Denies SI. Vague HI ("getting them back") without a plan. Does not appear to be responding to internal stimuli.

LABORATORY STUDIES: *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY 09/28/17 00:11				RESULTS FROM YESTERDAY ---			
			|- ICa - - -				|- ICa - - -
143	109	20	|- Ca 9.6	- - -	- - -	- - -	|- Ca - - -
---------|----------|----------<	128		|- Mg - - -	---------|----------|----------<	- - -		|- Mg - - -
4.2	24	0.97	|- Phos - - -	- - -	- - -	- - -	|- Phos - - -

RESULTS FROM TODAY 09/28/17 00:11				RESULTS FROM YESTERDAY ---			
	11.5		|- PT 21.2		- - -		|- PT - - -
6.54]----------[	241		|- INR 1.9	- - -]----------[	- - -		|- INR - - -
35			|- PTT 30	- - -			|- PTT - - -

OTHER LABORATORY STUDIES: *(Most recent and 24 hour range.)*

Date	09/28/17 00:11
AST (GOT):	22
ALT (GPT):	12
Alk Phos (Total):	51
Bilirubin (Total):	0.3
Albumin:	4.0

LAST 6 HEMATOCRITS IN PRECEDING 24 HOURS:
(NOTE: Comments/notes for Labs are viewable on Flowsheet)
09/28/17
00:11
35

LAST 6 POINT OF CARE GLUCOSE VALUES IN PRECEDING 24 HOURS:
(NOTE: Comments/notes for Labs are viewable on Flowsheet)

09/27/17 22:55	09/27/17 22:51
117	117

RADIOLOGY:

CT Head:
IMPRESSION:
No acute infarct, hemorrhage or mass effect.

CXR
FINDINGS AND IMPRESSION:
Cardiac and mediastinal contours are normal.

Findings suggestive of underlying obstructive lung disease. Otherwise the lungs are clear.

No pneumothorax or pleural effusion.

ASSESSMENT / PLAN:
Jeanne is a 92 yo F with history of DVTs on warfarin, venous stasis, and chronic leg ulcers presenting with AMS, admitted for FTT and concern for abuse.

Abuse / Failure to Thrive: Patient with social disarray and recent eviction from her home. Concerns regarding possible elder abuse from her son and DPOA. Multiple APS reports have been placed. Was admitted due to lack of safe discharge plan. We'll get social work involved for safe dispo planning.
- Social work consult
- PT/OT consults

Altered Mental Status: Workup in the emergency room unremarkable. My evaluation in the ER most consistent with an acute adjustment disorder. Exam less consistent with true psychosis.
- Delirium precautions

DVTs on anticoagulation: Warfarin slightly subtherapeutic on presentation.
- Warfarin 5 mg Monday Tuesday Wednesday Friday and Saturday
- Warfarin 2.5 mg Thursday and Sunday
- Appreciate pharmacy assistance in adjusting dose as necessary

Chronic leg ulcers: No signs of infection on admission.
- Routine wound care
- Tylenol PRN pain

Hyperlipidemia
- Continue atorvastatin 20 mg daily

Hypertension
- Continue losartan 12.5 mg daily

FEN/GI: general diet
L/T/D: PIV
VTE prophylaxis:
  Risk Level: Average
  Treatment(s) ordered: Lovenox SQ
Contacts: Son Lewis
Code status: DNR/DNI
Discharge plan: Once safe discharge plan in place

DAY TEAM ADDENDUM

S:
Feeling well this AM, back to normal. Said that something "rose up" inside her. Said that her neighbors are always watching her and hassling her and her son. Feels that it is a little unsafe but says that her son Lewis takes good care of her and that she feels safe with him.

No other pain anywhere. States that her LE ulcers are her main medical problem.

O:
VSS

General: Thin elderly woman, NAD
HEENT: PERRL
Card: RRR, slight systolic murmur RUSB
Resp: LCTAB
Neuro: A+O x 3, MAE, no focal deficits
Ext: Significant LE venous stasis ulcerations to the LLE. largest is 3x5cm along the lateral aspect. 2 smaller ulcers over the medial and latteral maleolli. No signs of superimposed infection. Absent DP pulse on left, very faint on right. Able to winggle toes, fine touch sensation grossly intact. Slow cap refill.

A/P:
Jeanne is a 92 yo F with history of DVTs on warfarin, venous stasis, and chronic leg ulcers presenting with AMS, admitted for possibly psych issues but after discussion with son, seems like there are no concerns.

#Psychiatric issues NOS: Patient was initially threatening to burn down her old apartment, saying people in their building were out to get them. Also possible concern about eviction. However after discussion with DPOA and son Lewis, appears that these are actually valid concerns. Lewis is homosexual and the owner of their current apartment along with some people in their building are part of an anti-gay hate group and they have been trying to spy on them and provoke them into getting evicted. Currently there are some legal proceedings ongoing but there is no eviction eminent. After discussion patient, while still endorsing wanting to burn down the building, acknowledged that that was not something she would actually do. Per son patient is at baseline and son is willing to take her home. Patient was mildly altered yesterday however and son believes that patient took an extra dose of her thyroid medication

-no concern for active psych issues

#Dispo: Patient has two sons Lewis and Donald. Lewis is DPOA and patient is living with Lewis. There is some familial conflict between the two sons. There are conflicting viewpoints and stories. That being said, patient is currently living with Lewis and there is no concern for abuse or neglect at this point.
-home tomorrow

DVTs on anticoagulation: Warfarin slightly subtherapeutic on presentation.
- Will give 5mg tonight rather than 2.5mg as per home regimen, then return to home regimen
Home warfarin regimen:
- Warfarin 5 mg Monday Tuesday Wednesday Friday and Saturday
- Warfarin 2.5 mg Thursday and Sunday
- Appreciate pharmacy assistance in adjusting dose as necessary

Chronic leg ulcers: No signs of infection on admission.
-wound consult

Hyperlipidemia
-Continue atorvastatin 20 mg daily

#Hypertension
-continue losartan 12.5 mg daily

FEN/GI: general diet
L/T/D: PIV
VTE prophylaxis:
  Risk Level: Average
  Treatment(s) ordered: Lovenox SQ
Contacts: Son Lewis
Code status: DNR/DNI
Discharge plan: tomorrow

FAMILY MEDICINE SERVICE ATTENDING PHYSICIAN
On 9/28/17 I personally interviewed and examined this patient, I reviewed her study results, developed her assessment and plan of care and discussed that plan in detail with the resident physicians. I agree with Drs. Hyde, Li, and Kappel's documentation without revision.
Megan Wilson, MD

Electronically Reviewed/Signed On: 09/28/17 at 05:06

_____

Hyde MD, Nicola Meridith
Resident, Department of Family Medicine
Box 358732
Seattle WA

Electronically Co-Signed On: 09/28/17 at 16:56

_____

Li MD, Eric Guang Zhe
Resident, Department of Family Medicine Departmen
Box 358732
Seattle WA

Electronically Co-Signed On: 09/28/17 at 17:01

_____

Kappel MD, Justin Daniel
Resident, Department of Hmc/uwmc Family Medicine
Box 358732
Seattle WA

Electronically Co-Signed On: 09/29/17 at 15:34

_____

Wilson MD, Megan Lohr
UWNC Northgate
314 NE Thornton Place
Seattle WA 98125

NMH
DD:09/28/17

DISCHARGE/TRANSFER:

Transfer details:

Patient meets clinical criteria for transfer.

Vital Signs Data

9/28/2017 4:40	Temperature - C	36.9 degC
	Temperature Source	Temporal Artery
	Heart Rate	68 bpm
	Respiratory Rate	16 br/min
	SBP - Noninvasive	114 mmHg
	DBP - Noninvasive	**58 mmHg Low**
	MAP - Noninvasive	75 mmHg
	BP Method	Automatic
	BP Extremity	LEFT, Arm, Upper
	Vital Sign Reason	Routine .

Oxygenation Data

9/28/2017 4:40	SpO2	100 %
	O2 Delivery Device	Room air
	SpO2 Activity	Resting .

Condition at transfer Stable.

Patient transfered to 6NE.

Report given to Louie, RN.

Patient transfered via wheelchair.

Transferred by Transport, PCT ..

UWMC huddle complete and findings discussed with Primary Provider. Patient ready for transfer.

Electronically Reviewed/Signed On: 09/28/17 at 05:37

_____

Kuijper, Emily E
Box 356123

EEK
DD:09/28/17

ED RN Discharge/Transfer

University of Washington Medical Center
Emergency Department
Clinical Summary
1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: U8170135

Provider Contact Time: 09/27/2017 23:02

Sex: Female

DOB: 01/06/1925

Age: 92 Years

Acuity: 3 Urgent

Visit Reason: Decreased LOC, Failure to thrive, social service

Disposition: Admit as Inpatient

Address:
245 HIGH SCHOOL RD NW
BAINBRIDGE ISLAND WA 98110

Phone: 206 780-6885

ED Admit Date/Time (EPIC Registration Date/Time)
09/27/2017 22:39

ED Discharge Date/Time (ED Checkout)
09/28/2017 05:54

ED Decision to Admit (ED Decision to Admit Order Date/Time)
09/28/2017 03:44

FirstNet Disposition Date/Time
09/28/2017 05:54

DIAGNOSIS:
Attending Provider:
Shane Ruter

Primary Nurse(s):
Emily

Allergies:

nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Patient Education and Follow-up Information

Instructions:

Follow up:

University of Washington Medical Center

Emergency Department

Discharge Instructions

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 92 Years

MRN: U8170135 **Printed at:** 9/28/2017 05:54:20

Arrival Date/Time: 9/27/2017 10:39 PM

Attending Provider:
S. Ruter

Other Providers:
A. Nemanich

Primary Nurse(s):
Emily

Diagnosis:

Comment:

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Comment:

Follow-up Instructions:

IMPORTANT EMERGENCY DEPARTMENT COMMUNICATION AFTER YOUR VISIT:
If you have questions about your ED visit, please call:
University of Washington Medical Center ED: 206-598-2000

You may receive a phone call from us in the next few days to ensure that you are improving. Please be sure that we have an accurate phone number and address for you.

To assist us with continuing to improve the quality of the Emergency Care we provide, we would like your input. In the coming weeks, you may receive a survey in the mail about our processes. Please complete this and return it to us. Our goal is to provide you with excellent medical care. If we have not reached this goal, please let us know how we can improve our services.

University of Washington Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. For help scheduling your UW Medicine or Harborview Clinic doctor appointment, call the Patient Contact Center at 206.520.5000 or toll free at 877.520.5000.

If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

EM Medicine Discharge - Signature Page

University of Washington Medical Center

Emergency Department
Discharge Instruction
1959 NE Pacific
Seattle, WA 98195

Name: HOFFMAN, JEANNE LEONIE **DOB:**1/6/1925 **Date/Time:**9/28/2017 05:54:20
MR#: U8170135 **Acct#:** 1820056124 **Visit Date:**9/27/2017 22:39:00

Patient Education Material(s)

I, HOFFMAN, JEANNE LEONIE, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

_____
Patient/Guardian Signature Relation to Patient Date/Time

_____
Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

PLACE EPIC PATIENT LABEL HERE

Category: Emergency/Code/Rapid Response
Date of Service: 09/28/2017 05:54
Document Status: Authenticated
Title: ED Patient Summary
Document Version : 0

Encounter Number: 1820056124
Facility: UWMC
Encounter Type: Observation
Admit Date Time: 09/27/2017 22:39:00
Discharge Date Time: 09/29/2017 10:29:00

Performed By: Kuijper RN, Emily E
Performed Date Time: 09/28/2017 05:54:21
Verified By: Kuijper, Emily E
Verified Date Time: 09/28/2017 05:54:21

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

PLAN:

THIS MESSAGE IS FOR THE PSS STAFF ONLY

PSS please send EPIC message to pt's internal PCP regarding Discharge:

To: Dr William Neighbor

Clinic: UW Hall Health Clinic

Nursing Pool: **P HH FAM CLINICAL STAFF POOL**

Kristy Winterfield, Medicine Team Assistant.

.

Electronically Reviewed/Signed On: 09/28/17 at 08:41

_____

Winterfield, Kristy Renee
Box 356125

KRW
DD:09/28/17

Social Work Brief Note

Discharge Recommendations:

As of 9/28/2017. Anticipate discharge when medically ready to: d/c home with family pending if they are able to find a living situation prior to discharge..

Assessment

Current Function and Progress: Pt agreeable for OT evaluation and treatment. Presented HOH and with pleasant affect. Performed ADLs, transfers, and mobility with stand by assistance at most. Pt has a strong upper body and depends on them greatly to safety navigate through the room and perform self care activities. With the appropriate environment such as grab bars, pt is able to perform her activities with supervision assist at the most.

At this time, pt is limited by mild balance deficits resulting in fall risk.

Plan:
[] fall prevention strategies

Help From Another Person Eating Meals: 4
Help From Another Person Taking Care of Personal Grooming: 3
Help From Another Person To Put On Take/Off Upper Body Clothing: 4
Help From Another Person To Put On Take/Off Lower Body Clothing: 4
Help From Another Person Toileting: 3
Help From Another Person Bathing: 3

LEGEND: 1-Unable 2-A Lot 3-A Little 4-None. AMPAC 6: 21.

OCCUPATIONAL THERAPY NOTE:
Observation-Medicare Plan of Care:
Initial Certification from 9/28/2017 to 10/28/2017.
Start of care date 9/28/2017 .
Referring physician / practitioner: Hyde, Nicola MD.
Visits from start of care date: 1 .

PERTINENT PATIENT INFORMATION:
Diagnosis:

Abuse / Failure to Thrive:

Altered Mental Status:

.

Relevant Past Medical and Therapy History:

Recurrent bilateral lower extremity DVTs - on warfarin
Hyperlipidemia
Hypertension
Venous insufficiency
Chronic leg ulcers status post skin graft
Osteoporosis

.

Has patient fallen or had any near falls in the past 3 months:
No.
Interpreter needed:
No.

Occupational Profile

Prior functional status: independent with ADLs, independent with IADLs Does not drive d/t hx of epilepsy, independent with mobility "as far as I want".

Home Environment

Family/caregiver able to provide: 24 hour supervision, physical assistance.
recently evicted from home. .

EVALUATION:

Musculoskeletal

Bilateral upper extremities range of motion and strength are within functional limits but were not formally tested.
Bilateral lower extremities range of motion and strength are within functional limits but were not formally tested.

Sensation

No deficits per patient report UE: no upper extremity sensory deficits noted, LE: no lower extremity sensory deficits noted.

Functional Mobility

Bed mobility: Supine to sit patient is independent, Sit to supine patient is independent.
Sitting balance: Edge of Bed patient is independent.
Standing: patient needs stand by assist, Assistive device Front wheeled walker.
Chair transfer: Sit to stand patient is independent.
Toilet transfer: patient needs stand by assist, using grab bars, Pt performs 100% of activity.
Functional Mobility Level of assistance: patient needs stand by assist, Assistive device Front wheeled walker.

Self Care

Basic Activities of Daily Living Grooming: supervision, patient's position while grooming standing, Lower body dressing: patient is independent.

Cognition

Behavior: alert, cooperative.
Command following: pt consistently follows verbal commands, pt consistently follows gestural commands.
Orientation: Patient is oriented to person, place, date, situation.
Communication: normal.

TREATMENT PROVIDED:

Patient Caregiver Report:

agreeable for OT session.

Cultural Preferences:

goes by: Jeanne.

Two patient identifiers checked: Yes.

Pain

No pain, per patient report.

Time Spent:

Session: Start Time: 1024, End Time: 1100, Duration: 26 minutes.

OT Evaluation-Low Complexity

15 minutes.

Patient agreeable for evaluation. Skilled interview to obtain past level of functioning, home environment, social support, barriers to recovery, goal for rehab, and current level of functioning. .

Self-care/ADL Management for 11 minutes

Pt received in bed at start of session, agreeable for OT eval and treat. See evaluation section for further details regarding self care and mobility..

FALL RISK AWARENESS: Educated and trained to use call light, pt reports self stubborness and is reluctant to ask for help despite comphrensive discussion on importance of asking for assistance..

TEACHING METHOD: [x] Verbalization
[x] Demonstration
[ ] Handout

PRIMARY LEARNER:
[x] Patient
[ ] Family
[ ]

CHALLENGES TO LEARNING:
[] Decrease activity tolerance
[ ] Pain
[ ] Hearing
[ ] Vision
[ ] Motivation
[ ]

TEACHING OUTCOME:
[x] Verbalized good understanding
[x] Demonstrated good understanding
[ ] Requires more reinforcement

.

PLAN/RECOMMENDATIONS:

Goals **Self Care:**

1. Patient will be supervision with functional transfers including chair/shower/toilet transfers with use of DME PRN
2. Patient will be independent with bathing with use of DME PRN

Therapeutic Activity:

- Patient will be knowledgeable on at least two fall prevention techniques through re:verbalization and demonstration.

.

Goals to be completed by 10/3/2017. G Code Reporting: 9/28/2017
Current Status G8987 CI.
Projected Status: G8988 CH.
On 9/28/2017
The patient is currently performing at 10 % impaired, limited or restricted, for goal number 2 , using clinical judgement.

Patient/family goals: return to previous level of activity, discharge home.

Plan:

Patient will be seen: 2-3 days a week.
Treatment plan: fall prevention training, ADL training, functional mobility training, therapeutic activities, therapeutic exercise.

Daily Recommendations for nursing staff:

SBA with walker..

Discharge Recommendations:

As of 9/28/2017.

Anticipate discharge when medically ready to: d/c home with family pending if they are able to find a living situation prior to discharge..

Assessment

Current Function and Progress: Pt agreeable for OT evaluation and treatment. Presented HOH and with pleasant affect. Performed ADLs, transfers, and mobility with stand by assistance at most. Pt has a strong upper body and depends on them greatly to safety navigate through the room and perform self care activities. With the appropriate environment such as grab bars, pt is able to perform her activities with supervision assist at the most.

At this time, pt is limited by mild balance deficits resulting in fall risk.

Plan:
[] fall prevention strategies

Help From Another Person Eating Meals: 4
Help From Another Person Taking Care of Personal Grooming: 3
Help From Another Person To Put On Take/Off Upper Body Clothing: 4
Help From Another Person To Put On Take/Off Lower Body Clothing: 4
Help From Another Person Toileting: 3
Help From Another Person Bathing: 3

LEGEND: 1-Unable 2-A Lot 3-A Little 4-None.
AMPAC 6: 21.

SIGNATURE:

Henry Giang, MOTR/L
University of Washington Medical Center
Rehabilitation Medicine Department
Pager #: 206-982-3638

Electronically Reviewed/Signed On: 09/28/17 at 11:13

_____

Giang OT, Henry H
1959 NE Pacific St
Seattle WA 981950001

Electronically Co-Signed On: 09/28/17 at 14:22

_____

Giang OT, Henry H
1959 NE Pacific St
Seattle WA 981950001

HHG
DD:09/28/17

Occupational Therapy Evaluation Note -6N

REPORT SUMMARY:

Anticipated discharge destination
Home.

As of 9/28/2017 if the patient were to discharge today
I would recommend Home with son per prior situation.

Recommended mode of transportation at discharge
Personal ride.

Recommended Consults:
Social work. Social Services involved related to home issues although did not see or hear any indication of this throughout my visit today prior to or after son arriving.

PHYSICAL THERAPY NOTE:
Note type: Initial evaluation.

PERTINENT PATIENT INFORMATION:
Diagnosis: **CHIEF CONCERN:** *(Required for all billing levels)*
This is a 92 year old female who presents with FTT and social disarray.

.
Past Medical History: **PAST MEDICAL HISTORY:**
Recurrent bilateral lower extremity DVTs - on warfarin
Hyperlipidemia
Hypertension
Venous insufficiency
Chronic leg ulcers status post skin graft
Osteoporosis

.
Interpreter needed: No.
Has patient fallen in the past year: Yes, Unsure details at this time.
Prior functional status: independent.
Reason for referral: PT to evaluate and treat for safety.

HOME ENVIRONMENT:
Lives in apartment.
Stairs: 1 flight used optionally inside stairs, 3 used optionally outside stairs, single rail.
Lives with Son who is able to be caregiver for patient.
Family/caregiver able to provide 24 hour supervision, physical assistance.
Avocational: Patient likes to be active, traveling.

Mobility equipment owned: 4-wheeled walker.

EVALUATION:
Behavior:
Alert and oriented x 4.
Patient very pleasant and cooperative today throughout visit.
Able to follow directions well, seems to be thinking clearly, accurate with history other than a little cloudy related to events of yesterday bringing her here..
Mobility:

See Current Level of Function in Treatment Provided Section for Evaluation specifics
.

EQUIPMENT:

Patient has appropriate equipment for d/c safely

TREATMENT PROVIDED:

Time spent:
Session 1:
Start Time: 1100 to 1150.
Duration: 50 minutes.
Current Level of Function as of 9/28/2017,
Bed Mobility:
Rolling: independent
Scooting: Independent

Transfers:
Supine to sit: Independent
Sit to stand: Independent with walker for support
Bed to chair: Supervised to independent with walker for support, patient states she does better with her walker
Gait: Patient able to ambulate with FWW today with just CGA to SBA, she has flexed trunk and is a little impulsive at times which is baseline for her with distance to 400 feet without difficulty, no sob, no dizziness. She does have occasional path deviation although did not have any loss of balance, no difficulty with distractions or obstacles in path.

Stairs: No stairs needed for access to patient's home although does have adequate strength to go up and down steps with railing

Balance: No recent loss of balance. No dizziness. 10 meter walk test today at gait speed of .92 meters/second using fww for suppport without loss of balance indicative of decreased risk of falling, limited community ambulator.

Outcome Measures: Refer to outcome measures section for specifics.

Safety: Patient able to demonstrate overall good safety awareness today throughout visit with transfers and gait, she verbalizes understanding of importance of using walker, of taking time with all mobility for safety. She states her son is there to help her most of the time as well which has been beneficial to her..
Precautions
Fall Risk.
Two Patient Identifiers Checked Yes.

Patient/Caregiver Report:
Feeling much better, clearer today. Patient able to state that she found out that she must have taken some medication that made her very confused.
Cultural preferences
Jeanne although states you can call me whatever you want.

Individuals present during session:
Patient's son only at the end of treatment today, spoke briefly with Nursing as well as Social Services

Pain
No evidence or complaints of pain
Location:
Just the normal aches and pains from being 92.

Behavior
Alert and oriented x 4
Very pleasant and cooperative, no bizarre or inappropriate type remarks throughout visit today

Patient very positive when talking about her son that lives with her, that he is a big help to her and is able to take good care of her inspite his own limitations.
Command following:
Following commands.
Safety/Precautions:
Patient following all precautions safely.

Physical Therapy Evaluation Level 1:
Evaluation Minutes: 20

Comorbidities/Personal Factors that will affect progression towards goals: (0)

Functional Limitations / Body System Impairments: (1-2)

Therapeutic Functional Activity/Bed Mobility:
for 30 minutes
Working with patient today on safety throughout, transfer training, gait training, use of walker appropriately, importance of increased activity in and out of home to maintain or further improve strength.

Discussed with patients son that she should just be encouraged to be up and moving around more throughout the day using her walker for support

Outcome Measures

10 meter walk

Self selected speed number .92 meters/second.

AMPAC 6: 23

- How much difficulty does the patient currently have with:
  - 1) Turning over in the bed (including adjusting bedclothes, sheets, and blankets)?:
  - 2) Sitting down on and standing up from a chair with arms (eg. w/c, bedside commode)?:
  - 3) Moving from lying in bed to siting on the side of bed?:
- How much help from another person does the patient need currently:
  - 4) Moving to and from a bed to chair (including a w/c)?:
  - 5) To walk in hospital room?:
  - 6) Climbing 3-5 steps with a railing?:

ASSESSMENT AND PLAN:

Assessment of current status/needs:

Patient admitted to the hospital due to AMS, bizarre type behaviors and statements. That seems to have cleared at this time, she is oriented x 4, she is cooperative throughout visit. She states she lives at home with her son and that they take care of each other. Patient did not voice any concerns throughout session today related to mobility or any additional needs for in the home. She is planning on returning home with her son as soon as today possibly and states she is not needing any additional care at this time. Patient happy when son arrived stating she might get to go home

Patient is currently requiring just supervision to CGA 0 to 5% assist today with cues at times for safety/technique/posture throughout transfers in room to sitting, standing and chair as well as with gait in room and halls up to 400 feet today. She has flexed trunk noted which she states is normal for her. She did not have any significant difficulty throughout visit today although working with her on improving posture, position in walker. Patient able to ambulate at speed of .92 meters/second today which is indicative of reduced fall risk, limited community ambulator. Ampac 6 clicks score also indicative of functional mobility, decreased fall risk, return home. Anticipate that patient is at baseline functionally at this time, has needed equipment at home for safety, no ongoing PT intervention indicated at this time

.

DAILY RECOMMENDATIONS:

Device: walker, gait belt

.

Ambulation activity status: walk with RN.
Ambulation level of assistance: supervision.
Ambulation device: walker, gait belt.

GOALS:

d/c home
Patient/family goals: discharge home, goals were established with patient/family.
Goals reviewed and unchanged.

DISCHARGE RECOMMENDATIONS:
Anticipated discharge destination
Home.
As of 9/28/2017 if the patient were to discharge today
I would recommend Home with son per prior situation.
Recommended mode of transportation at discharge
Personal ride.
Recommended Consults:
Social work.
Social Services involved related to home issues although did not see or hear any indication of this throughout my visit today prior to or after son arriving.

Electronically Reviewed/Signed On: 09/28/17 at 12:55

_____

Salsbery PT, Bruce Philip
Physical Therapist, Physical Therapy, UWMC
Box 356154
Pager 206-540-0324
Seattle WA

BPS
DD:09/28/17

Physical Therapy Evaluation 6NE

Inpatient Anticoagulation Monitoring - Warfarin

Patient: Jeanne Hoffman

Indication: history of recurrent DVTs

Home dosing regimen: warfarin 2.5 mg on Thurs/Sun and 5 mg on M/Tu/W/F/Sat

Outpatient anticoagulation provider: PCP (Dr. William Neighbor at Hall Health Primary Care)

INR goal: 2-3 (per PCP note, closer to 2.0 given age)

Current INR and Warfarin Dosing:

Date	INR	Warfarin	HCT	PLT	SCr	VitK	Comment
09/20/17	2.1						*outpatient INR check
09/28/17	1.9		35	241	0.97		
	1.8						

Vitamin K administered: none

Scheduled Medications
Atorvastatin 20mg tab Dose: 20 mg = 1 tab PO QDay
Warfarin 2.5mg tab Dose: 2.5 mg = 1 tab PO QThSu
Warfarin 5mg tab Dose: 5 mg = 1 tab PO Once
Warfarin 5mg tab Dose: 5 mg = 1 tab PO QMTuWFSa

Infusions
No Infusion Medications Found.

PRN Medications
Acetaminophen 325mg tab Dose: 650 mg = 2 tab PO Q4 Hours PRN

Factors potentially influencing INR:
-Patient endorses increased vegetable intake recently; increased Vitamin K intake may reduce INR

Assessment:
Ms. Jeanne Hoffman is a 92 year old female with a history of DVTs, who has been managed on warfarin for years. She was admitted to the hospital with altered mental status and failure to thrive. INR upon admission was slightly subtherapeutic at 1.9. Patient and son deny any missed doses of warfarin except for last night's dose.

Plan:
1. Recommend dosing on higher end of home dose today: warfarin 5 mg PO x1 tonight. Then can likely resume patient's home dose of warfarin 2.5 mg Th/Sun and 5 mg M/Tu/W/F/Sat.
2. Monitor daily INR/PT, Hct, Hb, and Plts while inpatient.
3. Monitor daily for s/sx of bleeding and/or thrombosis.
4. Upon discharge, patient should have anticoagulation follow-up with her PCP, Dr. Neighbor.

Amy Munekiyo, PharmD
Clinical Pharmacist

Category: Progress Notes
Date of Service: 09/28/2017 12:39
Document Status: Authenticated
Title: Inpatient Anticoagulation Monitoring - Warfarin
Document Version : 0

Encounter Number: 1820056124
Facility: UWMC
Encounter Type: Observation
Admit Date Time: 09/27/2017 22:39:00
Discharge Date Time: 09/29/2017 10:29:00

Performed By: Munekiyo PharmD, Amy Midori
Performed Date Time: 09/28/2017 12:57:45
Verified By: Munekiyo PharmD, Amy Midori
Verified Date Time: 09/28/2017 12:57:45

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 09/28/17 at 12:57

_____

Munekiyo PharmD, Amy Midori
Pharmacist, UW Medicine Pharmacy
Box 356015
Seattle WA

AMM
DD:09/28/17

Inpatient Anticoagulation Monitoring - W

MSW continues to follow for discharge and care coordination, please see ED MSW note from earlier in the day for more details. MSW received a call from the patient's son/DPOA Louis (360-649-5702) stating he was on his way to UWMC to provide DPOA paperwork and visit with the patient. MSW asked Louis to bring a copy of DPOA paperwork so it could be scanned into ORCA, which was agreeable and done (206-520-3251). This writer met with the patient and Louis at bedside to discuss events that led up to the patient's admission. Louis stated he lives with the patient in Bremerton and is her full-time caregiver; the patient lives in Section 8 housing and has been informed she will need to move. It is unclear how long ago the patient was told she must move but Louis thinks its been roughly 2 years that they have been fighting with the landlord. This writer asked if he and the patient were evicted from the property as mentioned in the MD and SW notes; Louis shared they are NOT evicted, just unhappy where they live and in the process of working with Kitsap Housing Authority on obtaining a new rental property. Louis stated he was concerned his brother would come to UWMC and "cause a ruckus", which would in turn exacerbate the patient's medical condition. Louis and the patient stated they were agreeable to have the team share medical information with Douglas but wanted to be sure he was not left alone with the patient, which this writer shared with the Charge RN and team on the floor. Patient was cleared by PT for home without follow up services and she feels safe discharging back to her home under the care of Louis. No additional SW needs identified at this time but MSW to remain available as needed for discharge planning and/or care coordination. RN updated.

.

PLAN:

Patient is expected to be medically stable for discharge home tomorrow; she will be transported home and cared for by her son/caregiver/DPOA Louis.

MSW faxed DPOA (HC and F) paperwork to medical records to ensure her paperwork is added to ORCA for future visits.

Ceci Jolly, MSW, LSWA-IC
Family Medicine, Medicine D, Medicine M
206-598-4368 office
206-998-0773 pager

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Electronically Reviewed/Signed On: 09/28/17 at 15:44

_____

Jolly LSWA-IC, Cecilia I
Social Worker, UWMC Social Work and Care Coordination Department
Box 356125
Seattle WA

CIJ
DD:09/28/17

Social Work Brief Note

ASSESSMENT:

Assessment

Hospital Course: Hospital Day 2, AMS, SW eval.

Status of prior plan: VSS. Denies pain/nausea. Poor appetite. Voiding. LLE venous ulcers x3. Son Louis is POA. Plan to d/c 9/29.

EVALUATION:

Evaluation:

Orientation: A&O x4.

VTE Prophylaxis: Coumadin.

Mobility: Standby with walker.

Tubes/Lines/Drains: PIV.

Plan/Education for Next Shift: CTM vitals, mental status. Bed alarm on..

Electronically Reviewed/Signed On: 09/28/17 at 19:05

_____

Meyer, Lacee
Box 356155

LM
DD:09/28/17

Nursing Shift Summary - UWMC 6NE 0700-19

EDIE NOTIFICATION 09/27/2017 22:39 HOFFMAN, JEANNE L MRN: U8170135

This patient has registered at the UW Medical Center Emergency Department

For more information visit: https://secure.ediecareplan.com/patient/164222c5-ff06-40e7-acbd-4dfe75bc1751

Known Aliases

No known aliases.

Care Providers

Provider	PRC Type	Phone	Fax	Service Dates
WILLIAM E NEIGHBOR JR	Primary Care			Current

ED Care Guidelines

There are currently no ED Care Guidelines in EDIE for this patient. Please check your facility's medical records system.

Washington PDMP Report

Rx Details (6 Mo.)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2017-09-08	HYDROCODON-ACETAMINOPHEN 5-325	30	PAUL LUU	2	30
2017-08-30	ACETAMINOPHEN-COD #3 TABLET	30	WILLIAM NEIGHBOR	3	4.5
2017-08-03	ACETAMINOPHEN-COD #3 TABLET	40	PAUL LUU	3	30
2017-04-16	ACETAMINOPHEN-COD #3 TABLET	30	WILLIAM NEIGHBOR	3	4.5

Rx Summary (12 Mo.)

Metric	Count
CS II-V Rx	6
CS-II Rx	1
Quantity Dispensed	190
Unique Prescribers	2
Unique Pharmacies	1
Benzos	0
Opioids	6
Long Acting Opioids	0

E.D. Visit Count (12 mo.)

Facility	Visits	Low Acuity
UW Medical Center	2	0
Total	**2**	**0**

Note: Visits indicate total known visits. Medicaid Low Acuity Dx are the number of primary diagnoses on the Medicaid's Low Acuity dx list.

Recent Emergency Department Visit Summary

Admit Date	Facility	City	State	Type	Major Type	Diagnoses or Chief Complaint
Sep 27, 2017	UW M.C.	Seatt.	WA	Emergency	Emergency	Chief Complaint: Failure to Thrive

Recent Inpatient Visit Summary

No recorded inpatient visits.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the aforementioned facilities for additional information.

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Category: Emergency/Code/Rapid Response
Date of Service: 09/27/2017 22:43
Document Status: Authenticated
Title: EDIE Notifications
Document Version : 0

Encounter Number: 1820056124
Facility: UWMC
Encounter Type: Observation
Admit Date Time: 09/27/2017 22:39:00
Discharge Date Time: 09/29/2017 10:29:00

Please click on link to see image.

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

ED Triage Form Entered On: 9/27/2017 22:46
Performed On: 9/27/2017 22:42 by Postiglione, Christine

Triage
Chief Complaint : pt from bainbridge and received an eviction notice today. son left her alone. pt has decreased level of consciousness. want to take revenge on others she stated."got to do it tonight". repeating wordsfailure to thrive as per son.
Mode of Arrival to Emergency Dept : Other: bainbridge
ED Patient Origin : Private residence
Comm Disease Screening in ED : N/A, No Recent Travel
Health History : Seizures, Other: not much else added

Postiglione, Christine - 9/27/2017 22:42
(As Of: 9/27/2017 22:46:30 PDT)

Problems(Active)

Supratherapeutic INR (ICD-9-CM :790.92)	*Name of Problem:* Supratherapeutic INR ; *Recorder:* Fletcher MD, Grant Selmer; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 790.92 ; *Last Updated:* 6/5/2014 15:17 ; *Life Cycle Date:* 12/7/2012 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM

Diagnoses(Active)

Decreased LOC	*Date:* 9/27/2017 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Decreased LOC ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0
Failure to thrive	*Date:* 9/27/2017 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Failure to thrive ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0
social service	*Date:* 9/27/2017 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* social service ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Probability:* 0

Vitals/Ht/Wt
SBP - Noninvasive : 136 mmHg
DBP - Noninvasive : 72 mmHg
Heart Rate : 71 bpm
Respiratory Rate : 16 br/min
SpO2 : 100 %
Pain Symptoms in Emergency Dept : No
Temperature - C : 36.6 degC(Converted to: 97.9 degF)
Temperature Source : Temporal Artery
O2 Delivery Device : Room air

Postiglione, Christine - 9/27/2017 22:42

Allergies/Medication

(As Of: 9/27/2017 22:46:30 PDT)

Allergies (Active)

Adhesive Bandage	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine,

	Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* Adhesive Bandage ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 9/27/2017 22:45
aspirin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* aspirin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* Paper Chart ; *Reviewed Date:* 9/27/2017 22:45
nitrofurantoin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* nitrofurantoin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 9/27/2017 22:45
penicillin	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:PENICILLIN ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* penicillin ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 9/27/2017 22:45
sulfa drugs	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:SULFA ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* sulfa drugs ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND ; *Reviewed Date:* 9/27/2017 22:45

ESI
DCP GENERIC CODE
Tracking Acuity : 3 Urgent
ED Tracking Group : UWMC Tracking Group

Postiglione, Christine - 9/27/2017 22:42

Assessment/Screening
ED Neurological - GENERAL Asmt : Lethargic
Orientation : Oriented x 1
Affect/Behavior : Agitated, Anxious
Have you fallen within the past year? : Unable to assess
Are you afraid of falling? : Yes
Issues w/ walking/balance/feel unsteady? : Yes
Immunizations Current : See Medical Record, Unknown
Abuse/Neglect Concerns - Emergency Dept : Other: states daughter hurting her
Suicidal Ideation : Other: does not answer
Language Spoken : English

Postiglione, Christine - 9/27/2017 22:42

Electronically Reviewed/Signed On: 09/27/17 at 22:42

_____

Postiglione, Christine
Box 356123

CP
DD:09/27/17

ED Triage Form

VISIT INFORMATION:

Chief Complaint:
Altered mental status

History of Present Illness:
The patient is a 92-year-old woman with history of DVT on warfarin and a seizure disorder, who was brought in by AMR after her son was concerned due to her abnormal behavior. Per report by AMR, the patient and her son were evicted from their home today. The patient subsequently began acting very erratic and making statements such as "I'm going to burn this house down" and claiming to see things and people who weren't there. Her son called 911 and requested that his mother be transported to UW for evaluation. No one accompanied the patient to the ED.
The patient had been staring into space repetitively stating, "I'm going to do it. I'm going to burn the house down." However, when approached to take a history from her, she was for the most part quite logical. She states that she is in emotional turmoil because she and he son were evicted. She believes the eviction to be because her son is gay. She has lives with her son for some time and he is her primary careiver. The patient says that she does not know why she is in the ER, as she feels well. She denies any SI or HI, but does endorse "seeing things and hearing things" which she is not able to describe. She says that "seeing things" has become worse today than usual. She says only that these are "things that aren't there" but is not able to elaborate.
She does not know where her son is.

PMH:
Lower extremity DVT, on warfarin
Seizure disorder
Osteoarthritis
Chronic ulcers of her left lower extremity

Medications:
The patient does not know her medications by heart other than warfarin. Per chart review:

1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. carbamazepine (Tegretol 200 mg oral tablet) Dose: 200 mg PO TID
3. cephalexin (Keflex 500 mg oral capsule) Dose: 500 mg PO QID for 7 day(s)
4. docusate sodium 250 mg oral capsule Dose: 250 mg PO BID
5. doxycycline monohydrate 100 mg oral tablet Dose: 100 mg PO BID for 7 day(s)
6. ferrous sulfate 325 mg oral tablet Dose: 325 mg PO Daily
7. hydrochlorothiazide 25 mg oral tablet Dose: 25 mg PO Daily
8. metformin 500 mg oral tablet Dose: 500 mg PO BID
9. ranitidine 75 mg oral tablet Dose: 75 mg PO BID for 14 day(s) prn
10. warfarin 10 mg oral tablet Dose: 10 mg PO QMWFSu
11. warfarin 10 mg oral tablet Dose: 5 mg PO QTuThSa
12. methocarbamol 500 mg oral tablet Dose: 500 mg PO Q6 Hours PRN Muscle Spasm
13. oxycodone 5 mg oral tablet Dose: 5 mg PO Q4 Hours as needed for pain

Allergies:
nitrofurantoin
penicillin
aspirin

sulfa drugs
Adhesive Bandage

Social history:
Tobacco: denies
Alcohol: denies
Drugs: denies

Recently evicted from home she shared with her son Louis.

ROS:
10/14 review of systems completed. Systems reviewed are negative except as stated above in HPI. Systems reviewed: Constitutional, HENT, Eyes, Resp, CV, GI, GU, MSK, skin, heme/lymph

Physical exam:
Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
09/27/17 22:42	Temp C:	36.6	36.6	-	36.6
09/27/17 22:42	HR:	71	71	-	71
09/27/17 22:42	RR:	16	16	-	16
09/27/17 22:42	SBP Non-Inv:	136	136	-	136
09/27/17 22:42	DBP Non-Inv:	72	72	-	72

General: Frail-appearing elderly woman in no acute distress, resting comfortably on the exam bed
Head: Atraumatic, normocephalic
Eyes: Pupils 3mm and equal, round, reactive to light. Extra-ocular movements intact. Conjuctiva and sclera appear normal.
Mouth and Throat: Moist mucous membranes. No erythema or exudates of posterior pharynx. Uvula midline. Good dentition.
Neck: Supple, no lymphadenopathy. No stridor.
Cardiovascular: Regular rate and rhythm without murmurs, rubs, or gallops. Pulses 2+ and equal in upper and lower extremities bilaterally. No JVD. No lower extremity edema.
Respiratory: Lungs clear to auscultation bilaterally without crackles or wheezes. Good air movement.
GI: Normal bowel sounds. Abdomen soft, non-distended, non-tender to palpation. No rebound or guarding. No masses or organomegaly appreciated.
GU: No CVA tenderness b/l
MSK: Normal ROM of all extremities. No edema, no gross deformities.
Skin: Chronic ulcerations of LLE, covered with clean dressings. No surrounding erythema, no purulent drainage. Skin otherwise warm, well-perfused, without lesion or rashes
Neurological: Alert and oriented to person, time, and event, but initially does not know where she is. Moving all extremities freely. No focal deficits. CN II-XII grossly intact.
Psych: Cooperative, makes good eye contact. Does not appear to be responding to internal stimuli.

RESULTS REVIEW:
Results
Laboratory

```
9/28/2017 7:44          Add On Lab Test Requested comprehensive urine tox
                        Add On Specimen Type/Description          Urine
                        Add On Sample To Use      Most Recent Sample
```

	Add On Test Request Status		Order Processed
9/28/2017 6:40	R/O MRSA	In Progress	(In Progress)
	R/O MRSA	In Progress	(In Progress)
9/28/2017 1:05	Add On Lab Test Requested	acetaminophen and salicylate levels	
	Add On Specimen Type/Description		Blood
	Add On Sample To Use	Most Recent Sample	
	Add On Test Request Status		Order Processed
9/28/2017 0:12	Color, URN	Yellow	
	Clarity, URN	Clear	
	Specific Gravity, URN	1.014 g/mL	
	pH, URN	< or =5.0	
	Protein (Albumin Semi-Quant), URN		Negative mg/dL
	Glucose Qual, URN	Negative mg/dL	
	Ketones, URN	Negative mg/dL	
	Bilirubin Qual, URN	Negative	
	Occult Blood, URN	Negative	
	Nitrite, URN	Negative	
	Leukocyte Esterase, URN	Negative	
	Urobilinogen, URN	0.1-1.9 Ehrlich units	
	Comments for Macroscopic, URN		None
	WBC, URN	0-5(NEG) /HPF	
	RBC, URN	0-2(NEG) /HPF	
	Epith. Cells, Squamous, URN		0-5(NEG) /LPF
	Epith. Cells, Renal/Transitional, URN		<3(NEG) /HPF
	Cast, Hyaline, URN	**1-5(1+) /LPF**	
	Bacteria, URN	Not Seen	
	Comments for Microscopic, URN		None
	Acetaminophen Qual, URN	Urine acetaminophen unavailable at present. Please order serum acetaminophen if indicated.	
	Amphetamine Qual, URN	Negative	
	Barbiturate Qual, URN	Negative	
	Benzodiazepines Qual, URN	Negative	
	Cocaine Qual, URN	Negative	
	Methadone Qual, URN	Negative	
	Opiates Qual, URN	**Positive**	
	Phencyclidine Qual, URN	Negative	
	Tricyclic Antidepressant Qual, URN		Negative
	Drug Screen Info, URN	Drug screen comment [Interpretation] in Urine	
	Opioid Confirmation Interpretation, URN		In Progress (In Progress)
	Hydromorphone Quant, URN	In Progress ng/mL	(In Progress)
	Hydrocodone Quant, URN	In Progress ng/mL	(In Progress)
	Norhydrocodone Quant, URN	In Progress ng/mL	(In Progress)
	6-Monoacetyl Morphine Quant, URN		In Progress ng/mL (In Progress)
	Normeperidine Quant, URN	In Progress ng/mL	(In Progress)
	Meperidine Quant, URN	In Progress ng/mL	(In Progress)
	Methadone Quant, URN	In Progress ng/mL	(In Progress)
	EDDP Quant, URN	In Progress ng/mL	(In Progress)
	Oxymorphone Quant, URN	In Progress ng/mL	(In Progress)
	Oxycodone Quant, URN	In Progress ng/mL	(In Progress)
	Propoxyphene Quant, URN	In Progress ng/mL	(In Progress)
	Buprenorphine Quant, URN	In Progress ng/mL	(In Progress)
	Morphine Quant, URN	In Progress ng/mL	(In Progress)
	Codeine Quant, URN	In Progress ng/mL	(In Progress)
	Norfentanyl Quant, URN	In Progress ng/mL	(In Progress)
	Fentanyl Quant, URN	In Progress ng/mL	(In Progress)
	Morphine-3-Glucuronide Qual, URN		In Progress (In Progress)
	Morphine-6-Glucuronide Qual, URN		In Progress (In Progress)

	Hydromorphone Glucuronide Qual, URN	In Progress	(In Progress)
	Oxymorphone Glucuronide Qual, URN	In Progress	(In Progress)
	Codeine-6-Glucuronide Qual, URN	In Progress	(In Progress)
	Norbuprenorphine Glucuronide Qual,URN	In Progress	(In Progress)
	Tramadol Qual, URN	In Progress	(In Progress)
	Opioid Confirmation Test Info, URN	Test performance information in Unspecified specimen Narr	
9/28/2017 0:11	Na	143 mEq/L	
	K	4.2 mEq/L	
	Cl	**109 mEq/L**	**High**
	CO2	24 mEq/L	
	Anion Gap	10	
	Glucose Level	**128 mg/dL**	**High**
	BUN	20 mg/dL	
	Creatinine	0.97 mg/dL	
	eGFR, Calculated, African American	>60 mL/min/1.73m2	
	eGFR, Calculated, European American	**54 mL/min/1.73m2**	**Low**
	eGFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	
	Ca	9.6 mg/dL	
	AST (GOT)	22 units/L	
	ALT (GPT)	12 units/L	
	Alk Phos (Total)	51 units/L	
	Bilirubin (Total)	0.3 mg/dL	
	Protein (Total)	7.1 g/dL	
	Albumin	4.0 g/dL	
	TSH	1.964 microIU/mL	
	WBC	6.54 thousand/microL	
	RBC	**3.66 million/microL**	**Low**
	Hb	11.5 g/dL	
	HCT	**35 %**	**Low**
	MCV	96 fL	
	MCH	31.4 pg	
	MCHC	32.7 g/dL	
	PLT	241 thousand/microL	
	RDW-CV	13.9 %	
	% Neutrophils	55 %	
	% Lymphocytes	30 %	
	% Monocytes	10 %	
	% Eosinophils	4 %	
	% Basophils	1 %	
	% Immature Granulocytes	0 %	
	% Nucleated RBC	0 %	
	Nucleated RBC	0.00 thousand/microL	
	Neutrophils	3.61 thousand/microL	
	Lymphocytes	1.99 thousand/microL	
	Monocytes	0.66 thousand/microL	
	Eosinophils	0.23 thousand/microL	
	Basophils	0.04 thousand/microL	
	Immature Granulocytes	0.01 thousand/microL	
	Prothrombin Time Patient	**21.2 sec**	**High**
	Prothrombin Time INR	**1.9**	**High**
	PTT Patient	30 sec	
	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.	
	Salicylate Level	<3 mg/dL	
	Acetaminophen (Tylenol) Level	<10 mcg/mL	
	Ethyl Alcohol Level	Negative mg/dL	

9/27/2017 23:37	Add On Lab Test Requested	blood alcohol
	Add On Specimen Type/Description	Blood
	Add On Sample To Use	Most Recent Sample
	Add On Test Request Status	Order Processed
9/27/2017 22:51	Glucose Level (POC), UWMC	117 mg/dL .

RADIOLOGICAL STUDIES:
Radiology Results
XR Chest 2 Views (09/28/2017 00:35)
~RADIOGRAPHS OF THE CHEST, 2 VIEWS
CLINICAL INDICATION:
AMS, concern for infection
COMPARISONS:
2/22/2013
FINDINGS AND IMPRESSION:
Heart size is normal. Hiatal hernia.
Scarring in the right lung base. Questionable findings of underlying obstructive lung disease. Otherwise the lungs are clear.
No pneumothorax or pleural effusion.
Wedging in the lower thoracic spine.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007259 Godwin II J David MD
(206)344-9980
RESULT DETAIL
Ordering Provider:Antonia Justine Nemanich 509613
Diagnosis:AMS, concern for infection
History:
Comment:From ORCA:
Assisting Radiologist(s):Tanner Clark 501623

CT Head (09/28/2017 00:29)
~EXAMINATION:
CT HEAD WO CONT
CLINICAL INDICATION:
Altered mental status, visual hallucinations
TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure
COMPARISON:
7/15/2015
FINDINGS:
MASS EFFECT & VENTRICLES: No shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Moderate global parenchymal volume loss. Unchanged calcification of bilateral basal ganglia and focal calcification the left posterior periventricular white matter. Scattered foci of hypodensities in the periventricular and subcortical white matter, likely chronic microvascular ischemic disease. No acute large infarct or intraparenchymal hemorrhage.
VASCULAR: Atherosclerosis of the cavernous carotids and vertebral arteries

EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Bilateral lens replacements. Scalp is normal. Sinuses are clear. Mastoids are clear
IMPRESSION:
No acute infarct, hemorrhage or mass effect.
Preliminary results and a final report will be available for review by 10am the following morning Monday through Friday or after 3pm Saturday/Sunday and holidays.
Unless a final report appears below, an attending Radiologist has not reviewed the images.
*****.
ATTENDING RADIOLOGIST AND PAGER NUMBER
999999 SUPPORT SERVICE MD
RESULT DETAIL
Ordering Provider:Antonia Justine Nemanich 509613
Diagnosis:Altered mental status, visual hallucinations, as above
History:
Comment:From ORCA:
Assisting Radiologist(s):Tanner Clark 501623

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ED COURSE & MEDICAL DECISION MAKING:

The patient is a 92-year-old woman with PMH of DVT on warfarin and a seizure disorder who presented with reported altered mental status. On presentation, VS were normal and remained stable throughout the ED course. Physical exam was unremarkable as above.

Initial DDX includes bizarre behavior due to traumatic event, new-onset psychosis, intoxication, occult infection, hypoglycemia, hypothyroidism.

Labs were drawn and reviewed which were unremarkable and nearly all within normal limits.
A head CT was ordered which was negative for any acute pathology.

Social work was involved, and the patient's sons were attempted to be contacted for collateral information. Social work was able to reach one son, named Douglas, who unfortunately is not the son whom the patient was living with. Douglas says he is unable to help due to a "family feud," and will only get involved if his brother Louis is not. Unfortunately, Louis is the patient's DPOA and was not answering his phone.
Social work also uncovered that there have been multiple APS referrals made regarding the patient and her son, suspecting neglect of the patient. Due to the difficulty of sorting these issues out in the middle of the night, and the fact that the patient no longer has housing, and may not be safe with her son who is her DPOA, we decided that the patient needs to be admitted for an inpatient social work/placement team to assist.

The patient was admitted to family medicine for further evaluation and management.

ED CONSULTS:
Family medicine

DISPOSITION/PLAN:
Final disposition:
Admit to med/surg bed.

IMPRESSION/DIAGNOSIS:
Failure to thrive
Ulcers of LLE

ATTENDING STATEMENT:
I was the supervising attending involved in this patient's Emergency Department care. I have personally obtained a history and evaluated this patient and discussed with the resident or fellow the history, physical exam, diagnostic studies, and treatment plan. I agree with his or her documentation and where necessary, for either clarification or accuracy, I have added directly to the above note or provided additional comments below.

A laboratory evaluation was ordered and I have personally reviewed all of these findings.
A radiographic evaluation was ordered and I have personally reviewed all of these findings.

No e/o infection of the patient's chronic LE wounds/ulcers. Workup otherwise unremarkable for question of delirium/AMS, though patient admittedly reporting becoming "crazy" because of current psychosocial stressors. Currently feels in an improved state emotionally, and she is denying any SI, HI or CAVH. ED course and medical decision making as otherwise mentioned above.

The patient remained clinically stable and was observed without further significant events or interventions required for the remainder of the ED course, as I am aware and understand it.

Shane Jay Tosihiro Ruter, M.D.
Attending Physician
Division of Emergency Medicine
UW Medicine — Harborview Medical Center & University of Washington Medical Center

Electronically Reviewed/Signed On: 09/28/17 at 09:30

_____

Nemanich MD, Antonia Justine
Resident, Department of Emergency Medicine
Box 359702
Seattle WA

Electronically Co-Signed On: 09/28/17 at 15:56

_____

Ruter MD, Shane Jay Tosihiro
Clinical Instructor of Medicine, HMC Emergency Services
Box 359702
Seattle WA

AJN
DD:09/27/17

ED NOTE

BAINBRIDGE ISLAND AMBULANCE ASSOCIATION, INC.
"A NON-PROFIT ORGANIZATION SERVING ALL OF BAINBRIDGE ISLAND"
1-206-842-2676

RUN # | SSN ☐ CREW A ☐ CREW B ☐ CREW C ☐ CREW D | PT#/OF# 1/1 | UNIT 023 | DATE OF SERVICE 09/27/17 WED

PATIENT INFORMATION

LAST NAME Hoffman	FIRST Jeane	MI	SEX ☐M ☐F	DOB 1/06/1925	AGE 92
MAILING ADDRESS 245 Highschool ~~Apt~~ rd NE			APT / LOT #2	PHONE	
CITY B.I	STATE WA	ZIP 98110	WORK OR MESSAGE PHONE	EXT.	
EMPLOYER	EMPLOYER ADDRESS				
CONTACT PERSON	RELATIONSHIP	POA? ☐	PHONE		
ADDRESS	APT.	CITY	STATE	ZIP	

INSURANCE

MEDICARE #	MEDICAID PIC #	HEALTHY OPTIONS? Y N	COMPANY NAME	L & I #	DATE OF L&I INJURY
PRIVATE INSURANCE		INSURED NAME		RELATIONSHIP	
GROUP #	POLICY #		ENROLLMENT #		
SIGNED PCS? Y ☐ N ☐	SIGNED BY MD ☐ RN ☐	SIGNED BY ABN Y ☐ N ☐	DIRECT ADMIT? ☐YES ☐NO	PERSONAL PHYSICIAN Unknown/U.W.	

PICK UP LOCATION 245 highschool rd NE	START MILES	CLASS OF SERVICE BLS	WORK RELATED Y ☐ N ☐	ATTENDING PHYSICIAN / MEDIC			
DESTINATION U.W	END MILES	FALL Y ☐ N ☐	AUTO ACCIDENT Y ☐ N ☐	RECEIVING PHYSICIAN			
REQUESTED BY BIFd	RESPONDED	ARRIVED AT SCENE	LEFT SCENE	ARRIVE FACILITY	BACK IN SERVICE	INCIDENT CODE MECHANISM 05	TYPE 403

CHIEF COMPLAINT	CODE
Failure to thrive	
ADDITIONAL	

REASON FOR AMBULANCE
- ☐ Emergency – Injury or Acute Illness.
- ☐ Restraints required.
- ☐ Pt. required O2 or other emergency treatment (explain in medical necessity).
- ☐ Permanently bed confined (explain in medical necessity).
- ☐ Stretcher required (explain in medical necessity).
- ☐ Pt unresponsive or decreased level of consciousness.
- ☐ Severe hemorrhaging.
- ☐ Fracture or possible fracture requiring immobilization.
- ☐ Symptoms of acute CVA or MI.
- ☐ Infectious disease, isolation required.
- ☐ Other (explain in medical necessity).

HOSPITAL

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PP-28 Attachment A
Rev. 11/9/07

UW Medicine
COMPLIANCE

CONFIDENTIAL

SOCIAL WORK AND CARE COORDINATION
1959 NE Pacific Street, Box 356125
Seattle, WA 98195-6125

UW Medicine

Facsimile Cover Sheet

To:	Advanced Directives	**From:**	**Ceci Jolly, MSW, LSWA-IC**
Organization:	UWMC	**Phone:**	**206-598-4368**
Phone:		**Pager:**	**206-998-0773**
Fax:	520 3251	**Email:**	**jollyc@uw.edu**
Date:	9/28/17	**Pages:**	**(including this cover page)**

Comments:

plz scan into Ora.

Thx!

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law (RCW 70.24.105) prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose. A general authorization for the release of information is NOT sufficient for this purpose.

Sep. 28. 2017 12:23PM No. 3333 P. 1

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[checking for EPIC FYI report]
[checking for ORCA ALERTs]

Visit Level Coverage for JEANNE HOFFMAN U8170135

Sex: Female
Age: 92 years
Born: 06-Jan-1925
SSN: ###-##-4736
Language: English

Patient Address:
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND, WA 98110 USA
Home Mobile Phone:(206) 393-8936
Home Principal Phone:(206) 780-6885

Patient Contacts:

Role	Name	Rel to pat	Phone
Emergency Contact	NEEDED	Other	(206)000-0000
Employer	RETIRED		
Legal Next of Kin	LOUIS (POA) HOFFMAN	Son	(206)780-6885

Current inpatient Unit:6NE Room:6256- Bed:01 Start of stay: 27-Sep-2017 database:U

Show all coverages
Distinct coverage listing

Visit	Payor	Plan / Group / Policy	Subscriber	Coverage order / Guarantor Accounts
27-Sep-2017 Inpatient,... Inpat U8170135	MEDICARE (877)908-8431	Plan: MEDICARE PART A AND B Group Nbr: A&B Group Name: none Policy: 131149826D6 Eff From: 01-Feb-1982	JEANNE LEONIE HOFFMAN (Self) 245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND, WA Born: 06-Jan-1925 Employer: RETIRED	Coverage order: 1 Guarantor Accounts priority #1 in Personal/Family priority #1 in Vision Services
27-Sep-2017 Inpatient,... Inpat U8170135	WA MEDICAID PO BOX 9248 OLYMPIA, WA 98507-9248 (800)562-3022	Plan: QMB-QUALIFIED MEDICARE BENEFICIARY Group Nbr: S99 Group Name: none Policy: 100675002WA Eff From: 01-Nov-2014	JEANNE LEONIE HOFFMAN (Self) 245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND, WA 98110 Born: 06-Jan-1925 Employer: RETIRED	Coverage order: 2 Guarantor Accounts priority #2 in Personal/Family
07-Nov-2014 HMC OPTOME... Outpat H0571976	MEDICARE PO BOX 6700 FARGO, ND 58108 (877)908-8431	Plan: MEDICARE PART A AND B Group Nbr: A&B Group Name: none Policy: 131149826D6 Eff From: 01-Feb-1982	JEANNE LEONIE HOFFMAN (Self) 245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND, WA 98110 Born: 06-Jan-1925 Employer: RETIRED	Coverage order: 1 Guarantor Accounts priority #1 in Personal/Family priority #1 in Vision Services
05-Nov-2014 UWMC R2 MA... Outpat U8170135	PENDING MEDICAID	Plan: PENDING MEDICAID Group Nbr: unavailable Group Name: none Policy: UNKNOWN Eff From: 13-Aug-2014	JEANNE LEONIE HOFFMAN (Self) 245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND, WA Born: 06-Jan-1925 Employer: RETIRED	Coverage order: 3 Guarantor Accounts priority #3 in Personal/Family
23-Jan-2013 HMC NEUROS... Outpat H0571976	WA MEDICAID PO BOX 9248 OLYMPIA, WA 98507-9248 (800)562-3022	Plan: LCP-MEDICALLY NEEDY MCAID Group Nbr: unavailable Group Name: none Policy: 100675002WA Eff From: 01-Nov-2012	JEANNE HOFFMAN (Self) 245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND, WA 98110 Born: 06-Jan-1925 Employer: UNKNOWN	Coverage order: 2 Guarantor Accounts priority #2 in Personal/Family

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Return Address:

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

GENERAL POWER OF ATTORNEY (With Durable Provisions)

Indexing information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (if applicable): N/A
Grantor(s) (Principal): (1) Jean Leonie Caillet Allain Hoffman Addl'. on pg.
Grantee(s) (Attorney in Fact): (1) Louis charles Hoffman Allain "Elder Son" Addl'. on pg.
Legal Description (abbreviated): Power of Attorney Add.legal is on page
Assessor's Property Tax Parcel /Account # N/A

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

General Power of Attorney-(With Durable Provisions)
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Sep. 28. 2017 12:24PM No. 3333 P. 3

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

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

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

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

In Witness Whereof, I/We have hereunto set my hand & the 4th day of June 2013.

Jeanne L Hoffman
275 Liscott Dr NW
Bainbridge Is. Wa. 98110

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

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

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

Dated this 4th day of June 2013

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

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

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

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Return Address:

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

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

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

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

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

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6. SIGNING DOCUMENTS, WAIVERS AND RELEASES

Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:

a. Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice".

b. Any necessary waiver or release from liability required by a hospital or physician.

c. Any documents pursuant to the power of substitution in the premises, which I hereby, grant to my agent subject to my choice of alternates below.

7. DESIGNATION OF ALTERNATE AGENTS

If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

a. First Alternate Agent: None At This Time.
(Insert name, address and telephone number of first alternate agent)

b. Second Alternate Agent: None At this time
(Insert name, address and telephone number of second alternate agent)

8. PRIOR DESIGNATIONS REVOKED

I revoke any prior durable power of attorney for health care.

9. TERMINATION

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

10. APPLICABLE LAW

The laws of the State of Washington of the United States of America shall govern this power of attorney.

Dated 5/28/13 Jeanne J Hoffman

State of Washington,
County of Kitsap
ss.

INDIVIDUAL ACKNOWLEDGEMENT

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

Dated this 28th of May 2013

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

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

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

Encounter Number: 1820056124
Facility: UWMC
Encounter Type: Observation
Admit Date Time: 09/27/2017 22:39:00
Discharge Date Time: 09/29/2017 10:29:00

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Sep. 28. 2017 12:20PM

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM
1770 of 3366

No. 3333 P. 7

Jeanne Hoffman - DOB 01/06/1925

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:
04/30/2025

Category: Advance Care Planning
Date of Service: 09/27/2017 22:39
Document Status: Authenticated
Title: POWER OF ATTORNEY
Document Version : 0

Political and Governmental Representation Authorization

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

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

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

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

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

[redacted]

/3/2017 10:05:40 AM UWIP

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital & Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

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

Signature (Patient or Person Authorized to Give Authorization) Jeanne L Hoffman Attorney	Date 9/29/17

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian	☐ 2. Durable Power of Attorney for Health Care	☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren)	☐ 5. Parent(s)	☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian	☐ 2. Court-authorized person for child	☐ 3. Parent(s)

PT.NO U8170135 BD:1/6/1925 92Y F
NAME HOFFMAN JEANNE LEONIE
U 6NE
DOS:9/27/2017 KEEN, MISBAH K, MD
Enc:1820056124 RES:
DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV MAR 16

WHITE – MEDICAL RECORD
CANARY – PATIENT

Financial Agreement & Consent for Disclosure

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. Sometimes patients will pay more for certain outpatient services and procedures at hospital-based outpatient locations. The amount will depend on my insurance. I may review my insurance benefits or contact my insurer to learn what my policy will pay and what out-of-pocket expenses I may need to pay. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

PT.NO

NAME

Place EPIC Label Within Box

DOB

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

PATIENT FINANCIAL AGREEMENT/AUTHORIZATION

U1865

UH1865 REV MAR 16 BA

[redacted]

CARE AGREEMENT

9/2017 10:05:40 AM UWIF

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record. Part of your care may take place through telemedicine technology, which may mean 1) live video between your care team members *(in which you also may be involved)*, or 2)"remote" review by your care team of the images described above.

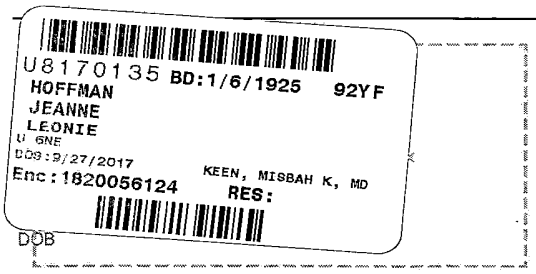
SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
X Jeanne L Hoffman Allen	X Jeanne L Hoffman Allen	9/29/17

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☐ ADULT CHILD ☐ ADULT BROTHER/SISTER



UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV AUG 17

WHITE – MEDICAL RECORD
YELLOW - PATIENT

[redacted] /27/2017 10:05:40 AM UWID

Notice Privacy Practices Acknowl gment

oint Notice of Privacy Practices brochure describes how medical information about you may be sed and disclosed, how you can get access to this information and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices and follow the information practices that are described in this notice. If you have any questions, please contact: UW Medicine Compliance **855-211-6193** *(toll free)*.

Please do not write comments on this form, refer to the "Your Individual Rights About Patient Health Information."

We may change our policies at any time. Any significant policy change will be posted.

You may request a copy of this notice from UW Medicine Compliance 855-211-6193 or at www.uwmedicine.org/nopp.

By signing below, I agree that I have received the Joint Notice of Privacy Practices.

SIGNATURE *(PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)*	DATE
Jeanne J Hoffman Allen	9/29/17

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

- ☐ 1. Guardian
- ☐ 2. Durable Power of Attorney for Health Care
- ☐ 3. Spouse/registered domestic partner
- ☐ 4. Adult Child(ren)
- ☐ 5. Parent(s)
- ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

FOR OFFICE USE ONLY: REMARKS for the UW Medicine Notice of Privacy Practices:
(This section below is to be filled out by UW Medicine staff only)

We are unable to obtain acknowledgment from this individual at this time, but immediate treatment is needed for the following reason(s):

- ☐ *Emergency Treatment Situation*
- ☐ *Incarcerated Patient*
- ☐ *Patient refuses to sign*
- ☐ *Patient unable to sign*

PT.NO

NAME

DOB

U8170135 BD:1/6/1925 92YF
HOFFMAN
JEANNE
LEONIE
U GNE
DOS:9/27/2017 KEEN, MISBAH K, MD
Enc:1820056124 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

U2045

UH2045 REV JUN 16

WHITE – MEDICAL RECORD
YELLOW - PATIENT

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

[redacted] 9/2017 10:05:40 AM-UWIP

Patient Information for Inclusion in the UW Medicine Inpatient Facility Directory

Please Read this Statement Carefully

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

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

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

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

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

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

For Staff Use Only

☐ **ADMIN OPT-OUT:** Please provide reason for Administrative Opt-Out

☐ Crime Victim ☐ Employee ☐ Incarcerated Patient
☐ Involuntary Commitment ☐ Unable to Interview Patient ☐ Media Interest

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

Date	Signature (Patient or Person Authorized to Give Authorization)
9/29/17	Jeanne E Hoffman

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

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

PT.NO
U8170135 BD:1/6/1925 92Y F
NAME HOFFMAN
JEANNE
LEONIE
U 6NE
DOS:9/27/2017 KEEN, MISBAH K, MD
Enc:1820056124 RES:
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center - University of Washington Physicians
Seattle, Washington

PT INFORMATION FOR UW MEDICINE INPT DIRECTORY

U1868

UH1868 REV AUG13

WHITE – MEDICAL RECORD
CANARY – PATIENT

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

Return Address:

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

GENERAL POWER OF ATTORNEY (With Durable Provisions)

Indexing Information required by the Washington State Auditor's/Recorder's Office. (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)

Reference # (If applicable): N/A
Grantor(s) (Principal): (1) Jean Leonie Caillet Alloin Hoffman Addl'. on pg
Grantee(s) (Attorney in Fact): (1) Louis charles Hoffman Alloin "Elder Son" Addl'. on pg
Legal Description (abbreviated): Power of Attorney Add.legal is on page
Assessor's Property Tax Parcel /Account # N/A

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

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

Power Of Attorney
H8006
Power Of Attorney

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

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

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

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

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

In Witness Whereof, I/we have hereunto set my hand(s) the 4th day of June 2013.

Jeanne L Hoffman
275 High Rd NW
Bainbridge Is WA 98110

Signed and Delivered in the Presence of:
Anne M. Campbell
Teresa Ann Hoffman Allen
Jeanne L Hoffman

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

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

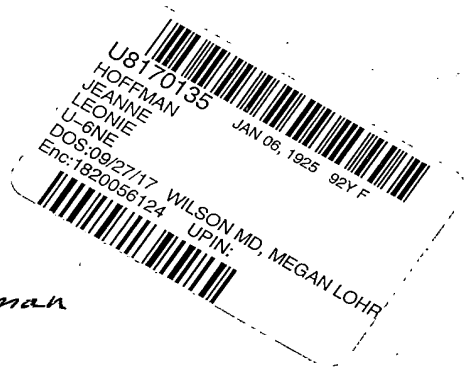
Dated this 4th day of June 2013

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

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

[redacted]

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



Return Address:

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

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Indexing information required by the Washington State Auditor's/Recorder's Office, (RCW 36.18 and RCW 65.04) 1/97: (please print last name first)
Reference # (if applicable):
Grantor(s) (Principal): (1) Jean Leonie Caillet Allain Hoffman Addl'. on pg 1/2
Grantee(s)(Attorney in Fact) (1) Louis Charles Hoffmann Allain Addl'. on pg 1/2
LegalDescription (abbreviated): Power of Attorney
Addl'. legal is on page 0 Assessor's Property Tax Parcel/Account#

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

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

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

6. SIGNING DOCUMENTS, WAIVERS AND RELEASES

Where necessary to implement the health care decisions that my agent is authorized by this document to make, my agent has the power and authority to execute on my behalf all of the following:

a. Documents titled or purporting to be a "Refusal to Permit Treatment" and "Leaving Hospital Against Medical Advice".

b. Any necessary waiver or release from liability required by a hospital or physician.

c. Any documents pursuant to the power of substitution in the premises, which I hereby, grant to my agent subject to my choice of alternates below.

7. DESIGNATION OF ALTERNATE AGENTS

If the person designated as my agent in paragraph 1 is not available or becomes ineligible to act as my agent to make a health care decision for me or loses the mental capacity to make health care decisions for me, or if I revoke that person's appointment or authority to act as my agent to make health care decisions for me, then I designate and appoint the following persons to serve as my agent to make health care decisions for me as authorized in this document, such persons to serve in the order listed below:

a. First Alternate Agent: None At this Time
(Insert name, address and telephone number of first alternate agent)

b. Second Alternate Agent: None At this Time
(Insert name, address and telephone number of second alternate agent)

8. PRIOR DESIGNATIONS REVOKED

I revoke any prior durable power of attorney for health care.

9. TERMINATION

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

10. APPLICABLE LAW

The laws of the State of Washington of the United States of America shall govern this power of attorney.

Dated 5/23/13 J.L.H. Jeanne F Hoffman

State of Washington,)
) ss.
County of Kitsap)

INDIVIDUAL ACKNOWLEDGEMENT

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

Dated this 23rd of May 2013

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

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

Performed By:
Performed Date Time:
Verified By:
Verified Date Time: 04/30/2025

Category: Advance Care Planning
Date of Service: 09/27/2017 22:39
Document Status: Authenticated
Title: POWER OF ATTORNEY
Document Version : 0

Political and Governmental Representation Authorization

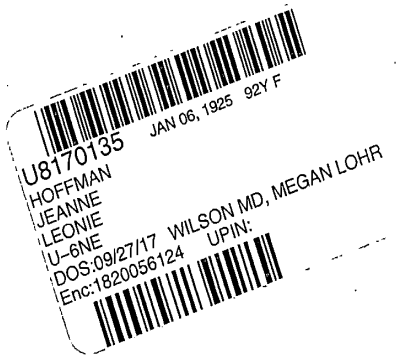
I, Jean Leonie Calliet Alloin Hoffman, herein have authorized my elder son, life long friend and business associate Louis Charles Hoffmann Alloin to be my consultant and representative since 1970, to consult, provide briefings, information, analysis as to political and governmental issue within "Federal,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

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

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

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

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



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

Encounter Number: 1820056124
Facility: UWMC
Encounter Type: Observation
Admit Date Time: 09/27/2017 22:39:00
Discharge Date Time: 09/29/2017 10:29:00

Jeanne Hoffman - DOB 01/06/1925

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

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

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, which will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization listed here: Livanta LLC, 1-877-588-1123

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan *(if you belong to one)* about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
    - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
    - If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.

Step by step instructions for calling the QIO and filing an appeal are on page 2.

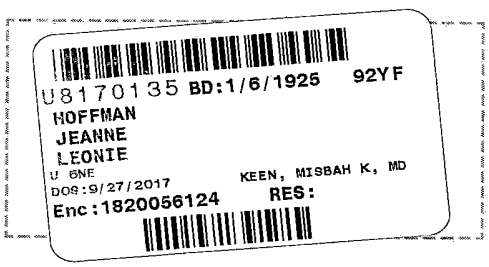
To speak with someone at the hospital about this notice, call 206 598 4310
Please sign and date here to show you received this notice and understand your rights.

Jeanne L Hoffman AHN — Signature of Patient or Representative

09/29/17 — Date/Time

CMS-R-193 (Exp. 03/31/2020)

PT.NO
NAME
DOB



UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 1 OF 2

U2445

UH2445 REV AUG 17

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

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

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal *(except for charges like copays and deductibles)*.
    - Here is the contact information for the QIO:
      Livanta LLC 1-877-588-1123
      Fax Appeals 1- 855-694-2929
      Fax *(all other review types)* **1-844-420-6672**

You can file a request for an appeal any day of the week.
Once you speak to someone or leave a message, your appeal has begun.

- Ask the hospital if you need help contacting the QIO.
- The name of this hospital is:

☐ HMC: Medicare Provider Number ☐ 50-0064 *(acute care)* ☐ 50-S064 *(psych)* ☐ 50-T064 *(rehab)*
☐ UWMC: Medicare Provider Number ☐ 50-0008 *(acute care)* ☐ 50-S008 *(psych)* ☐ 50-T008 *(rehab)*

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
    - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
    - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan *(if you belong to one)* for a review of your case:
    - If you have Original Medicare: Call the QIO listed above.
    - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.
CMS does not discriminate in its programs and activities. To request this publication in an alternate format, please call: 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov.

Additional Information:
Print Physician Name:_____NPI: ☐ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, and Baltimore, Maryland 21244-1850.

PT.NO
NAME
DOB

U8170135 BD:1/6/1925 92Y F
HOFFMAN
JEANNE
LEONIE
U 6NE
DOS:9/27/2017 KEEN, MISBAH K, MD
Enc:1820056124 RES:

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 2 OF 2

U2445

UH2445 REV AUG 17

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

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

U3104

UW Medicine
Discharge Instructions

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925

MRN: U8170135 **Acct #:** 1820056124
Current Date/Time: 9/29/2017 10:45:41 **Admission Date/Time:** 9/27/2017 10:39 PM

I (HOFFMAN, JEANNE LEONIE), have received printed discharge instructions and personalized patient education materials. I have verbalized understanding of instructions given.

Patient/Guardian Signature | PA/Son Relation to Patient | 9/29/17 Date/Time

Discharge Staff Member

This form will be scanned and placed in the patient's medical record.

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

PLACE HERE

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1819461887	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	9/21/2017 10:04:10AM	Discharge D/T:	9/21/2017 10:52:19AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:9/21/17
LUU, PAUL
Enc:1819461887 RES:31487589

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____ % ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
	Rt Ankle Plantar Med ankle	Medihoney, Vaseline gauze 4x4 gauze. Kling to all wounds	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
			☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs_____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____
Follow Up in 2 Week(s) with Dr. Luu On (Day) 10/5/17 (Date) _____ at (Time) 1015
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date: SEP 2 1 2017 Time: 1040
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: SEP 2 1 2017 Time: 1040
I have received and understand the above instructions:
Patient Signature: X Jeanne L Hoffman Date: SEP 2 1 2017 Time: 1040

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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DATE: SEP 2 1 2017 TIME: 1010 | Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☒ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches | Weight: _____ lbs.

Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured | Source: ☐ Stated ☐ Measured

Accompanied by: SON

Patient Identification Verified: ☒ Yes | Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 96 Pulse: 60 Respirations: 14 Blood pressure (mmHg): 110/44

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Margaret RN SEP 2 1 2017 Time: 1010

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☒ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: Margaret RN Date: SEP 2 1 2017 Time: 1010

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819461887** MRN: **U8170135**
ADM: **09/21/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	ⓓ lat calf	ⓒ lat ankle	ⓛ med ankle	
▲ Current Wound Stage/Grade:	FTC	FTS	FTS	
Is this a change?	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
▲ Length:	6.8 cm	1.7 cm	1.9 cm	cm
▲ Width:	4.0 cm	0.6 cm	2.5 cm	cm
▲ Depth:	0.2 cm	0.3 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☐ No ☐ Yes / ☐ Due to product use	☐ No ☒ Yes / ☐ Due to product use	☐ No ☒ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Margaret Ann — Initials: MA — Date: SEP 21 2017 — Time: 1015
Nurse Signature: ____ — Initials: ____ — Date: ____ — Time: ____
Nurse Signature: ____ — Initials: ____ — Date: ____ — Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819461887** MRN:**U8170135**
ADM: **09/21/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
	PERI-WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No

	EDEMA ASSESSMENT	
	LEFT ☐ Not Applicable ☑ Not Assessed	**RIGHT** ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	____ centimeters with point of measurement ____ *centimeters from the medial instep*	____ centimeters with point of measurement ____ *centimeters from the medial instep*
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

	VASCULAR ASSESSMENT	
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
***Popliteal Pulses* Palpable**	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ *Dusky* ☐ *Mottled* ☐ *Not Applicable* ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ *Dusky* ☐ *Mottled* ☐ *Not Applicable* ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ *Cool* ☐ *Cold* ☐ *Hot* ☐ *Warm*	☐ *Cool* ☐ *Cold* ☐ *Hot* ☐ *Warm*
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: Maxwell R Initials: MR Date: SEP 2 1 2017 Time: 1015
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819461887** MRN:**U8170135**
ADM: **09/21/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☑ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☑ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☑ No *If Yes, Type: _____	☐ Yes* ☑ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☑ Procedure tolerated well. ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Medihoney VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Pt has not been changing her bandages often enough which has caused increased odor and thick slough build up. pt debrided to bleeding base. We instructed her to start changing every other day.

Nurse Signature: MarjorieRN Initials: MN Date: SEP 21 2017 Time: 1050
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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WCC NURSING WOUND ASSESSMENT

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CHIEF COMPLAINT

Multiple ulcer of (R) calf & ankle.

❑ **Refer to *Physician Progress Note* dated:** _____ ***(If billing an E&M on same date of a procedure.)***

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

❑ **Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:**
❑ Without exception ❑ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	❑ Right ☒ Left ❑ Not Applicable	❑ Right ☒ Left ❑ Not Applicable	❑ Right ☒ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ☒ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ☒ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ☒ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:
Indication for Debridement	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ❑ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:
Anesthetic	❑ None ❑ Lidocaine 2% Topical Gel ☒ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ❑ Lidocaine 2% Topical Gel ☒ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ❑ Lidocaine 2% Topical Gel ☒ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ❑ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☒ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ❑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: SEP 2 1 2017 Time: 10 50

Physician or Physician Extender Printed Name*: Mac Lee Date: SEP 2 1 2017 Time: 10 50

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819461887** MRN:**U8170135**
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WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☒ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☒ Moderate ☐ Minimum ☐ None	☐ Large ☒ Moderate ☐ Minimum ☐ None	☐ Large ☒ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 6.8 cm x Width 4.0 cm =**Total Square CM:** ____	Length 1.7 cm x Width 0.6 cm =**Total Square CM:** ____	Length 1.9 cm x Width 2.5 cm =**Total Square CM:** ____	Length ____ cm x Width ____ cm =**Total Square CM:** ____
Post Wound Care	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.8 Width: 4.0 Depth: 0.3 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 1.7 Width: 0.6 Depth: 0.1 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 1.9 Width: 2.5 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm

Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:

Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: SEP 21 2017 Time: 10:50

Physician or Physician Extender Printed Name*: _____ Date: SEP 21 2017 Time: 10:05

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819461887** MRN:**U8170135**
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WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient has multiple ② calf/ankle ulcers (3 new)
per hosp → no dressing was done x ~ 7 days → pt
make excuses for not doing dressing

Dx:
R ② calf ulcer at dressing sites of ② calf

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

→ Significant tissue loss w/ multiple ulcers of R lower leg

ASSESSMENT

Wound: → the 3 ulcers are ② at calf/ankle w/ dark moist w/ cellulitis

Wounds are debrided → fresh tags → bleeding well
→ slower of granulation tissue

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

- Patient must do dressing at least 3x/week
- Continue same dressing

PCP aware.

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: SEP 21 2017 Time: 10 52
Physician or Physician Extender Printed Name*: _____ Date: SEP 21 2017 Time: 10 52

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1819462693	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	9/7/2017 10:31:19AM	Discharge D/T:	9/11/2017 9:36:42PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

09/17/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1819462693 Dr: Neighbor Jr, William E.

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
09/07/17 1059	14.1* {NW}	1.4* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:9/07/17
Enc:1819103285
LUU, PAUL
RES:31372948

dressograph)

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried* **Date:**

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume
  - ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound
  - ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____
  - ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
	Lt ankle Lt calf Rt ankle	Medihoney, Vaseline gauze 4x4 gauze, Kling to all wounds	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
			☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____

Follow Up in 2 Week(s) with Dr. Luu On (Day) 9/21/17 (Date) _____ at (Time) 1015

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: SEP 07 2017 Time: 1020

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: Maxwell RN Date: SEP 07 2017 Time: 1020

I have received and understand the above instructions.

Patient Signature: X Jeanne L Hoffman Date: SEP 07 2017 Time: 1020

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
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DATE: SEP 07 2017 TIME: 940 Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: _____ lbs.
Source: ☐ Stated ☐ Measured

Accompanied by: Family

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 96.9 Pulse: 68 Respirations: 16 Blood pressure (mmHg): 110/56
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☐ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ Yes ☒ No ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: [signature] Date: SEP 07 2017 Time: 940

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: [signature] Date: SEP 07 2017 Time: 940

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819103285** MRN:**U8170135**
ADM: **09/07/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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Category: Progress Notes
Date of Service: 09/07/2017 00:00
Document Status:
Title:
Document Version : 1

Encounter Number: 1819103285
Facility: UW Medical Center-Northwest
Encounter Type: Outpatient
Admit Date Time: 2017-09-07 09:36:00
Discharge Date Time: 2017-09-07 10:19:00

WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	(L) lat calf	(L) lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FT C	FT S	FT S	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	6.9 cm	2.4 cm	2.5 cm	cm
▲ Width:	4.3 cm	1.0 cm	2.7 cm	cm
▲ Depth:	0.1 cm	0.1 cm	0.1 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☑ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ *Due to product use*	☑ No ☐ Yes / ☐ *Due to product use*	☑ No ☐ Yes / ☐ *Due to product use*	☐ No ☐ Yes / ☐ *Due to product use*
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock *Maximum Distance:* _____ *cm*	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock *Maximum Distance:* _____ *cm*	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock *Maximum Distance:* _____ *cm*	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock *Maximum Distance:* _____ *cm*
Granulation Amount	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☑ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ *Fat Layer Exposed*	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ *Fat Layer Exposed*	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ *Fat Layer Exposed*	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ *Fat Layer Exposed*

NURSE'S NOTES

Nurse Signature: [signature] Initials: [initials] Date: SEP 07 2017 Time: 945
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
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Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

▲ Wound/Ulcer Number (cont):	1	2	3	
	PERI-WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☒ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☒ Maceration ☐ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☒ Maceration ☐ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☒ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT

	LEFT	RIGHT
	☐ Not Applicable ☐ Not Assessed	☒ Not Applicable ☐ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	31 centimeters with point of measurement 32 centimeters from the medial instep	X centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT	RIGHT
	☐ Not Applicable due to amputation ☒ Not Assessed	☐ Not Applicable due to amputation ☒ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: ____ Date: SEP 07 2017 Time: 1000
Nurse Signature: _____ Initials: ____ Date: ____ Time: ____
Nurse Signature: _____ Initials: ____ Date: ____ Time: ____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819103285** MRN:**U8170135**
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AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1010) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1010) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1010) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Medihoney VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Wounds are all improving. Pt will be leaving town in Oct for 2 months

Nurse Signature: _____ Initials: MN Date: _____ Time: 1010
Nurse Signature: _____ Initials: _____ Date: SEP 07 2017 Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819103285** MRN:**U8170135**
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SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
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WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

multiple ulcer of R calf/ankle (total 3)

❑ **Refer to *Physician Progress Note* dated:** _____ ***(If billing an E&M on same date of a procedure.)***

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

❑ **Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:**
❑ Without exception ❑ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	❑ New ❑ Healed ☑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:	❑ New ❑ Healed ☑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:	❑ New ❑ Healed ☑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:
Indication for Debridement	❑ Abnormal Wound Edge ☑ Abnormal Wound Base ☑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☑ Abnormal Wound Base ☑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☑ Abnormal Wound Base ☑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ❑ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:
Anesthetic	❑ None ☑ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ☑ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ☑ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ❑ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ❑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: SEP 07 2017 Time: 10 16

Physician or Physician Extender Printed Name*: PAM Lum Date: _____ Time: 10 10

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819103285** MRN:**U8170135**
ADM: **09/07/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☒ Non–viable ☐ Eschar ☐ Skin ☒ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☒ Non–viable ☐ Eschar ☐ Skin ☒ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☒ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☒ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 6.9 cm x Width 4.3 cm =Total Square CM: ____	Length 2.4 cm x Width 1.0 cm =Total Square CM: ____	Length 2.5 cm x Width 2.0 cm =Total Square CM: ____	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.9 Width: 4.3 Depth: 0.3 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.4 Width: 1.0 Depth: 0.3 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.5 Width: 2.0 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____cm
Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: ____ Date: SEP 07 2017 Time: 10:10

Physician or Physician Extender Printed Name*: ____ Date: ____ Time: 10:10

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819103285** MRN:**U8170135**
ADM: **09/07/2017**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

two wounds on R ankle (lat - med)
One wound (large) on lateral R ankle
Patient is using bath brush to clean wounds
No problem at home

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

RE R lat. calf wound → significant tricky fibrin

ASSESSMENT

→ Debrided including SQ & tissue → good granulation tissues at base

lat - med R ankle wounds → very tricky fibrin built up → debrided including SQ tissue

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** → clean ☐ **See dictated note date:**

Dry wells. Bens & Medihoney at least 3X/week

RC 2 weeks

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: SEP 07 2017 Time: 10 00

Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 10 00

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1819103285** MRN:**U8170135**
ADM: **09/07/2017**
CLASS: **OP**
SVC:

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DATE / TIME / DISCIPLINE

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

Dr. Suleman Aziz, MD
Dr. Rion Berg, DPM
Dr. William Ehni, MD
Dr. Paul Luu, MD
Dr. Santiago Neme, MD, MPH
Dr. Nilufer Norsworthy, MD
Dr. Terence Quigley, MD

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:9/07/17 LUU, PAUL
Enc:1819103285 RES:31372948

NAME_____ DOB_____

ADDRESS_____ DATE 9/07/2017

℞ NORCO (57325)
Sig: one tab. PO Q4-6° PRN pain
Dispense # 30

Substitution Permitted

Dispense as Written

DEA No. BL4600159

Refill NR 1 2 3 4 5 PRN

-1281 (10/15)

PO0030 - Req Orders

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1819103285	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	9/7/2017 9:36:50AM	Discharge D/T:	9/7/2017 10:19:55AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Sound Health MEDICAL

Quick Start Program
Next Day Delivery

CMN Order
Fax: 866-213-4464
Questions Please Call: 888.958.2960
Full Assignment Accepted

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:9/07/17 LUU, PAUL
Enc:1819103285 RES:31372948

FAXED on: 1 by:

Name of Clinic: Nw WHC

In order for Sound Health to process your/a patient's order, we need the following documentation faxed:
*Copy of the **PATIENT FACE SHEET** *signed (**AOB**) (at bottom) ***ORDER SIGNED BY PHYSICIAN**

	WOUND 2	WOUND 3	WOUND 4
PRIMARY TREATMENT: Medihoney Vaseline gauze 4x4 gauze Conform Roll gauze paper tape	PRIMARY TREATMENT: Medihoney Vaseline gauze 4x4 gauze Conform Roll gauze paper tape	PRIMARY TREATMENT: Medihoney Vaseline gauze 4x4 gauze Conform Roll gauze paper tape	PRIMARY TREATMENT:
LOCATION: (L) calf	LOCATION: (L) ankle	LOCATION: (L) medankle	LOCATION:
AMOUNT OF EXUDATE: small	AMOUNT OF EXUDATE: small	AMOUNT OF EXUDATE: small	AMOUNT OF EXUDATE:
WOUND DIMENSIONS 6.9 x 4.3 x 0.1	WOUND DIMENSIONS 2.4 x 1.0 x 0.1	WOUND DIMENSIONS 2.5 x 2.7 x 0.1	WOUND DIMENSIONS X X
FREQUENCY OF USE ☑ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☑ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☑ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:
DURATION: 90 DAYS	DURATION: 90 DAYS	DURATION: 90 DAYS	DURATION: 90 DAYS
OTHER:	OTHER:	OTHER:	OTHER:
DIAGNOSIS CODES	L97.322, L97.222,		
PROGNOSIS	☐ POOR ☐ FAIR ☑ GOOD ☐ EXCELLENT		

NORTHWEST HOSPITAL

☐ STARTER KIT GIVEN
DOES PATIENT NEED SALINE? ☐ YES ☒ NO
IS PATIENT ON HOME HEALTH? ☐ YES ☐ NO
TYPE OF WOUND: ☐ SURGICAL ☑ DEBRIDED ☐ OTHER:

☒ Dr Luu (1124100672) ☐ MaryJo Renz, ARNP (1457356222) ☐ Dr Neme (1215039821) ☐ Dr Ehni (1679502264)
☐ Dr Norsworthy (1700016391) ☐ Dr Raghu (1215907027) ☐ Dr Berg (1649342643) ☐ Dr Quigley (1063471837) ☐ Terasa Gegax-Martinez ARNP(1861780264)
OTHER:
SIGNATURE: _____ DATE: 9/7/17 NPI: _____
Please provide email address if provider can not sign for electronic signature _____

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize any holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

PATIENT'S NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
ADDRESS: _____ PHONE: _____
PATIENT'S SIGNATURE: _____ AUTHORIZED SIGNATURE: _____ DATE: _____
NAME OF AUTHORIZED REPRESENTATIVE: _____
(If Patient is Unable to Sign)

09/03/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1819105532 Dr: Neighbor Jr, William E.

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
08/24/17 1126	24.3* {NW}	2.4* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818913793	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	8/24/2017 10:08:17AM	Discharge D/T:	8/24/2017 10:51:42AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:8/24/17 LUU, PAUL
Enc:1818913793 RES:31274648
(Addressograph)

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:** AUG 24 2017

Apply to Wound(s) ____ **minutes before procedure:** ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
  - ☐ Right ☐ Left Lower Extremity
  - ☐ With ☐ Without O_2 challenge
  - ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume
  - ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound
  - ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____
  - ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbable Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
	Dlat calf	medihoney, Vaseline gauze, gauze. Kling	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
	Dlat ankle Dmedankle		☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1030AM

Follow Up in 2 Week(s) with Dr. Luu On (Day) 9/7/17 (Date) _____ at (Time) _____

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: AUG 24 2017 Time: 1040

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: AUG 24 2017 Time: 1040

I have received and understand the above instructions:

Patient Signature: _____ Date: AUG 24 2017 Time: 1040

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Plic•A•Poc @ (631) 981-2094

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DATE: AUG 24 2017 **TIME:** | Type of Service: ☐ Initial Visit ☑ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☑ Ambulatory ☐ Cane ☐ Crutches ☑ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☑ None ☐ Other:

Height: 175 ~~inches~~ cm | Weight: 115.6 lbs.

Source: ☐ Stated ☑ Not Measured ☐ Measured ☐ Not measured | Source: ☐ Stated ☑ Measured

Accompanied by: Family - son

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☑ Yes (DOB)

Patient requires Transmission-Based Precautions? ☐ Yes ☑ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 96.9 °F. Pulse: 76 Respirations: 20 Blood pressure (mmHg): 130/66

If ordered by physician: Capillary Blood Glucose: ____ mg/dL *(Hospital's blood glucose reference range: ____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☑ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☑ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☑ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☑ N/A

Blood glucose under control: ☐ Yes ☐ No ☑ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☑ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☑ R ☑ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☑ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: [signature], RN Date: AUG 24 2017 Time: 1015

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☑ Yes ☐ No Location of pain: wound areas

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 (10) **Duration of Pain:** ☑ Constant ☐ Intermittent

Character of Pain: ☐ *Aching* ☑ *Burning* ☐ *Cramping* ☐ *Difficult to Pinpoint* ☐ *Dull* ☐ *Easy to Pinpoint* ☐ *Exhausting* ☐ *Heavy* ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☑ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☑ Inadequate

Patient's Stated Goals for Pain Management ↑ rest.

Modification to Pain Management

NOTES:

Nurse Signature: [signature], RN Date: AUG 24 2017 Time: 1015

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818913793** MRN:**U8170135**
ADM: **08/24/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:	1	2	3	
▲ Location:	(L) Lat Calf	(L) Lat ankle	(L) Medial ankle	
▲ Current Wound Stage/Grade:	FTC	FTS	FTS	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	6.7 cm	2.2 cm	2.0 cm	cm
▲ Width:	4.0 cm	1.0 cm	2.4 cm	cm
▲ Depth:	0.1 cm	0.2 cm	0.1 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☑ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☑ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☑ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☑ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: ____ cm
Granulation Amount	☐ None Present ☐ Small 1-33% ☑ Medium 34-66% ☐ Large 67-100%	☐ None Present ☑ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☐ None Present ☑ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%
Granulation Quality	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1-33% ☑ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☑ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☑ Medium 34-66% ☐ Large 67-100%	☐ None Present ☐ Small 1-33% ☐ Medium 34-66% ☐ Large 67-100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

AUG 24 2017

Nurse Signature: [signature], RN Initials: [initials] Date: ____ Time: 1020
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818913793** MRN:**U8170135**
ADM: **08/24/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☒ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☒ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☒ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT		
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☐ Not Applicable ☑ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	29.5 centimeters with point of measurement 32 centimeters from the medial instep	___ centimeters with point of measurement ___ centimeters from the medial instep
Ankle	___ centimeters with point of measurement ___ centimeters from the medial instep	___ centimeters with point of measurement ___ centimeters from the medial instep

VASCULAR ASSESSMENT		
	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: [signature], RN, CWOCN, COWC Initials: [initials] Date: AUG 24 2017 Time: 1020
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
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WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1045) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☒ Yes* ☐ No *Time-out taken: (Time: 1045) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☒ Yes* ☐ No *Time-out taken: (Time: 1045) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 (4) 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 (4) 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 (4) 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 (1) 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 (1) 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 (1) 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	medihoney VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Biopsy results reviewed. Xray reviewed.

Nurse Signature: _____ Initials: _____ Date: AUG 24 2017 Time: 1020
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: MJ Date: 8/24/17 Time: 1045

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

① medial calf ulcer ② medial + lat. ankle ulcers

☐ **Refer to *Physician Progress Note* dated:** _____ ***(If billing an E&M on same date of a procedure.)***

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ **Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:**
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ *Infected* ☐ *Necrotic* ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ *Infected* ☐ *Necrotic* ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ *Infected* ☐ *Necrotic* ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ *Infected* ☐ *Necrotic* ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☒ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☒ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☒ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: AUG 24 2017 Time: 10:45

Physician or Physician Extender Printed Name*: _____ Date: 8/24/17 Time: 10:45

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818913793** MRN:**U8170135**
ADM: **08/24/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☒ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☒ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☒ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☒ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 6.7 cm x Width 1.0 cm =Total Square CM: ____	Length 2.2 cm x Width 1.0 cm =Total Square CM: ____	Length 2.0 cm x Width 2.1 cm =Total Square CM: ____	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.7 Width: 1.0 Depth: 0.3 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.2 Width: 1.0 Depth: 0.3 cm	☒ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.0 Width: 2.1 Depth: 0.2 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm

Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:

Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*

Physician or Physician Extender Signature: _____ Date: AUG 24 2017 Time: 10:47

Physician or Physician Extender Printed Name*: _____ Date: 8/24/17 Time: 10:48

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818913793** MRN:**U8170135**
ADM: **08/24/2017**
CLASS: **OP**
SVC:

PM0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient has no specific complaints
speaks Vietnamese
RE (L medial calf ulcer → dry dressing plan

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

→ curette- debrided to viable tissue ⇒ ↓ pain post procedure

ASSESSMENT

(1) medial L calf ankle ulcer → fresh pink tissue base ⇒ debrided with ↓ bleeding

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

↓ edema ↓ cellulitis

Dry well - continue antibiotics as ordered - 3-4X/week

RTC 1 week

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

AUG 24 2017

Physician or Physician Extender Signature: _____ Date: _____ Time: 1045

Physician or Physician Extender Printed Name*: _____ Date: 8/24/17 Time: 1045

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1819105532	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	8/24/2017 11:11	Discharge D/T:	8/28/2017 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818914367	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	8/17/2017 11:08:52AM	Discharge D/T:	8/21/2017 9:36:21PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	

08/27/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: NWWND
Acct: 1818721272

********** GLUCOSE, POINT OF CARE TESTING **********

TEST:	GLU
UNITS:	mg/dL
LO-HI:	62-125
08/17/17	
1116	108 {NP}

{NP} Testing performed by NWH Point of Care 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:8/17/17 LUU, PAUL
Enc:1818721272 RES:31222066

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☒ Lidocaine Injectable 2 % ☐ Other: 5 cpt
Diagnosis: ____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: ____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: ____
Diagnosis: ____

☒ Tissue or Bone Biopsy for Pathology
☒ Histopathology
Site: L lat calf
Diagnosis: ulcer

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: ____
Diagnosis: ____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: ____
Diagnosis: ____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☒ X-Ray of: L calf
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
____
☐ Magnetic Resonance Imaging of:
____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: ____
Diagnosis: ____

☐ **Other:** ____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: ____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other ____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: ____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: ____
① L lat calf ② L lateral ③ L medial		Medihoney, Vaseline gauze & Dry gauze Kling same as above	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: ____
			☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: ____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** ____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: ____
with setting of ____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** ____ ☐ Apply Unna's Boot ☐ Other: ____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg ____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes ____ times per day.
☐ Compression Pump Type: ____ ☐ Right ☐ Left ☐ Both legs ____ mmHg ____ Minutes ____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** ____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) ____ At (Location) ____ on (Date) ____ at (Time) ____
Follow Up in 1 Week(s) with Dr. LUU On (Day) 8/24/17 (Date) ____ at (Time) 1045
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: ____ Date: AUG 17 2017 Time: 1100
Provider Assistant / Nurse Practitioner Signature: ____ Date: ____ Time: ____ ☐ **Discharge**
Nurse Signature: ____ Date: AUG 17 2017 Time: 1100
I have received and understand the above instructions:
Patient Signature: Jeanne Hoffman Attorney in fact Date AUG 17 2017 Time: 1100

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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DATE: AUG 17 2017 **TIME:** 1025 Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☐ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☑ Not measured

Weight: 118 lbs.
Source: ☐ Stated ☑ Measured

Accompanied by: Son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.1 Pulse: 64 Respirations: 16 Blood pressure (mmHg): 144/82

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☒ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date: AUG 17 2017 Time: 1025

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☒ Yes ☐ No Location of pain: @ LL

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☒ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☒ Other Tears come out of my face

Pain Management and Medication: ☒ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☒ Inadequate

Patient's Stated Goals for Pain Management To not cry

Modification to Pain Management we are trying to establish Etiology

NOTES:

Nurse Signature: _____ / Marshall RN Date: AUG 17 2017 Time: 1025

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818721272** MRN: **U8170135**
ADM: **08/17/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:	1	2	3	
▲ Location:	(L) Lat Calf	(L) Lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FT ~~DTI~~ C	FT S	FT S	
Is this a change?	~~Yes~~ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Length:	6.6 cm	2.0 cm	3.0 cm	cm
▲ Width:	3.0 cm	1.0 cm	2.5 cm	cm
▲ Depth:	0.1 cm	0.2 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non–Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☑ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☑ Red ☐ Pink ☐ Pale ☑ Friable ☐ Not Applicable ☐ Hyper–granulation	☑ Red ☐ Pink ☐ Pale ☑ Friable ☐ Not Applicable ☐ Hyper–granulation	☑ Red ☐ Pink ☐ Pale ☑ Friable ☐ Not Applicable ☐ Hyper–granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper–granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☑ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☑ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☑ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☑ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: _____ Initials: AM Date: AUG 17 2017 Time: 1025
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: Maxwell RN Initials: MR Date: 8/17/17 Time: 1100

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation–Anticipated, Converted, Failed Flap, Failed–Graft, Healed–Epithelialized, Healed–Flap, Healed–Graft, Healed–Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
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Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☐ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT

	LEFT ☐ Not Applicable ☐ Not Assessed	RIGHT ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	32.7 centimeters with point of measurement 32.0 centimeters from the medial instep	_____ centimeters with point of measurement _____ centimeters from the medial instep
Ankle	_____ centimeters with point of measurement _____ centimeters from the medial instep	_____ centimeters with point of measurement _____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: _____ Date: AUG 17 2017 Time: 1025
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

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WCC NURSING WOUND ASSESSMENT

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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1020) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☒ Yes* ☐ No *Time-out taken: (Time: 1030) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☒ Yes* ☐ No *Time-out taken: (Time: 103) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☐ Yes* ☐ No *Time-out taken: (Time:) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type:	Type:	Type:	Type:
▲ **Negative Pressure Wound Therapy** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent
"Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☑ No *If Yes, Type:	☐ Yes* ☑ No *If Yes, Type:	☐ Yes* ☑ No *If Yes, Type:	☐ Yes* ☐ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 (4) 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 (2) 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 (2) 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Post Procedural Pain:	Insensate (0) 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate (0) 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate (0) 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Response to Treatment	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Medihoney VG	NUH VG	NUH VG	
Covered/Secured With:	DSD	DSD	DSD	

NURSE'S NOTES:

OR Lee removed large areas of calcified tissue within the (2) calf wounds we sent a piece of tissue for biopsy we ordered an xray. When pt was heavily sedated she Cooperated pt. we got her to a chair. checked her VS which were stable pt given a cup of juice and sense she had not eaten yet today. Pt left ambulatory c walker within 10min

Nurse Signature: MArshall RN Initials: MJ Date: AUG 17 2017 Time: 1100

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

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WCC NURSING WOUND ASSESSMENT

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CHIEF COMPLAINT

Multiple ulcer on calf & ankle.

❑ **Refer to *Physician Progress Note* dated:** _____ ***(If billing an E&M on same date of a procedure.)***

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE–PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

❑ **Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:**
❑ Without exception ❑ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	❑ New ❑ Healed ☒ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:	❑ New ❑ Healed ☒ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:	❑ New ❑ Healed ☒ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:
Indication for Debridement	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ❑ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:
Anesthetic	❑ None ☒ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ☒ Lidocaine Injectable: 10 % ❑ Other:	❑ None ☒ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution (1.0) ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ☒ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ❑ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ❑ Subcutaneous Tissue ☒ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ❑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ❑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non–viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: AUG 17 2017 Time: 11 40

Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 11 40

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818721272** MRN:**U8170135**
ADM: **08/17/2017**
CLASS: **OP**
SVC:

PM0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☒ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☒ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other: calcified tissue	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☒ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☒ Scalpel ☐ Curette ☒ Scissors ☒ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☒ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 3 cm x Width 1 cm =**Total Square CM:** ____	Length 2.0 cm x Width 1.0 cm =**Total Square CM:** ____	Length 2.0 cm x Width 2.5 cm =**Total Square CM:** ____	Length ____ cm x Width ____ cm =**Total Square CM:** ____
Post Wound Care	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☒ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 3 Width: 1 Depth: 0.2 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.0 Width: 1.0 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.0 Width: 2.5 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: AUG 17 2017 Time: 11:00

Physician or Physician Extender Printed Name*: PAM LUM Date: ____ Time: 11:00

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818721272** MRN:**U8170135**
ADM: **08/17/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Multiple ulcers of @ calf and L. No complaints
Under local injection (1% lido c epi)
→ Removed all calcified tissue including ligament
of @ lat. calf ulcer. → Then we curette & remove all fibrin

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ **Same as Pre-Procedure/Operative Diagnosis**

Ulcer curette → Remove fibrin & slough of both calf ulcers

ASSESSMENT

→ All wounds are looking better, good granulation

PLAN OF CARE

☐ **Refer to *Physician Orders* dated:** ☐ **See dictated note date:**

Continue to dress c Medihoney daily

RTC 1 week

DISCHARGE

☐ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

Physician or Physician Extender Signature: _____ Date: AUG 17 2017 Time: 1100

Physician or Physician Extender Printed Name*: Mark Cuso Date: _____ Time: 1100

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818721272** MRN:**U8170135**
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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818721272	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	8/17/2017 10:07:36AM	Discharge D/T:	8/17/2017 11:00:23AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(206)7806885
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Paul Luu, MD
Plastic Reconstructive Surgery
Plastic Reconstructive Surgery
5420 Rainier Ave S
SEATTLE, WA 98118

UW Medicine
PATHOLOGY
Northwest Hospital
1550 N 115th Ave, Seattle, WA 98133
Tel: (206) 668-1779 Fax: (206) 668-1163

HOFFMAN, JEANNE LEONIE
CASE #: SN-17-03434
MRN: U8170135
Sex: F, DOB: 1/6/1925
Collected Date: 8/17/2017
Received Date: 8/17/2017
ASN/CSN: 1818721272

FINAL DIAGNOSIS:

A) Left lat calf, procedure not specified:
- Granulation tissue associated with fibrin, necroinflammatory debris, and underlying fibrous stroma with focal dystrophic calcifications, consistent with sampling of a chronic ulcer bed.
- Negative for neoplasm.
- Multiple levels examined.

COMMENT:
If there is clinical suspicion of a more significant lesion or process, additional sampling is recommended if clinically indicated. A Von Kossa stain highlights focal calcium deposits with appropriately staining controls, supporting the above diagnosis.

CLINICAL DATA:
Left lateral calf ulcer present x 6 months. Calcified tissue present. 40-year history of wounds on this calf. Rule out malignancy. ICD 10 L97.322, L97.222.

GROSS DESCRIPTION:
A) Received in formalin labeled “Hoffman, Jeanne Leonie; A. left lateral calf” is a 0.8 x 0.4 x 0.3 cm shave of slightly ragged tan possible skin. The resection margin is inked blue. It is bisected and submitted entirely in A1. (CXH/pwt)

Oname Burlingame MD, PhD
Pathologist
Electronically signed 08/18/2017

In compliance with CMS regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the Attending Pathologist. Microscopic examination was used to arrive at the diagnosis unless indicated otherwise. Testing Location: Northwest Hospital and Medical Center, 1550 N 115th, , Seattle, WA 98133 Ph: 206-668-1779 Fax: 206-668-1163.

Report copies to:
Paul Luu, MD

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

www.nwhospital.org **Patient Scheduling (206) 368-2778**

HOFFMAN, JEANNE LEONIE

DOB: 01/06/1925
MRN: U8170135

Study Date: 08/17/2017 12:05
Accession #: 8418341 **Pt Type:** O
Account #: 1818914496
Pt. Location:

XR Tibia Fibula 2 Views Left

Referring Provider:
Luu, Paul, MD
1560 N 115TH ST
SUITE 201
SEATTLE, WA 98133

EXAMINATION:
Left tibia-fibula, 2 views

CLINICAL INFORMATION:
Chronic open wound nonhealing ulcer, fat layer exposed, left calf.

COMPARISON STUDY:
None

FINDINGS:
The bones are diffusely osteoporotic appearing.
Alignment is within normal limits.
There is no focal osseous lesion or lytic/destructive process. No definite periosteal reaction. On the frontal view, prominent soft tissue cutaneous erosive process with some lucent tracking of gas in the fascial planes of the lateral soft tissues overlying the distal 3rd of the fibula but no definite underlying bony abnormality is seen. The ankle joint and knee joint as visualized are unremarkable. There is some soft tissue cutaneous or subcutaneous calcification at the level of the midcalf especially laterally, nonspecific but perhaps related to chronic induration from venous insufficiency.

IMPRESSION:
Soft tissue abnormalities as described above. No bony findings suspicious for osteomyelitis.

Dictated and verified by: Gregory Allen, MD Via Radiology 08/17/2017 13:26

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818914496	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Radiology-Campus
Isolation:		Complaint:			
Admit D/T:	8/17/2017 11:10	Discharge D/T:	8/21/2017 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	Paul Luu, M.D	2002782	Plastic Surgery	(206)723-2889	(206)723-4939
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	Paul Luu, M.D	2002782	Plastic Surgery	(206)723-2889	(206)723-4939

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

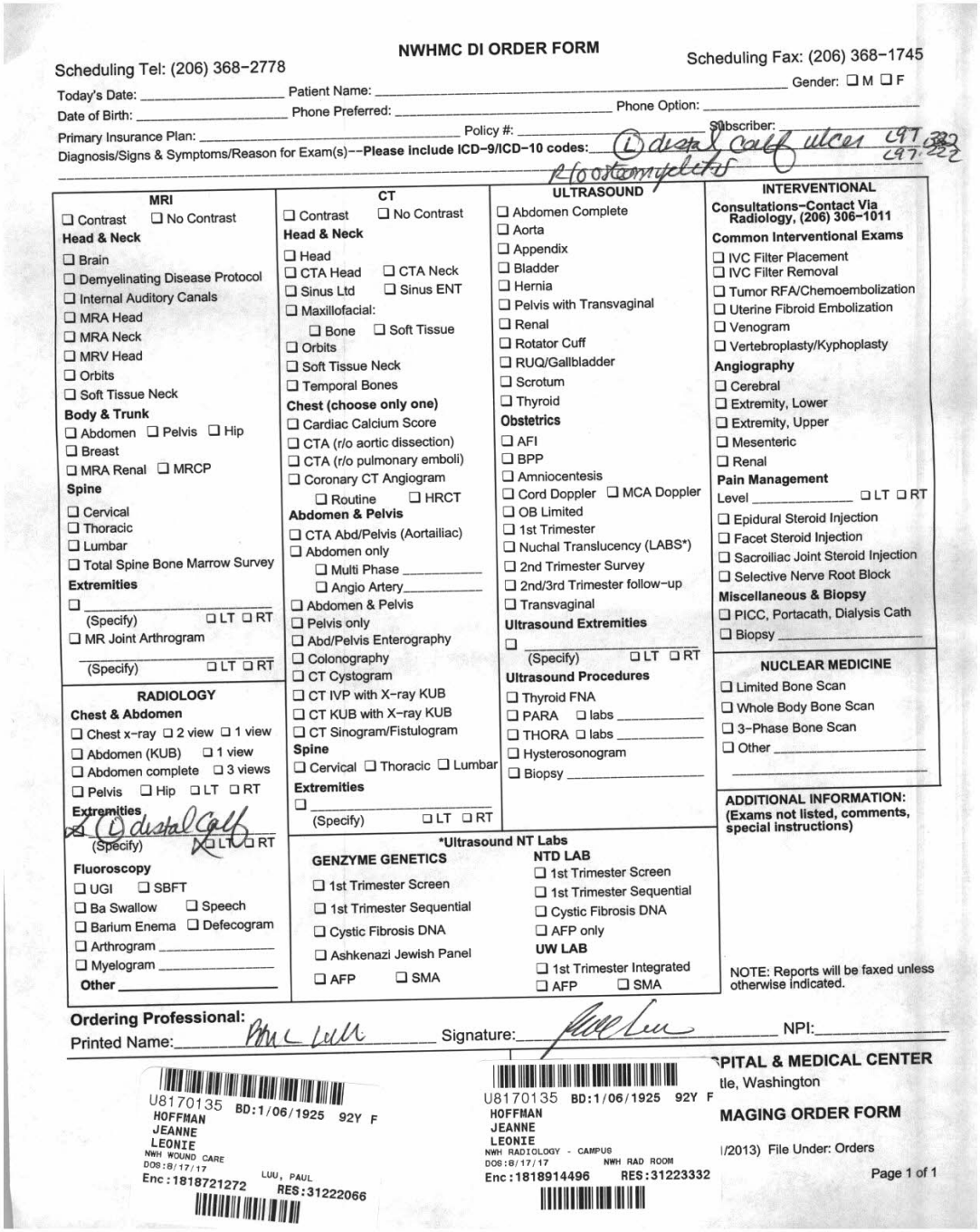
Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(206)7806885
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL RD NW UNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLAN WA 98110			Sub Phone:	



NWHMC DI ORDER FORM

Scheduling Tel: (206) 368-2778 Scheduling Fax: (206) 368-1745

Today's Date: _____ Patient Name: _____ Gender: ☐ M ☐ F

Date of Birth: _____ Phone Preferred: _____ Phone Option: _____

Primary Insurance Plan: _____ Policy #: _____ Subscriber: _____

Diagnosis/Signs & Symptoms/Reason for Exam(s)--**Please include ICD-9/ICD-10 codes:** (L) distal calf ulcer C97.322 C97.222
R60.0 edema, pitting

MRI
☐ Contrast ☐ No Contrast
Head & Neck
☐ Brain
☐ Demyelinating Disease Protocol
☐ Internal Auditory Canals
☐ MRA Head
☐ MRA Neck
☐ MRV Head
☐ Orbits
☐ Soft Tissue Neck
Body & Trunk
☐ Abdomen ☐ Pelvis ☐ Hip
☐ Breast
☐ MRA Renal ☐ MRCP
Spine
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Total Spine Bone Marrow Survey
Extremities
☐ _____ (Specify) ☐ LT ☐ RT
☐ MR Joint Arthrogram _____ (Specify) ☐ LT ☐ RT

CT
☐ Contrast ☐ No Contrast
Head & Neck
☐ Head
☐ CTA Head ☐ CTA Neck
☐ Sinus Ltd ☐ Sinus ENT
☐ Maxillofacial:
☐ Bone ☐ Soft Tissue
☐ Orbits
☐ Soft Tissue Neck
☐ Temporal Bones
Chest (choose only one)
☐ Cardiac Calcium Score
☐ CTA (r/o aortic dissection)
☐ CTA (r/o pulmonary emboli)
☐ Coronary CT Angiogram
☐ Routine ☐ HRCT
Abdomen & Pelvis
☐ CTA Abd/Pelvis (Aortailiac)
☐ Abdomen only
☐ Multi Phase _____
☐ Angio Artery _____
☐ Abdomen & Pelvis
☐ Pelvis only
☐ Abd/Pelvis Enterography
☐ Colonography
☐ CT Cystogram
☐ CT IVP with X-ray KUB
☐ CT KUB with X-ray KUB
☐ CT Sinogram/Fistulogram
Spine
☐ Cervical ☐ Thoracic ☐ Lumbar
Extremities
☐ _____ (Specify) ☐ LT ☐ RT

ULTRASOUND
☐ Abdomen Complete
☐ Aorta
☐ Appendix
☐ Bladder
☐ Hernia
☐ Pelvis with Transvaginal
☐ Renal
☐ Rotator Cuff
☐ RUQ/Gallbladder
☐ Scrotum
☐ Thyroid
Obstetrics
☐ AFI
☐ BPP
☐ Amniocentesis
☐ Cord Doppler ☐ MCA Doppler
☐ OB Limited
☐ 1st Trimester
☐ Nuchal Translucency (LABS*)
☐ 2nd Trimester Survey
☐ 2nd/3rd Trimester follow-up
☐ Transvaginal
Ultrasound Extremities
☐ _____ (Specify) ☐ LT ☐ RT
Ultrasound Procedures
☐ Thyroid FNA
☐ PARA ☐ labs _____
☐ THORA ☐ labs _____
☐ Hysterosonogram
☐ Biopsy _____

INTERVENTIONAL
Consultations-Contact Via Radiology, (206) 306-1011
Common Interventional Exams
☐ IVC Filter Placement
☐ IVC Filter Removal
☐ Tumor RFA/Chemoembolization
☐ Uterine Fibroid Embolization
☐ Venogram
☐ Vertebroplasty/Kyphoplasty
Angiography
☐ Cerebral
☐ Extremity, Lower
☐ Extremity, Upper
☐ Mesenteric
☐ Renal
Pain Management
Level _____ ☐ LT ☐ RT
☐ Epidural Steroid Injection
☐ Facet Steroid Injection
☐ Sacroiliac Joint Steroid Injection
☐ Selective Nerve Root Block
Miscellaneous & Biopsy
☐ PICC, Portacath, Dialysis Cath
☐ Biopsy _____

NUCLEAR MEDICINE
☐ Limited Bone Scan
☐ Whole Body Bone Scan
☐ 3-Phase Bone Scan
☐ Other _____

RADIOLOGY
Chest & Abdomen
☐ Chest x-ray ☐ 2 view ☐ 1 view
☐ Abdomen (KUB) ☐ 1 view
☐ Abdomen complete ☐ 3 views
☐ Pelvis ☐ Hip ☐ LT ☐ RT
Extremities
(L) distal calf _____ (Specify) ☒ LT ☐ RT
Fluoroscopy
☐ UGI ☐ SBFT
☐ Ba Swallow ☐ Speech
☐ Barium Enema ☐ Defecogram
☐ Arthrogram _____
☐ Myelogram _____
Other _____

***Ultrasound NT Labs**

GENZYME GENETICS
☐ 1st Trimester Screen
☐ 1st Trimester Sequential
☐ Cystic Fibrosis DNA
☐ Ashkenazi Jewish Panel
☐ AFP ☐ SMA

NTD LAB
☐ 1st Trimester Screen
☐ 1st Trimester Sequential
☐ Cystic Fibrosis DNA
☐ AFP only
UW LAB
☐ 1st Trimester Integrated
☐ AFP ☐ SMA

ADDITIONAL INFORMATION: (Exams not listed, comments, special instructions)

NOTE: Reports will be faxed unless otherwise indicated.

Ordering Professional:
Printed Name: _____ Signature: _____ NPI: _____

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOB:8/17/17
Enc:1818721272 LUU, PAUL
RES:31222066

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH RADIOLOGY - CAMPUS
DOB:8/17/17 NWH RAD ROOM
Enc:1818914496 RES:31223332

PITAL & MEDICAL CENTER
tle, Washington
MAGING ORDER FORM
/2013) File Under: Orders
Page 1 of 1

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818722172	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	8/10/2017 11:19:26AM	Discharge D/T:	8/14/2017 9:36:26PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

08/20/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1818722172 Dr: Neighbor Jr, William E.

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
08/10/17 1136	39.8* {NW}	3.9* {NW}

{NW} Testing performed by Northwest Hospital Lab 1550 N 115th St Suite A200, Seattle WA 98133

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818514952	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	8/10/2017 10:11	Discharge D/T:	8/10/2017 11:06	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone: Work Phone:	(206)7806885
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Sound Health

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:8/10/17 LUU, PAUL
Enc:1818514952 RES:31167624

Quick Start Program
Next Day Delivery

FAXED on: 8/11 by:

CMN Order
Fax: 866-213-4464
Questions Please Call: 888.958.2960
Full Assignment Accepted

Name of Clinic: Nw WHC

In order for Sound Health to process your/a patient's order, we need the following documentation faxed:
*Copy of the PATIENT FACE SHEET *signed (AOB) (at bottom) *ORDER SIGNED BY PHYSICIAN

WOUND 1	WOUND 2	WOUND 3	WOUND 4
PRIMARY TREATMENT: 4x4 gauze petroleum gauze Kling - Roll gauze paper tape	PRIMARY TREATMENT: 2x2 gauze Vaseline gauze Kling-Roll gauze	PRIMARY TREATMENT: 2x2 gauze Vaseline gauze - Kling-Roll gauze	PRIMARY TREATMENT:
LOCATION: (L) at calf	LOCATION: (L) at ankle	LOCATION: (L) med ankle	LOCATION:
AMOUNT OF EXUDATE:	AMOUNT OF EXUDATE:	AMOUNT OF EXUDATE:	AMOUNT OF EXUDATE:
WOUND DIMENSIONS 6.0 X 3.0 X 0.1	WOUND DIMENSIONS 2.0 X 1.0 X 0.2	WOUND DIMENSIONS 2.0 X 2.5 X 0.2	WOUND DIMENSIONS X X
FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☒ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER: DURATION: 90 DAYS OTHER:
DIAGNOSIS CODES	L97.322 L97.222		
PROGNOSIS	☐ POOR ☐ FAIR ☒ GOOD ☐ EXCELLENT		

NORTHWEST HOSPITAL

☐ STARTER KIT GIVEN
DOES PATIENT NEED SALINE? ☐ YES ☒ NO

IS PATIENT ON HOME HEALTH? ☐ YES ☒ NO
TYPE OF WOUND: ☐ SURGICAL ☒ DEBRIDED ☐ OTHER:

☒ DR LUU (1124100672) ☐ DR SNYDER (1265468599) ☐ MARYJO RENZ, ARNP (1457356222) ☐ DR AZIZ (1326014036) ☐ DR NEME (1215039821) ☐ DR EHNI (1679502264)
☐ DR NORSWORTHY (1700016391) ☐ DR RAGHU (1215907027) ☐ DR BERG (1649342643) ☐ DR QUIGLEY (1063471837) ☐ TERASA GEGAX-MARTINEZ ARNP(1861780264)

OTHER: _____
SIGNATURE: [signature] DATE: 08/10/2017 NPI: _____
Please provide email address if provider can not sign for electronic signature _____

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize any holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

PATIENT'S NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
ADDRESS: _____ PHONE: _____
PATIENT'S SIGNATURE: _____ AUTHORIZED SIGNATURE: _____ DATE: _____
NAME OF AUTHORIZED REPRESENTATIVE: _____
(If Patient is Unable to Sign)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:8/10/17 LUU, PAUL
Enc:1818514952 RES:31167624

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other WATER

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
(A) LAT calf		Medihoney, Vaseline gauze (2 layers), gauze wrap	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
(L) Lat ankle (L) medankle			☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes 4-6 times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 10:15
Follow Up in ____ Week(s) with Dr. LUU On (Day) 8/17 (Date) _____ at (Time) _____
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date: AUG 10 2017 Time: 10:44A
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: AUG 10 2017 Time: 10:44A
I have received and understand the above instructions:
Patient Signature: _____ Date: AUG 10 2017 Time: 11:05A

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Plc•A•Poc @ (631) 981-2094

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DATE: AUG 10 2017 **TIME:** 1015 | Type of Service: ☐ Initial Visit ☑ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☑ Ambulatory ☐ Cane ☐ Crutches ☐ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☑ None ☐ Other:

Height: _____ inches | Weight: 117.4 lbs.

Source: ☐ Stated/Not Measured ☐ Measured ☑ Not measured | Source: ☐ Stated ☒ Measured

Accompanied by: son

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☑ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☑ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.6 Pulse: 60 Respirations: 16 Blood pressure (mmHg): 140/80

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☑ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☑ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☑ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☑ N/A

Blood glucose under control: ☐ Yes ☑ No ☐ N/A Comments:

FOOTWEAR in place on this visit - Check R (right) or L (left) to signify the type of footwear. ☑ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☑ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date: AUG 10 2017 Time: 1015

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain: leg pain

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☑ Sharp ☑ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☑ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☑ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other: Ibuprofen, TCH3

Is Current Pain Management Adequate?: ☑ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management 7

Modification to Pain Management

NOTES:

Nurse Signature: _____ Date: AUG 10 2017 Time: 1015

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y - F**
CSN: **1818514952** MRN:**U8170135**
ADM: **08/10/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	(L) lat calf	(L) lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FT [illegible]	FT 3	FT 3	
Is this a change?	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	6.0 cm	2.4 cm	2.7 cm	cm
▲ Width:	3.8 cm	1.2 cm	2.2 cm	cm
▲ Depth:	0.2 cm	0.2 cm	0.1 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☑ Small ☐ Moderate ☐ Large	☐ None Present ☑ Small ☐ Moderate ☐ Large	☐ None Present ☑ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

tmp 10/12/17 – 11/28/17 will need supplies, Report c ##, orders to have on hand.

Nurse Signature: [signature] Initials: CM Date: AUG 10 2017 Time: 10 35

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818514952** MRN:**U8170135**
ADM: **08/10/2017**
CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT

	LEFT ☐ Not Applicable ☐ Not Assessed	RIGHT ☐ Not Applicable ☑ Not Assessed
Lower Limb Edema	☐ Yes ☐ No	☐ Yes ☐ No
Calf	30.7 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: [signature] Initials: ZK Date: AUG 10 2017 Time: 1035
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

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WCC NURSING WOUND ASSESSMENT

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10421R

▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☑ Yes* ☐ No *Time-out taken: (Time: _____) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: [illegible]	☑ Yes* ☐ No *Time-out taken: (Time: _____) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: [illegible]	☑ Yes* ☐ No *Time-out taken: (Time: _____) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: [illegible]	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent
"Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☑ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____	☐ Yes* ☑ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	medihoney			
Covered/Secured With:	Vg2 (2 layers) gauze			

NURSE'S NOTES: Pt's wounds are reported to be healing well. Pt's wound medihoney on the wound beds. Instructed pt to change 2 layers of vaseline gauze every Mon/Thurs to prevent wound from drying out. Tx was tolerated well by the pt.

Nurse Signature: [signature] Initials: [illegible] Date: AUG 10 2017 Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1818514952 MRN: U8170135
ADM: 08/10/2017
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SVC:

A50010

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

Bilateral LE; ulcers

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1 calf	2 lat ankle	3 med ankle	
Laterality	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☒ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☒ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☒ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: AUG 10 2017 Time: 11 00

Physician or Physician Extender Printed Name*: _____ Date: AUG 10 2017 Time: 11 00

**Asterisked items are required to meet TJC standard RC.02.01.03*

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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☑ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☑ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☑ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☐ Limited to Skin Breakdown ☑ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☑ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 6.0 cm x Width 3.8 cm =Total Square CM: ____	Length 2.4 cm x Width 1.1 cm =Total Square CM: ____	Length 2.7 cm x Width 2.2 cm =Total Square CM: ____	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.0 Width: 3.8 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.4 Width: 1.2 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.7 Width: 2.2 Depth: 0.2 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: AUG 10 2017 Time: 11 am

Physician or Physician Extender Printed Name*: PAUL CAM Date: AUG 10 2017 Time: 11 am

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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ADM: 08/10/2017
CLASS: OP
SVC:

PM0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Patient dx pain at R medial distal calf wound
→ did not let her son to bandage to remove fibrin
Ø fever
Rx R medial distal calf wound: fibrin with
Ø calcified tissue at posterior calf

POST PROCEDURE/OPERATIVE DIAGNOSIS*

☐ Same as Pre-Procedure/Operative Diagnosis

→ after debrided c curette including subcutaneous tissue → R more healthy granulation tissue

ASSESSMENT

two wounds → covered with fibrin
→ debrided → scanty bleed
Ø dry eschar Ø cellulitis

PLAN OF CARE

☐ Refer to *Physician Orders* dated: ☐ See dictated note date:

Saline, big wound - irrigated
Dress all wound with Medihoney 3-4 x/week
Next week → will remove calcified tissue under local anesthesia

RTC 1 week

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: _____ Date: AUG 10 2017 Time: 11:00
Physician or Physician Extender Printed Name*: _____ Date: AUG 10 2017 Time: 11:00

Asterisked items are required to meet TJC standard RC.02.01.03

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ADM: 08/10/2017
CLASS: OP
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818515624	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	8/3/2017 12:25:15PM	Discharge D/T:	8/7/2017 9:36:16PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

08/13/2017 UNIVERSITY OF WASHINGTON MEDICAL CENTER CUMULATIVE SUMMARY
05:10 INCLUDING LABORATORIES AT UWMC, HMC, SCCA AND NWH PAGE 1
CAP 24637-01, 24637-16, 24637-30, 24637-35, 24633-01, 24665-01

Name: HOFFMAN,JEANNE LEONIE Age: 92Y Sex: F
Pt #: U8170135 Loc: UNOPN
Acct: 1818515624 Dr: Neighbor Jr, William E.

********** COAGULATION WORKUP **********

TEST:	PRO-THROMBIN, NWH	PRO-THROMBIN INR
UNITS:	s	
LO-HI:	8.9-12.1	0.8-1.3
08/03/17 1241	51.3*	4.9*

END OF REPORT

Performing Lab info see: http://depts.washington.edu/labweb/AboutLM/Accred/

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818105980	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	8/3/2017 10:08	Discharge D/T:	8/3/2017 12:08	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
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Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:8/03/17 LUU, PAUL
Enc:1818105980 RES:31113207

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ minutes before procedure: ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
- ☐ Albumin
- ☐ Basic Metabolic Profile
- ☐ Blood Cultures
- ☐ BUN
- ☐ Capillary Blood Glucose
- ☐ CBC with Differential
- ☐ Complete Metabolic Profile
- ☐ Creatinine Protein
- ☐ Hemoglobin A1c
- ☐ Hypercoagulable Panel
- ☐ Pre-Albumin
- ☐ PT/PTT
- ☐ Sedimentation Rate
- ☐ Transferrin
- ☐ Total Lymphocyte Count
- ☐ Urinalysis
- ☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
- ☐ EKG ☐ Echocardiogram
- ☐ Pulmonary Function Test
- ☐ Other: _____

Diagnosis: _____

▲ Vascular Studies
- ☐ Transcutaneous $PtcO_2$
- ☐ Right ☐ Left Lower Extremity
- ☐ With ☐ Without O_2 challenge
- ☐ With ☐ Without Leg Elevation
- ☐ Ankle Brachial Index
- ☐ Toe Brachial Index
- ☐ Arterial Segmental Pressures/Pulse Volume
- ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Venous Duplex Ultrasound
- ☐ Right Leg ☐ Left Leg ☐ Both
- ☐ Other: _____

Diagnosis: _____

▲ Radiology
- ☐ Chest X-Ray PA & Lateral
- ☐ X-Ray of: _____
- ☐ Triple Phase Bone Scan
- ☐ Computed Tomography of: _____
- ☐ Magnetic Resonance Imaging of: _____
  ☐ *Contrast* ☐ *No Contrast*
- ☐ Wound Ultrasound
- ☐ Other: _____

Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	Rt ankle	① santyl on yellow areas ② medihoney on pink areas ③ saline dampen gauze	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	Rt ankle	① medihoney ② gauze ③ saline gauze ④ Vaseline gauze	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
3	Med ankle	① Vaseline gauze. santyl., saline dampen gauze Vaseline saline gauze.	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT)** to: _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1015 ~~1045~~

Follow Up in 1 Week(s) with Dr. Luu On (Day) 8/10/17 (Date) _____ at (Time) _____

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: AUG 03 2017 Time: 1200

Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**

Nurse Signature: _____ Date: AUG 03 2017 Time: 1200

I have received and understand the above instructions:

Patient Signature: _____ Date: AUG 03 2017 Time: 1200

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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DATE: AUG 03 2017 TIME: 1100 | Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 118 lbs.
Source: ☐ Stated ☑ Measured

Accompanied by: Son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.6 Pulse: 72 Respirations: 16 Blood pressure (mmHg): 116/58

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☑ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☑ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☑ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☑ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☑ N/A

Blood glucose under control: ☐ Yes ☐ No ☑ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☑ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☑ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date: AUG 03 2017 Time: 1100

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☑ Yes ☐ No Location of pain: Wound bed

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 (10) **Duration of Pain:** ☒ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☑ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☑ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management ø

Modification to Pain Management

NOTES:

Nurse Signature: _____ Date: AUG 03 2017 Time: 1100

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818105980** MRN:**U8170135**
ADM: **08/03/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

▲ Number:				
▲ Location:	(L) lat calf FTC	(L) lat. ankle 2 FTS	(L) med ankle 3 FTS	
▲ Current Wound Stage/Grade:				
Is this a change?	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No
▲ Length:	6.0 cm	2.3 cm	2.5 2.9 FT cm	cm
▲ Width:	3.5 cm	1.1 cm	2.2 2.5 cm	cm
▲ Depth:	0.2 cm	0.2 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☒ Large	☐ None Present ☐ Small ☐ Moderate ☒ Large	☐ None Present ☐ Small ☐ Moderate ☒ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☒ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☒ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☒ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☒ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Lacy Initials: L Date: AUG 03 2017 Time: 1600
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818105980** MRN:**U8170135**
ADM: **08/03/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
	PERI-WOUND SKIN APPEARANCE			
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☑ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☑ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☑ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
	EDEMA ASSESSMENT			
	LEFT ☐ Not Applicable ☐ Not Assessed		**RIGHT** ☐ Not Applicable ☑ Not Assessed	
Lower Limb Edema	☑ Yes ☐ No		☐ Yes ☐ No	
Calf	31 centimeters with point of measurement 32 centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
	VASCULAR ASSESSMENT			
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed		**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed	
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status		☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	
Popliteal Pulses Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Posterior Tibial Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Dorsalis Pedis Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented		☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	
Hair Growth on Extremity	☐ Yes ☐ No		☐ Yes ☐ No	
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm		☐ Cool ☐ Cold ☐ Hot ☐ Warm	
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds		☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	
Dependent Rubor	☐ Yes ☐ No		☐ Yes ☐ No	
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable		☐ Yes ☐ No ☐ Not Applicable	
Lipodermatosclerosis	☐ Yes ☐ No		☐ Yes ☐ No	

Nurse Signature: _____ Initials: LY Date: AUG 03 2017 Time: 1102
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818105980** MRN:**U8170135**
ADM: **08/03/2017**
CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ Procedure Performed	☒ Yes* ☐ No *Time-out taken: (Time: 1150) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1157) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type: _____	Type: _____	Type: _____	Type: _____
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 (10) Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 (10) Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 (4) 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 (4) 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☒ Procedure not tolerated well	☐ Procedure tolerated well ☑ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Santyl medihoney saline gauze	Medihoney VG DSD	Santyl saline gauze	
Covered/Secured With:	Vaseline gauze DSD	DSD	VG DSD	

NURSE'S NOTES:

Unable to tolerate much debridement. Dr. would like to use santyl and medihoney to soften slough. Culture reviewed - no significant infection.

Nurse Signature: Margaret RN Initials: MM Date: AUG 03 2017 Time: 1215
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1818105980 MRN: U8170135
ADM: 08/03/2017
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

Three open wounds on L leg.

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☐ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☐ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☑ Abnormal Wound Base ☑ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: AUG 03 2017 Time: 12:15
Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 12:15

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818105980** MRN: **U8170135**
ADM: **08/03/2017**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT - Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☑ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☑ Non-viable ☑ Eschar ☐ Skin ☐ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non-viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☑ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 2 cm x Width 2 cm =**Total Square CM:** ____	Length 2.3 cm x Width 1.1 cm =**Total Square CM:** ____	Length ____ cm x Width ____ cm =**Total Square CM:** ____	Length ____ cm x Width ____ cm =**Total Square CM:** ____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 6.0 Width: 3.2 Depth: 0.2 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.7 Width: 1.1 Depth: 0.3 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____cm
Procedure Tolerated: ☑ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: AUG 03 2017 Time: 12 15

Physician or Physician Extender Printed Name*: _____ Date: AUG 03 2017 Time: 12 17

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Sara has difficult time to do dress at home → (?) secondary to pain

RE: ① lateral distal calf wound: ⊖ Friable fibrin ⊖ Still moderate necrotic tissue & slough c foul odor

POST-PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ Same as Pre-Procedure/Operative Diagnosis

① lat calf wound ⊖ Friable fibrin

ASSESSMENT

① medial ankle → ⊖ Friable fibrin

② ovian cellulitis

Use #15 blade → removed some necrotic tissue → a lot of pain

PLAN OF CARE

☐ Refer to *Physician Orders* dated: ☐ See dictated note date:

WC cellulitis & debrided fibrin. Build up of two wounds Dress wound c Santyl to necrotic tissue & Aquaphor to dried area. Encourage him to use paste mouth to stimulate wound

Prescription for Keflex #3 (460)

RC cellulitis

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: _____ Date: AUG 03 2017 Time: 12:11

Physician or Physician Extender Printed Name*: _____ Date: _____ Time: 12:11

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1818105980** MRN:**U8170135**
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PN0001

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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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DATE / TIME / DISCIPLINE

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

1560 North 115th Street
Seattle, WA 98133
PH 206.368.1244

Dr. Paul Luu, MD

Dr. Suleman Aziz
Dr. Rion Berg, D
Dr. William Ehni

Dr. Prema Raghu, MD
Dr. Rodney Snyder, MD
Teresa Gegax-Martinez, ARNP
Mary Jo Renz, ARNP

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:8/03/17
Enc:1818105980
LUU, PAUL
RES:31113207

NAME _____ DOB _____

ADDRESS _____ DATE 8/3/17

℞ Tylenol #3 sig: one-two tabs PO Q4-6° PRN pain
Dispense 40 (forty)

Substitution Permitted

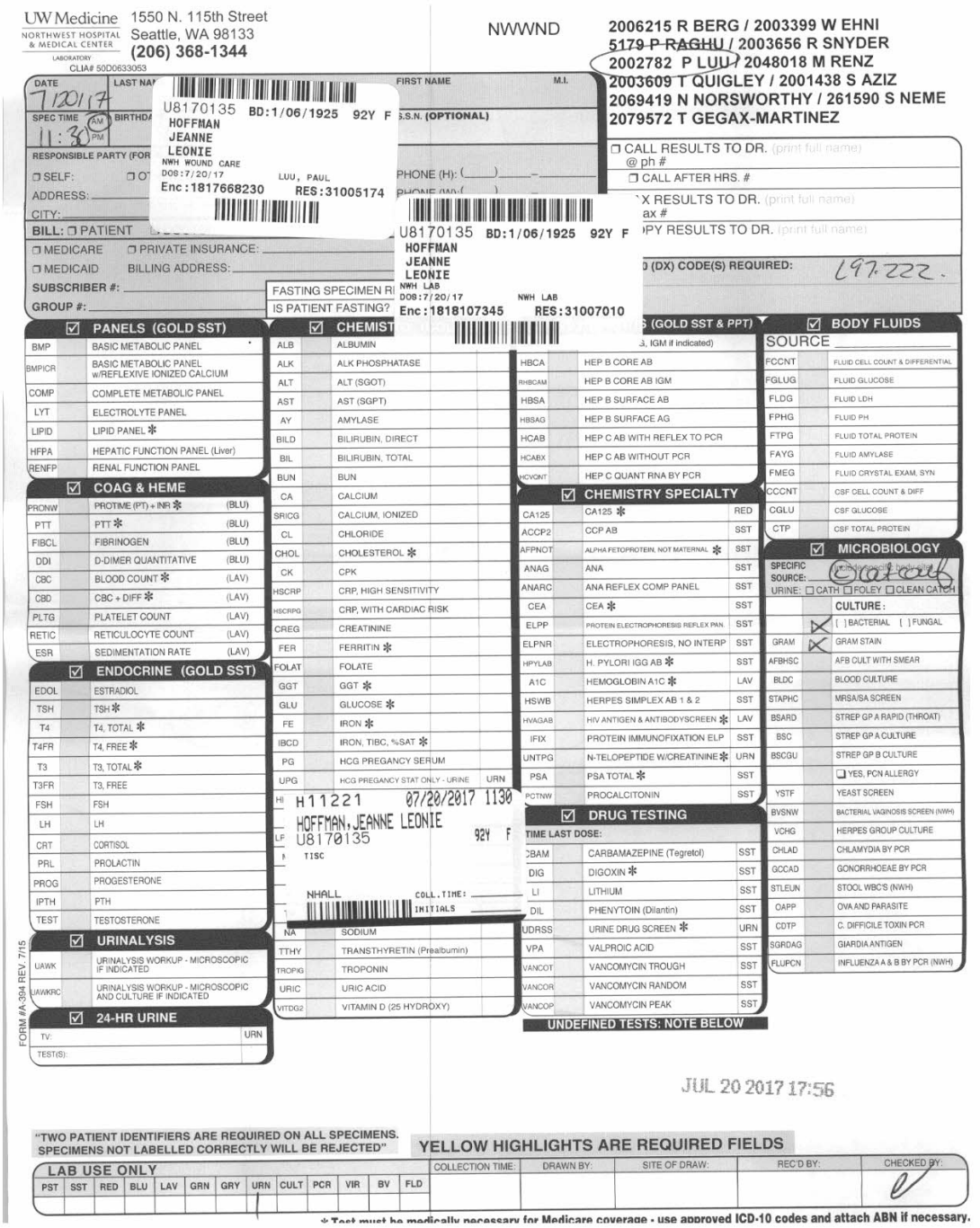
Dispense as Written

DEA No. BL2690059

Refill NR 1 2 3 4 5 PRN

A-1281 (10/15)

PO0030 - Req Orders



UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
LABORATORY
CLIA# 50D0633053
1550 N. 115th Street
Seattle, WA 98133
(206) 368-1344

NWWND

2006215 R BERG / 2003399 W EHNI
5179 P RAGHU / 2003656 R SNYDER
2002782 P LUU / 2048018 M RENZ
2003609 T QUIGLEY / 2001438 S AZIZ
2069419 N NORSWORTHY / 261590 S NEME
2079572 T GEGAX-MARTINEZ

DATE 7/20/17
SPEC TIME 11:30 AM/PM
U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:7/20/17
Enc:1817668230 LUU, PAUL RES:31005174
U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH LAB
DOS:7/20/17
Enc:1818107345 RES:31007010
RESPONSIBLE PARTY (FOR
SELF: OT
ADDRESS:
CITY:
BILL: PATIENT
MEDICARE PRIVATE INSURANCE:
MEDICAID BILLING ADDRESS:
SUBSCRIBER #:
GROUP #:
FASTING SPECIMEN R
IS PATIENT FASTING?
PHONE (H): ( )
CALL RESULTS TO DR. (print full name)
@ ph #
CALL AFTER HRS. #
X RESULTS TO DR. (print full name)
ax #
PY RESULTS TO DR. (print full name)
(DX) CODE(S) REQUIRED: L97.222.

PANELS (GOLD SST)
BMP BASIC METABOLIC PANEL
BMPICR BASIC METABOLIC PANEL w/REFLEXIVE IONIZED CALCIUM
COMP COMPLETE METABOLIC PANEL
LYT ELECTROLYTE PANEL
LIPID LIPID PANEL *
HFPA HEPATIC FUNCTION PANEL (Liver)
RENFP RENAL FUNCTION PANEL

COAG & HEME
PRONW PROTIME (PT) + INR * (BLU)
PTT PTT * (BLU)
FIBCL FIBRINOGEN (BLU)
DDI D-DIMER QUANTITATIVE (BLU)
CBC BLOOD COUNT * (LAV)
CBD CBC + DIFF * (LAV)
PLTG PLATELET COUNT (LAV)
RETIC RETICULOCYTE COUNT (LAV)
ESR SEDIMENTATION RATE (LAV)

ENDOCRINE (GOLD SST)
EDOL ESTRADIOL
TSH TSH *
T4 T4, TOTAL *
T4FR T4, FREE *
T3 T3, TOTAL *
T3FR T3, FREE
FSH FSH
LH LH
CRT CORTISOL
PRL PROLACTIN
PROG PROGESTERONE
IPTH PTH
TEST TESTOSTERONE

URINALYSIS
UAWK URINALYSIS WORKUP - MICROSCOPIC IF INDICATED
UAWKRC URINALYSIS WORKUP - MICROSCOPIC AND CULTURE IF INDICATED

24-HR URINE
TV: URN
TEST(S):

CHEMIST
ALB ALBUMIN
ALK ALK PHOSPHATASE
ALT ALT (SGOT)
AST AST (SGPT)
AY AMYLASE
BILD BILIRUBIN, DIRECT
BIL BILIRUBIN, TOTAL
BUN BUN
CA CALCIUM
SRICG CALCIUM, IONIZED
CL CHLORIDE
CHOL CHOLESTEROL *
CK CPK
HSCRP CRP, HIGH SENSITIVITY
HSCRPG CRP, WITH CARDIAC RISK
CREG CREATININE
FER FERRITIN *
FOLAT FOLATE
GGT GGT *
GLU GLUCOSE *
FE IRON *
IBCD IRON, TIBC, %SAT *
PG HCG PREGANCY SERUM
UPG HCG PREGANCY STAT ONLY - URINE URN
H11221 07/20/2017 1130
HOFFMAN,JEANNE LEONIE
U8170135 92Y F
TISC
NHALL COLL.TIME:
INITIALS
NA SODIUM
TTHY TRANSTHYRETIN (Prealbumin)
TROPIG TROPONIN
URIC URIC ACID
VITDG2 VITAMIN D (25 HYDROXY)

(GOLD SST & PPT)
, IGM if indicated)
HBCA HEP B CORE AB
RHBCAM HEP B CORE AB IGM
HBSA HEP B SURFACE AB
HBSAG HEP B SURFACE AG
HCAB HEP C AB WITH REFLEX TO PCR
HCABX HEP C AB WITHOUT PCR
HCVQNT HEP C QUANT RNA BY PCR

CHEMISTRY SPECIALTY
CA125 CA125 * RED
ACCP2 CCP AB SST
AFPNOT ALPHA FETOPROTEIN, NOT MATERNAL * SST
ANAG ANA SST
ANARC ANA REFLEX COMP PANEL SST
CEA CEA * SST
ELPP PROTEIN ELECTROPHORESIS REFLEX PAN. SST
ELPNR ELECTROPHORESIS, NO INTERP SST
HPYLAB H. PYLORI IGG AB * SST
A1C HEMOGLOBIN A1C * LAV
HSWB HERPES SIMPLEX AB 1 & 2 SST
HVAGAB HIV ANTIGEN & ANTIBODYSCREEN * LAV
IFIX PROTEIN IMMUNOFIXATION ELP SST
UNTPG N-TELOPEPTIDE W/CREATININE * URN
PSA PSA TOTAL * SST
PCTNW PROCALCITONIN SST

DRUG TESTING
TIME LAST DOSE:
CBAM CARBAMAZEPINE (Tegretol) SST
DIG DIGOXIN * SST
LI LITHIUM SST
DIL PHENYTOIN (Dilantin) SST
UDRSS URINE DRUG SCREEN * URN
VPA VALPROIC ACID SST
VANCOT VANCOMYCIN TROUGH SST
VANCOR VANCOMYCIN RANDOM SST
VANCOP VANCOMYCIN PEAK SST
UNDEFINED TESTS: NOTE BELOW

BODY FLUIDS
SOURCE
FCCNT FLUID CELL COUNT & DIFFERENTIAL
FGLUG FLUID GLUCOSE
FLDG FLUID LDH
FPHG FLUID PH
FTPG FLUID TOTAL PROTEIN
FAYG FLUID AMYLASE
FMEG FLUID CRYSTAL EXAM, SYN
CCCNT CSF CELL COUNT & DIFF
CGLU CSF GLUCOSE
CTP CSF TOTAL PROTEIN

MICROBIOLOGY
SPECIFIC SOURCE: Throat
URINE: CATH FOLEY CLEAN CATCH
CULTURE:
[ ] BACTERIAL [ ] FUNGAL
GRAM GRAM STAIN
AFBHSC AFB CULT WITH SMEAR
BLDC BLOOD CULTURE
STAPHC MRSA/SA SCREEN
BSARD STREP GP A RAPID (THROAT)
BSC STREP GP A CULTURE
BSCGU STREP GP B CULTURE
YES, PCN ALLERGY
YSTF YEAST SCREEN
BVSNW BACTERIAL VAGINOSIS SCREEN (NWH)
VCHG HERPES GROUP CULTURE
CHLAD CHLAMYDIA BY PCR
GCCAD GONORRHOEAE BY PCR
STLEUN STOOL WBC'S (NWH)
OAPP OVA AND PARASITE
CDTP C. DIFFICILE TOXIN PCR
GGRDAG GIARDIA ANTIGEN
FLUPCN INFLUENZA A & B BY PCR (NWH)

FORM #A-394 REV. 7/15

JUL 20 2017 17:56

"TWO PATIENT IDENTIFIERS ARE REQUIRED ON ALL SPECIMENS. SPECIMENS NOT LABELLED CORRECTLY WILL BE REJECTED"

YELLOW HIGHLIGHTS ARE REQUIRED FIELDS

LAB USE ONLY												COLLECTION TIME:	DRAWN BY:	SITE OF DRAW:	REC'D BY:	CHECKED BY:
PST	SST	RED	BLU	LAV	GRN	GRY	URN	CULT	PCR	VIR	BV	FLD					

* Test must be medically necessary for Medicare coverage - use approved ICD-10 codes and attach ABN if necessary.

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1817668230	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	7/20/2017 10:17	Discharge D/T:	7/20/2017 11:51	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:7/20/17 LUU, PAUL
Enc:1817668230 RES:31005174

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ **minutes before procedure:** ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☒ Lidocaine Injectable 2 % ☐ Other: c epi
Diagnosis:

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other:

☒ Tissue or Bone Culture & Sensitivity
☒ Anaerobic ☒ Aerobic
☐ Fungal ☐ Swab
Site: Dlat calf
Diagnosis: L97.222

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site:
Diagnosis:

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other:
Diagnosis:

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other:
Diagnosis:

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of:
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
☐ Magnetic Resonance Imaging of:
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other:
Diagnosis:

☐ **Other:**

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other:

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	Dlat calf	Silvasorb gel, Vaseline gauze.	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	Dlat ankle	gauze. Kling to	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
3	Dmed ankle	all wounds	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** ____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other:
with setting of ____ mmHg ☐ Continuous ☐ Intermittent ____ minutes on ____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** ☐ Apply Unna's Boot ☐ Other:
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg ____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes ____ times per day.
☐ Compression Pump Type: ☐ Right ☐ Left ☐ Both legs ____ mmHg ____ Minutes ____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** ____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) ____ At (Location) ____ on (Date) ____ at (Time) ____
Follow Up in 1 Week(s) with Dr. Luu On (Day) 7/27/17 (Date) ____ at (Time) 1115
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: Date: JUL 20 2017 Time: 1145
Provider Assistant / Nurse Practitioner Signature: Date: Time: ☐ **Discharge**
Nurse Signature: Date: JUL 20 2017 Time: 1145
I have received and understand the above instructions:
Patient Signature: Date: JUL 20 2017 Time: 1149

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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JUL 20 2017

DATE: **TIME:** 1050 Type of Service: ☐ Initial Visit ☑ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☑ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☑ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☑ Not measured

Weight: 120.6 lbs.
Source: ☐ Stated ☑ Measured

Accompanied by: son

Patient Identification Verified: ☑ Yes Secondary Verification Process: ☑ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☑ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.7 Pulse: 72 Respirations: 16 Blood pressure (mmHg): 164/80

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☑ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☑ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☑ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☑ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear ☑ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☑ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Date: JUL 20 2017 Time: 1050

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☑ Yes ☐ No Location of pain: L ankle / calf

Current Pain Level: ☐ Insensate 0 1 2 3 4 (5) 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☒ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☒ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☑ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☑ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management Ø

Modification to Pain Management Ø

NOTES:

Nurse Signature: Date: JUL 20 2017 Time: 1050

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1817668230** MRN:**U8170135**
ADM: **07/20/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	(L) lat calf	(L) lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FTS	FTS	FTS	
Is this a change?	☒ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Length:	4.5 cm	0.2 cm	2.4 cm	cm
▲ Width:	2.6 cm	1.0 cm	2.2 cm	cm
▲ Depth:	0.2 cm	0.2 cm	0.2 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☒ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ *Serosanguineous* ☐ *Serous* ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ *Serosanguineous* ☐ *Serous* ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ *Serosanguineous* ☐ *Serous* ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ *Serosanguineous* ☐ *Serous* ☐ Yellow ☐ Green
Foul Odor After Cleansing	☐ No ☒ Yes / ☐ Due to product use	☐ No ☒ Yes / ☐ Due to product use	☐ No ☒ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☒ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☒ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☒ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☒ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ *Necrosis of Muscle* ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ *Necrosis of Muscle* ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ *Necrosis of Muscle* ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ *Necrosis of Muscle* ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☒ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Mary Mullen Initials: MM Date: JUL 20 2017 Time: 1052
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1817668230** MRN:**U8170135**
ADM: **07/20/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT

	LEFT ☐ Not Applicable ☐ Not Assessed	RIGHT ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	☑ Yes ☐ No	☐ Yes ☐ No
Calf	30.1 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: Maryanne Initials: MJ Date: JUL 20 2017 Time: 1050
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1817668230** MRN:**U8170135**
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A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ Procedure Performed	☒ Yes* ☐ No *Time-out taken: (Time: 1140) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1140) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1140) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time:) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type:	Type:	Type:	Type:
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☐ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Silvasorb gel			
	VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Consult c DR Lee for (2) leg/ankle wounds. DR Lee excised out a large area of calcified tissue from Lt calf wound. Culture taken.

Nurse Signature: Marjorie RN Initials: MN Date: JUL 20 2017 Time: 1200
Nurse Signature: Initials: Date: Time:
Nurse Signature: Initials: Date: Time:

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1817668230 MRN: U8170135
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AS0001

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WCC NURSING WOUND ASSESSMENT

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CHIEF COMPLAINT

Two ankle ulcer (left) + (D) Lateral distal calf ulcer

❑ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

❑ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
❑ Without exception ❑ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable	❑ Right ❑ Left ❑ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ☒ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ☒ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ☒ Unchanged ❑ Other:	❑ New ❑ Healed ❑ Improved ❑ Deteriorated ❑ Infected ❑ Necrotic ❑ Unchanged ❑ Other:
Indication for Debridement	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ☒ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ☒ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:	❑ Abnormal Wound Edge ❑ Abnormal Wound Base ❑ Slough, Exudate ❑ Infected ❑ Other:
Anesthetic	❑ None ☒ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ☒ Lidocaine Injectable: 1% ❑ Other: with epi	❑ None ☒ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ☒ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:	❑ None ❑ Lidocaine 2% Topical Gel ❑ Lidocaine 2% Topical Liquid ❑ Lidocaine 4% Topical Solution ❑ Lidocaine 5% Topical Ointment ❑ Lidocaine Injectable: _____% ❑ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☒ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☒ Devitalized/Non-viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non-viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non-viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)	***Surgical/Excisional*** ❑ Subcutaneous Tissue ❑ Subcutaneous Tissue, Muscle ❑ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ❑ Devitalized/Non-viable Tissue ❑ Fibrin/Exudate/Debris/Biofilm ❑ Epidermis ❑ Dermis ***Burn Debridement*** ❑ Small (less than 5% of BSA) ❑ Medium (between 5–10% of BSA) ❑ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: JUL 20 2017 Time: 12 00

Physician or Physician Extender Printed Name*: Pam Wu Date: JUL 20 2017 Time: 12 00

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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CSN: 1817668230 MRN: U8170135
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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☑ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☑ Other: calloused tissue	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☑ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☑ Exudate ☑ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☐ Limited to Skin Breakdown ☑ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☑ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☑ Scalpel ☑ Curette ☐ Scissors ☑ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☑ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☑ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☑ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☑ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☑ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☑ Number of Specimens Taken: 1 ☐ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☑ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length 4.5 cm x Width 2.6 cm =Total Square CM: ____	Length 2.2 cm x Width 1.0 cm =Total Square CM: ____	Length 2.4 cm x Width 2.2 cm =Total Square CM: ____	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☑ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 4.5 Width: 2.6 Depth: 0.4 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.2 Width: 1.0 Depth: 0.3 cm	☑ Improved ☐ Requires Further Debridement ☐ Other:____ Length: 2.4 Width: 2.2 Depth: 0.1 cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____ cm
Procedure Tolerated: ☑ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ *Solution Amount:* ____ Lot Number: ____	☐ N/A Solution Type: ____ *Solution Amount:* ____ Lot Number: ____	☐ N/A Solution Type: ____ *Solution Amount:* ____ Lot Number: ____	☐ N/A Solution Type: ____ *Solution Amount:* ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: _____ Date: JUL 20 2017 Time: 12pm

Physician or Physician Extender Printed Name*: _____ Date: JUL 20 2017 Time: 12pm

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Two ulcer of ① ankle
One large ulcer of lateral distal calf → ② calcified tissues → like bone
All ulcers → covered with black film

POST-PROCEDURE/OPERATIVE DIAGNOSIS*:

☐ Same as Pre–Procedure/Operative Diagnosis

ASSESSMENT

under local anesthesia → ulcer scaped + biopsy
→ allowed the calcified material of calf wound → as much as possible
Use #11 blade → debrided all dead

PLAN OF CARE

☐ Refer to *Physician Orders* dated:

☐ See dictated note date:

- Dress all wound c alginate + collagen
- Monitor for bleeding

pt tolerated

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: _____ Date: JUL 20 2017 Time: 12⁰⁰

Physician or Physician Extender Printed Name*: _____ Date: JUL 20 2017 Time: 12⁰⁰

Asterisked items are required to meet TJC standard RC.02.01.03

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1818107345	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	7/20/2017 12:15	Discharge D/T:	7/24/2017 21:36	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	492839
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:7/05/17 RAGHU, PREMA KUMARI
Enc:1817318909 RES:30882704

Provider Orders / Patient Instructions

√ **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ minutes before procedure: ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☒ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other DR Lee

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbable Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1	Ⓛ calf	sanityl, saline dampen gauze. Vaseline gauze, gauze. Kling	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
2	Ⓛ stankle		
3	Ⓛ med ankle.	Silvasorb gel, vaseline gauze gauze. Kling	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT)** to: _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4 times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1100
Follow Up in 2 Week(s) with Dr. Lee Consult On (Day) 7/20/17 (Date) _____ at (Time) _____
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: _____ Date JUL 05 2017 Time: 1052
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date JUL 05 2017 Time: 1050
I have received and understand the above instructions:
Patient Signature: X Jeanne L Hoffman Date JUL 05 2017 Time: 1052

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Plc•A•Poc @ (631) 981-2094

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DATE: JUL 05 2017 TIME: 1010 | Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☐ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 119.8 lbs.
Source: ☐ Stated ☒ Measured

Accompanied by: SON

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97 Pulse: 72 Respirations: 16 Blood pressure (mmHg): 128/70

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit - Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☒ R ☒ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date: JUL 05 2017 Time: 1010

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: _____ Date: JUL 05 2017 Time: 1010

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y - F**
CSN: **1817318909** MRN: **U8170135**
ADM: **07/05/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:	1	2	3	
▲ Location:	(L) Lat calf	(L) Lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FTS	FTS	FTS	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Length:	2.5 cm	1.5 cm	1.2 cm	cm
▲ Width:	2.0 cm	1.0 cm	2.0 cm	cm
▲ Depth:	0.1 cm	0.2 cm	0.4 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☑ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☑ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☑ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☑ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☑ Red ☐ Pink ☐ Pale ☑ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☑ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☑ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: AM Date: JUL 05 2017 Time: 1015
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1817318909** MRN:**U8170135**
ADM: **07/05/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
EDEMA ASSESSMENT				
	LEFT ☐ Not Applicable ☐ Not Assessed		**RIGHT** ☐ Not Applicable ☒ Not Assessed	
Lower Limb Edema	☒ Yes ☐ No		☐ Yes ☐ No	
Calf	31 centimeters with point of measurement 32 centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep		____ centimeters with point of measurement ____ centimeters from the medial instep	
VASCULAR ASSESSMENT				
	LEFT ☐ Not Applicable due to amputation ☒ Not Assessed		**RIGHT** ☐ Not Applicable due to amputation ☒ Not Assessed	
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status		☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	
Popliteal Pulses Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Posterior Tibial Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Dorsalis Pedis Palpable	☐ Yes ☐ No		☐ Yes ☐ No	
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible		☐ Multiphasic ☐ Monophasic ☐ Inaudible	
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented		☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	
Hair Growth on Extremity	☐ Yes ☐ No		☐ Yes ☐ No	
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm		☐ Cool ☐ Cold ☐ Hot ☐ Warm	
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds		☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	
Dependent Rubor	☐ Yes ☐ No		☐ Yes ☐ No	
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable		☐ Yes ☐ No ☐ Not Applicable	
Lipodermatosclerosis	☐ Yes ☐ No		☐ Yes ☐ No	

Nurse Signature: _____ Initials: AM Date: JUL 05 2017 Time: 1005
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☐ Yes* ☒ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____	☒ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MJ	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☒ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No MJ *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MJ	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Sorbsyl ⟷ Saline dampen gauze ⟷		Silvasorb gel VG	
Covered/Secured With:	VG DSD ⟷ ⟷		DSD	

NURSE'S NOTES:

Wounds are slowly responding to tx. We would like DR Lui to consult for more aggressive debridement of wound #1. Pt has patch of calcified tissue that needs to come off.

Nurse Signature: Mary Miller RN Initials: MJ Date: JUL 05 2017 Time: 1050
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1817318909** MRN:**U8170135**
ADM: **07/05/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

Diabetic foot ulcers
R & L foot

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS

wants Santyl.

OBJECTIVE FINDINGS

① Dist-calf ulcer - calloused base
- some granulation on medial aspect, not to medial wall

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☑ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☑ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☑ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☑ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: JUL 05 2017 Time: _____

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUL 05 2017 Time: 10:55 AM

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1817318909 MRN:U8170135
ADM: 07/05/2017
CLASS: OP
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☒ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length ____ cm x Width ____ cm =Total Square CM: 2.5 2.0 0.1	Length ____ cm x Width ____ cm =Total Square CM: ____	Length ____ cm x Width ____ cm =Total Square CM: 1.2 2.0 0.4	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☐ Improved ☒ Requires Further Debridement ☐ Other: 2.5 2.2 0.2 Length:____ Width:____ Depth:____cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____cm	☐ Improved ☒ Requires Further Debridement ☐ Other: 1.3 2.0 0.5 Length:____ Width:____ Depth:____cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____cm
Procedure Tolerated:	☒ Yes ☐ No* – *See Narrative*			

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #				
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated:	☐ Yes ☐ No* – *See Narrative*			

Physician or Physician Extender Signature: Prema Raghu MD Date: JUL 05 2017 Time: ____

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUL 05 2017 Time: 10:55 AM

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1817318909** MRN:**U8170135**
ADM: **07/05/2017**
CLASS: **OP**
SVC:

PM0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

ϕ

PROCEDURE NOTE/FINDINGS*

Pt tolerated procedure
See covered Tufte pages -

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☑ Same as Pre–Procedure/Operative Diagnosis

ASSESSMENT

(R) leg ulcers
VV/c PAD,
improving

PLAN OF CARE

☐ Refer to *Physician Orders* dated: ☐ See dictated note date:

Apply Silvercel gel to (R) medial ankle ulcer
continue Sentylf on rest of open areas
See DV note regarding deep debridement, outpt VS DR
RTC · 1 week.

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: PRaghu MD Date: JUL 05 2017 Time:

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUL 05 2017 Time: 10:55AM

*Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1817318909 MRN:U8170135
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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1817318909	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	7/5/2017 10:06:05AM	Discharge D/T:	7/5/2017 10:54:41AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1817665626	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWH Lab
Isolation:		Complaint:			
Admit D/T:	7/5/2017 10:19	Discharge D/T:	7/9/2017 21:35	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1816924475	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	6/21/2017 10:05:02AM	Discharge D/T:	6/21/2017 10:40:00AM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
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Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
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				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:6/21/17 RAGHU, PREMA KUMARI
Enc:1816924475 RES:30787979

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ minutes before procedure: ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity ☐ Anaerobic ☐ Aerobic ☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology ☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of: _____
☐ Magnetic Resonance Imaging of: _____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	ⓛ lat calf	Santyl, saline dampen gauze	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	ⓛ lat ankle	vaseline gauze, Gauze, Kling	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
3	ⓛ med ankle	same as above.	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) _____
Follow Up in 2 Week(s) with Dr. Raghu On (Day) 7/5/17 (Date) _____ at (Time) 1045
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: Raghu MD Date: JUN 21 2017 Time: 1040
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: Margaret RN Date: JUN 21 2017 Time: 1040
I have received and understand the above instructions:
Patient Signature: X Jeanne D Hoffman Date: JUN 21 2017 Time: 1040

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C3077F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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DATE: JUN 21 2017 TIME: 1020 Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: _____ lbs. unable.
Source: ☐ Stated ☐ Measured

Accompanied by: son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 97.9 Pulse: 60 Respirations: 16 Blood pressure (mmHg): 110/60

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☒ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☒ R ☒ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☒ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date: JUN 21 2017 Time: 1020

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☒ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: _____ Date: JUN 21 2017 Time: 1020

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816924475** MRN: **U8170135**
ADM: **06/21/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	(L) Lat Calf	(L) Lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FTS	FTS	FTS	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	2.5 cm	2.0 cm	1.5 cm	cm
▲ Width:	2.0 cm	1.0 cm	2.0 cm	cm
▲ Depth:	0.3 cm	0.3 cm	0.3 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☑ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☑ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☑ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☑ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☑ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: [signature] Initials: AM Date: JUN 21 2017 Time: 1020
Nurse Signature: ____ Initials: ____ Date: ____ Time: ____
Nurse Signature: ____ Initials: ____ Date: JUN 21 2017 Time: ____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816924475** MRN:**U8170135**
ADM: **06/21/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI–WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT	LEFT ☐ Not Applicable ☐ Not Assessed	RIGHT ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	305 ☑ Yes ☐ No	☐ Yes ☐ No
Calf	32.2 centimeters with point of measurement centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: _____ Date: JUN 21 2017 Time: 1020
Nurse Signature: _____ Initials: _____ Date: JUN 21 2017 Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

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WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ Procedure Performed	☒ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☐ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1050) ☑ Correct Patient ☑ Correct Side/Site/Position ☐ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1052) ☑ Correct Patient ☑ Correct Side/Site/Position ☐ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time:) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type:	Type:	Type:	Type:
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ Debridement Performed	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☒ No *If Yes, Type:	☐ Yes* ☐ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Response to Treatment	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☑ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Santyl → Vaseline gauze →	→	→	
Covered/Secured With:	DSD →	→	→	

NURSE'S NOTES:

Wounds are slowly improving. Pt has mixed PVD, PAD which delays progress. Pt only able to come every other wk 2° transportation.

Nurse Signature: Maynuella D. Initials: MN Date: JUN 21 2017 Time: 1040
Nurse Signature: Initials: Date: JUN 21 2017 Time:
Nurse Signature: Initials: Date: Time:

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816924475 MRN: U8170135
ADM: 06/21/2017
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M-1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

(L) leg ulcers
PAD + VS

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS

using Santyl.

OBJECTIVE FINDINGS

Ø infection
red tenacious film at base

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☒ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☒ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☒ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: Prema Raghu MD Date: JUN 21 2017 Time:
Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUN 21 2017 Time: 10:35 AM

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816924475 MRN:U8170135
ADM: 06/21/2017
CLASS: OP
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☒ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☒ Minimum ☐ Large ☐ Moderate ☐ None	☒ Minimum ☐ Large ☐ Moderate ☐ None	☒ Minimum ☐ Large ☐ Moderate ☐ None	☐ Minimum ☐ Large ☐ Moderate ☐ None
Specimen	☒ None ☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____	☒ None ☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____	☒ None ☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____	☐ None ☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____
Actual Area Debrided	Length 2.5 cm x Width 2.0 cm =Total Square CM: 5.0	Length 2.0 cm x Width 1.0 cm =Total Square CM: 2.0	Length 1.5 cm x Width 2.0 cm =Total Square CM: 3.0	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☐ Improved ☒ Requires Further Debridement ☐ Other: 2-6-2017 Length:____ Width:____ Depth:1 cm	☐ Improved ☒ Requires Further Debridement ☐ Other: 2-01-2017 Length:____ Width:____ Depth:____ cm	☐ Improved ☒ Requires Further Debridement ☐ Other: 1-5-2-2017 Length:____ Width:____ Depth:____ cm	☐ Improved ☐ Requires Further Debridement ☐ Other:_____ Length:____ Width:____ Depth:____ cm
Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: Prema Raghu MD Date: JUN 21 2017 Time: 10:40AM

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUN 21 2017 Time:

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816924475** MRN:**U8170135**
ADM: **06/21/2017**
CLASS: **OP**
SVC:

PW0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

4

PROCEDURE NOTE/FINDINGS*

Pt tolerated procedure
See wound info pages

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☒ Same as Pre-Procedure/Operative Diagnosis

ASSESSMENT

LLE ulcer
PAD c VI

PLAN OF CARE

☐ Refer to *Physician Orders* dated: ☐ See dictated note date:

Continue Santyl 3x/wk
RTC - 2 weeks

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: PRaghu M.D Date: JUN 21 2017 Time:

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUN 21 2017 Time: 10:40AM

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816924475 MRN: U8170135
ADM: 06/21/2017
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SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1816548532	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	6/7/2017 10:07	Discharge D/T:	6/7/2017 11:27	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:6/07/17 RAGHU, PREMA KUMARI
Enc:1816548532 RES:30677209

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution

☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____

Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of: _____
☐ Magnetic Resonance Imaging of: _____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☒ Other water & soft bristle toothbrush

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
1	ⓛ Lat calf	Santyl, saline dampen gauze	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
2	ⓛ Lat ankle	Vaseline gauze, gauze	
3	ⓛ Med ankle	Kling to all wounds.	☒ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.

Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day

Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left

Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe

Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:

General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 1030AM

Follow Up in 2 **Week(s) with Dr.** Raghu On (Day) 6/21/17 (Date) _____ at (Time) _____

Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change

Provider Signature: _____ Date: JUN 07 2017 Time: 1100

Provider Assistant / Nurse Practitioner Signature: _____ Date: JUN 07 2017 Time: _____ ☐ **Discharge**

Nurse Signature: Margaret Miller RN Date: _____ Time: 1100

I have received and understand the above instructions.

Patient Signature: X Jeanne L Hoffman Date: JUN 07 2017 Time: 1100

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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DATE: JUN 07 2017 **TIME:** 1015 Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: 123.0 lbs
Source: ☐ Stated ☒ Measured

Accompanied by: Self

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 98.1 Pulse: 84 Respirations: 16 Blood pressure (mmHg): 132/62
If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☒ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☒ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☒ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☒ R ☒ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☒ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date: JUN 07 2017 Time: 1015

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☒ Yes ☐ No Location of pain: (L) Lower leg

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☒ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☒ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: _____ Date: JUN 07 2017 Time: 1015

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816548532** MRN: **U8170135**
ADM: **06/07/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:	1	2	3	
▲ Location:	(L) Lat calf	(L) Lat ankle	(L) med ankle	
▲ Current Wound Stage/Grade:	FT 5	FT 5	FT 5	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	2.5 cm	2.0 cm	1.0 cm	cm
▲ Width:	2.4 cm	1.0 cm	1.6 cm	cm
▲ Depth:	0.3 cm	0.4 cm	0.4 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☐ Moderate ☒ Large	☐ None Present ☐ Small ☐ Moderate ☒ Large	☐ None Present ☐ Small ☐ Moderate ☒ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☒ No ☐ Yes Position:____o'clock Distance:____cm	☐ No ☐ Yes Position:____o'clock Distance:____cm
Undermining	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm	☒ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm	☐ No ☐ Yes Starts:____ Ends:____ o'clock Maximum Distance:____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☒ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☒ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☒ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: _____ Initials: AM. Date: JUN 07 2017 Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: JUN 07 2017 Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder); Amputation–Anticipated, Converted, Failed Flap, Failed–Graft, Healed–Epithelialized, Healed–Flap, Healed–Graft, Healed–Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
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CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington
WCC NURSING WOUND ASSESSMENT
M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☒ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☒ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☒ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☒ Assessed ☐ Not Assessed ☒ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☒ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☒ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT

	LEFT ☐ Not Applicable ☐ Not Assessed	RIGHT ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	☒ Yes ☐ No	☐ Yes ☒ No
Calf	31.8 centimeters with point of measurement 32.0 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: [signature] Initials: AM Date: JUN 07 2017 Time: 1015
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: JUN 07 2017 Time: _____

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816548532 MRN:U8170135
ADM: 06/07/2017
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☒ Yes* ☐ No *Time-out taken: (Time: 1100) ☒ Correct Patient ☒ Correct Side/Site/Position ☒ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1100) ☒ Correct Patient ☒ Correct Side/Site/Position ☒ Correct Procedure Initials: MN	☒ Yes* ☐ No *Time-out taken: (Time: 1100) ☒ Correct Patient ☒ Correct Side/Site/Position ☒ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type: _____	Type: _____	Type: _____	Type: _____
▲ **Negative Pressure Wound Therapy** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent
"Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☒ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☒ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Santyl Saline gauze VG			
Covered/Secured With:	DSD			

NURSE'S NOTES:

Wound # 1 feels like she has a thick calcium deposit in the wound bed. Good response to Santyl.

Nurse Signature: Mary Miller RN — Initials: MN — Date: JUN 07 2017 — Time: 1100
Nurse Signature: _____ — Initials: _____ — Date: _____ — Time: _____
Nurse Signature: _____ — Initials: _____ — Date: JUN 07 2017 — Time: _____

HOFFMAN, JEANNE LEONIE
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WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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CHIEF COMPLAINT

Leg ulcers
VV + PAD

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS
using Sentry	has thick fibrin build up & infection

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☑ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☑ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1	2	3	
Laterality	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☑ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☑ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☑ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☑ Abnormal Wound Edge ☑ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☐ None ☑ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☑ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☑ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☑ Subcutaneous Tissue ☑ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: [signature] Date: JUN 07 2017 Time: _____

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUN 07 2017 Time: 7:17am

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816548532 MRN: U8170135
ADM: 06/07/2017
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SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☒ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☒ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length ____ cm x Width ____ cm =Total Square CM: 2.5 2.4 0.3	Length ____ cm x Width ____ cm =Total Square CM: 2.0 1.2 0.4	Length ____ cm x Width ____ cm =Total Square CM: 1.2 1.6 0.4	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲Post Debridement Measurements	☒ Improved ☐ Requires Further Debridement ☐ Other: 2.5 2.5 0.4 Length:____ Width:____ Depth:____cm	☐ Improved ☐ Requires Further Debridement ☐ Other: 2.0 1.2 0.5 Length:____ Width:____ Depth:____cm	☐ Improved ☐ Requires Further Debridement ☐ Other: 1.2 1.6 0.8 Length:____ Width:____ Depth:____cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____cm
Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*				

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: ____ Lot Number: ____ Expiration Date: ____
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____	☐ N/A Solution Type: ____ Solution Amount: ____ Lot Number: ____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*				

Physician or Physician Extender Signature: Prema Raghu MD Date: JUN 07 2017 Time: ____

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUN 07 2017 Time: 11AM

*Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816548532** MRN:**U8170135**
ADM: **06/07/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

4

PROCEDURE NOTE/FINDINGS*

pt tolerated procedure
see wound info pages

POST PROCEDURE/OPERATIVE DIAGNOSIS*

☑ Same as Pre-Procedure/Operative Diagnosis

ASSESSMENT

LLE ulcer
VI + PAD

PLAN OF CARE

☐ Refer to *Physician Orders* dated: ☐ See dictated note date:

Continue Sayntigl

RTC 2 weeks

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: Prema Raghu MD Date: JUN 07 2017 Time:

Physician or Physician Extender Printed Name*: Dr. Prema Raghu, MD Date: JUN 07 2017 Time: 11AM

**Asterisked items are required to meet TJC standard RC.02.01.03*

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DOB: **01/06/1925** **092 Y – F**
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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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Patient: Ms. Jeanne Hoffman - U8170135

Patient:
Ms. Jeanne Hoffman - U8170135

SCCA Universal Screening Questionnaire:

Patient did not complete the Universal Screening Questionnaire.

SCCA Universal Screening - Overview:

The Seattle Cancer Care Alliance (SCCA) Universal Screening Questionnaire was created to comply with the Commission on Cancer (CoC) standard to screen all patients for psychosocial distress. We also know from patients' feedback that these services have been extremely helpful, particularly when introduced early on in their treatment.

The patient did not complete the questionnaire prior to the initial appointment at SCCA. It contained the following scales or questions:

- Functional Assessment of Cancer Therapy - General (FACT-G) scale
- 2 questions (GAD-2) from the Generalized Anxiety Disorder-7 questionnaire (GAD-7)
- 2 questions (PHQ-2) from the Patient Health questionnaire-9 (PHQ-9)
- 10 additional questions to screen for the need for chaplaincy, nutrition, social work, physical therapy, child-life specialist, and palliative care services
- Malnutrition Screening Tool (MST)

If you feel that the patient will benefit from completing this questionnaire, please contact Petr Horak at (206) 288-7175, or UniversalScreening@seattlecca.org.

If you have a question about Universal Screening at SCCA, please contact Elizabeth Loggers, M.D., Ph.D., Medical Director, Supportive Care, at (206) 667-7442 or eloggers@seattlecca.org.

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1816359831	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	5/24/2017 10:14	Discharge D/T:	5/24/2017 11:45	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

ordered by maynnell RN

Sound Health MEDICAL

Quick Start Program
Next Day Delivery

CMN Order
Fax: 866-213-4464
Questions Please Call: 888.958.2960
Full Assignment Accepted

Patient I U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:5/24/17
Enc:1816359831
RAGHU, PREMA KUMARI
RES:30575140

Name of Clinic: Nw WHC

In order for Sound Health to process your/a patient's order, we need the following documentation faxed: opy of the PATIENT FACE SHEET *signed (AOB) (at bottom) *ORDER SIGNED BY PHYSICIAN

WOUNI	2	WOUND 3	WOUND 4
PRIMARY TREATMENT: 4x4 gauze petroleum gauze Conform Rollgauze paper tape	PRIMARY TREATMENT: 2x2 gauze Conform Roll petroleum gauze	PRIMARY TREATMENT:	PRIMARY TREATMENT:
LOCATION: (L) calcaneus	LOCATION: (L) lateral ankle	LOCATION: (L) medial ankle	LOCATION:
AMOUNT OF EXUDATE:	AMOUNT OF EXUDATE:	AMOUNT OF EXUDATE:	AMOUNT OF EXUDATE:
WOUND DIMENSIONS 2.9 x 2.2 x 0.4	WOUND DIMENSIONS 2.1 x 1.3 x 0.3	WOUND DIMENSIONS 1.0 x 1.5 x 0.3	WOUND DIMENSIONS x x
FREQUENCY OF USE ☒ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☒ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☒ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:	FREQUENCY OF USE ☐ Q DAILY ☐ Q EVERY OTHER ☐ Q EVERY 3 DAYS OTHER:
DURATION: 90 DAYS	DURATION: 90 DAYS	DURATION: 90 DAYS	DURATION: 90 DAYS
OTHER:	OTHER:	OTHER:	OTHER:
DIAGNOSIS CODES	L97.222, I87.032		
PROGNOSIS	☐ POOR ☒ FAIR ☐ GOOD ☐ EXCELLENT		

☐ STARTER KIT GIVEN
DOES PATIENT NEED SALINE? ☐ YES ☒ NO
IS PATIENT ON HOME HEALTH? ☐ YES ☒ NO
TYPE OF WOUND: ☐ SURGICAL ☑ DEBRIDED ☐ OTHER:

☐ DR LUU (1124100672) ☐ DR SNYDER (1265468599) ☐ MARYJO RENZ, ARNP (1457356222) ☐ DR AZIZ (1326014036) ☐ DR NEME (1215039821) ☐ DR EHNI (1679502264)
☐ DR NORSWORTHY (1700016391) ☒ DR RAGHU (1215907027) ☐ DR BERG (1649342643) ☐ DR QUIGLEY (1063471837) ☐ TERASA GEGAX-MARTINEZ ARNP (1861780264)

OTHER:
SIGNATURE: [signature] DATE: 5/24/17 NPI:
Please provide email address if provider can not sign for electronic signature

Assignment of Benefits (AOB)

I request that payment of my insurance benefits be made to Sound Health Medical Supply for any supplies or services furnished to be by Sound Health Medical Supply. I am responsible for any balance due that is not covered by my insurance. I understand any product received in my home, opened or unopened, cannot be returned. I authorize any holder of medical information about me to release to Sound Health Medical Supply any information needed to determine benefits payable for these supplies or services. Further, I authorize Sound Health Medical Supply to forward my medical records to the medical professionals in my care and/or make copies of said records. I acknowledge that I have received the policies and procedures and HIPPA information from Sound Health.

PATIENT'S NAME: _____ DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____
ADDRESS: _____ PHONE: _____
PATIENT'S SIGNATURE: Jeanne L Hoffman SIGNATURE: _____ DATE: 5/24/17
NAME OF AUTHORIZED REPRESENTATIVE: _____
(If Patient is Unable to Sign)

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:5/24/17
RAGHU, PREMA KUMARI
Enc:1816359831 RES:30575140

Provider Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.*

Apply to Wound(s) ____ **minutes before procedure:** ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of: _____
☐ Magnetic Resonance Imaging of: _____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other _____

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbative Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
1	Lt calf	Santyl, saline dampen gauze, Vaseline gauze, dry gauze, Kling to all wounds daily if santyl is not covered by insurance use medihoney	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
2	Lt ankle		☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:
3	Rt med ankle		☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other:

☐ **Apply Negative Pressure Wound Therapy (NPWT)** to: _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☒ Compression Stockings: ☐ Right ☒ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☒ Apply in morning and remove at bedtime.
Leg Elevation: ☒ Elevate legs to the level of the heart or above for 30 minutes 4X times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) 7 at (Time) 10:15AM
Follow Up in 2 Week(s) with Dr. Raghu On (Day) 6/13/17 (Date) _____ at (Time) _____
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
Provider Signature: Raghu MD Date: MAY 24 2017 Time: 11:30AM
Provider Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: MAY 24 2017 Time: 1130
I have received and understand the above instructions.
Patient Signature: X Jeanne R Hoffman Date: MAY 24 2017 Time: 1130

PAP Form-08 • Rev 10/12 • Update 04_17
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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DATE: MAY 24 2017 TIME: 1045 Type of Service: ☐ Initial Visit ☒ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☐ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☐ Wheelchair ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: _____ inches
Source: ☐ Stated/Not Measured ☐ Measured ☒ Not measured

Weight: ~~115~~ lbs. 121
Source: ☐ Stated ☒ Measured

Accompanied by: son

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 98.1 Pulse: 80 Respirations: 20 Blood pressure (mmHg): 134/66

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☐ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☒ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☒ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☒ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☒ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☐ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☐ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☒ N/A

Blood glucose under control: ☐ Yes ☐ No ☒ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☒ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☒ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: _____ Date: MAY 24 2017 Time: 1050

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☒ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☒ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: _____ Date: MAY 24 2017 Time: 1058

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816359831** MRN:**U8170135**
ADM: **05/24/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M–1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:	1	2	3	
▲ Location:	(L) Lat Calf	(L) Lat ankle	(L) Med ankle	
▲ Current Wound Stage/Grade:	FTS	FTS	FTS	
Is this a change?	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
▲ Length:	2.9 cm	2.1 cm	1.0 cm	cm
▲ Width:	2.2 cm	1.3 cm	1.5 cm	cm
▲ Depth:	0.4 cm	0.3 cm	0.3 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☒ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☐ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☒ Serosanguineous ☐ Serous ☒ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☒ No ☐ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☒ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☒ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☒ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☒ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☒ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☒ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☒ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☒ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Jeneal Ontiveros Initials: JO Date: MAY 24 2017 Time: 1055
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y - F**
CSN: **1816359831** MRN:**U8170135**
ADM: **05/24/2017**
CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington
WCC NURSING WOUND ASSESSMENT
M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI-WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☑ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT		
	LEFT ☐ Not Applicable ☐ Not Assessed	**RIGHT** ☑ Not Applicable ☐ Not Assessed
Lower Limb Edema	☑ Yes ☐ No	☐ Yes ☐ No
Calf	3.1.4 centimeters with point of measurement 32 centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT		
	LEFT ☐ Not Applicable due to amputation ☑ Not Assessed	**RIGHT** ☐ Not Applicable due to amputation ☑ Not Assessed
Claudication Assessment	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status	☐ None ☐ Rest Pain ☐ Intermittent ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Posterior Tibial Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Dorsalis Pedis Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☐ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☐ No	☐ Yes ☐ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☐ Warm	☐ Cool ☐ Cold ☐ Hot ☐ Warm
Capillary Refill	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☐ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☐ No	☐ Yes ☐ No
Blanched when Elevated	☐ Yes ☐ No ☐ Not Applicable	☐ Yes ☐ No ☐ Not Applicable
Lipodermatosclerosis	☐ Yes ☐ No	☐ Yes ☐ No

Nurse Signature: _____ Initials: _____ Date: MAY 24 2017 Time: 1055
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ **Procedure Performed**	☑ Yes* ☐ No *Time-out taken: (Time: 1130) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1130) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☑ Yes* ☐ No *Time-out taken: (Time: 1130) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: MN	☐ Yes* ☐ No *Time-out taken: (Time:) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials:
▲ **Tropical Growth Factor** *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ **Cellular or Tissue-based Product**	Type:	Type:	Type:	Type:
▲ **Negative Pressure Wound Therapy** *(if applicable)* **"Dressing"** *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:	☐ Start ☐ Continue ☐ Discontinue Type NPWT: Pressure Setting: mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: # of Dressing(s) Removed: # of Dressing(s) Inserted:
▲ **Debridement Performed**	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☒ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ **Compression Applied**	☒ Yes* ☐ No *If Yes, Type: CB	☒ Yes* ☐ No *If Yes, Type: CB	☒ Yes* ☐ No *If Yes, Type: CB	☐ Yes* ☐ No *If Yes, Type:
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: MN	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials:
Response to Treatment	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☑ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☒ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: ☐ Not Cleansed
Primary Dressing Applied:	Santyl Saline dampen gauze	Santyl	Santyl	
Covered/Secured With:	DSD			

NURSE'S NOTES:

Pt's wounds are not improving. She is unable to tolerate aggressive debridement. Plan to D/C Santyl. We are going to try Compressogrip

Nurse Signature: Maryanne RN Initials: MN Date: MAY 24 2017 Time: 1130
Nurse Signature: Initials: Date: Time:
Nurse Signature: Initials: Date: Time:

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CHIEF COMPLAINT

leg ulcers
VI, PAD.

☐ Refer to *Physician Progress Note* dated: _____ *(If billing an E&M on same date of a procedure.)*

SUBJECTIVE FINDINGS	OBJECTIVE FINDINGS
using Medihoney	wound base c fibrin/slough/necrotic tissue & infection

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☒ Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:
☒ Without exception ☐ With the following exception(s):

▲ Wound/Ulcer #	1 lat calf	2 lat ankle	3 medial ankle	
Laterality	☒ Right ☐ Left ☐ Not Applicable	☒ Right ☐ Left ☐ Not Applicable	☒ Right ☐ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☒ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☒ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☒ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☒ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ Type and Level of Debridement	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: Rebecca Hoffman MD Date: MAY 24 2017 Time:
Physician or Physician Extender Printed Name*: Rebecca Hoffman MD Date: MAY 24 2017 Time: 11:30 AM

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816359831 MRN:U8170135
ADM: 05/24/2017
CLASS: OP
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M-1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☒ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☒ Subcutaneous ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Exudate ☐ Subcutaneous ☐ Fat ☐ Viable ☐ Other:
Severity	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☒ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☒ Minimum ☐ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length ____ cm x Width ____ cm =Total Square CM: 2.9 2.2 0.4	Length ____ cm x Width ____ cm =Total Square CM: 2.6 1.3 0.3	Length 1.0 cm x Width 1.5 0.3 =Total Square CM:	Length ____ cm x Width ____ cm =Total Square CM:
Post Wound Care	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☒ Other:	☐ See *Physicians Orders* ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☐ Improved ☒ Requires Further Debridement ☐ Other: 3.0 2.2 0.5 Length:___ Width:___ Depth:___cm	☐ Improved ☒ Requires Further Debridement ☐ Other: 2.2 1.5 0.4 Length:___ Width:___ Depth:___cm	☐ Improved ☒ Requires Further Debridement ☐ Other: 1.0 1.0 0.4 Length:___ Width:___ Depth:___cm	☐ Improved ☐ Requires Further Debridement ☐ Other:_____ Length:___ Width:___ Depth:___cm
Procedure Tolerated:	☒ Yes ☐ No* – *See Narrative*			

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other:_____ Lot Number:_____ Expiration Date:_____
Amount Applied	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Amount Wasted	_____ square cm	_____ square cm	_____ square cm	_____ square cm
Reconstitution	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____	☐ N/A Solution Type:_____ Solution Amount:_____ Lot Number:_____
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:
Procedure Tolerated:	☐ Yes ☐ No* – *See Narrative*			

Physician or Physician Extender Signature: [signature] MD Date: MAY 24 2017 Time: _____

Physician or Physician Extender Printed Name*: A.K. BAGTHA MD Date: MAY 24 2017 Time: 11:30AM

Asterisked items are required to meet TJC standard RC.02.01.03

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816359831 MRN:U8170135
ADM: 05/24/2017
CLASS: OP
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

Pt tolerated Procedure
See wound Info pages

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

☒ Same as Pre-Procedure/Operative Diagnosis

ASSESSMENT

① leg ulcers
VL, PAD
unchanged

PLAN OF CARE

☐ Refer to *Physician Orders* dated:

☐ See dictated note date:

Apply Santyl
Thy Compression
RTC - 2 weeks

DISCHARGE

☐ Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:

Physician or Physician Extender Signature: [signature] MD > Date: MAY 24 2017 Time: 11:30AM
Physician or Physician Extender Printed Name*: [illegible] MD > Date: MAY 24 2017 Time: 11:30AM

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y - F**
CSN: **1816359831** MRN:**U8170135**
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DATE / TIME / DISCIPLINE

UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER
WOUND CARE & HYPERBARIC CENTER

1560 North 115th Street
Seattle, WA 98133
PH 206.368.1244

Dr. Suleman Aziz, MD
Dr. Rion Berg, DPM
Dr. William Ehni, MD
Dr. Paul Luu, MD
Dr. Santiago Neme, MD, MPH
Dr. Nilufer Norsworthy, MD
Dr. Terence Quigley, MD
Dr. Prema Raghu, MD
Dr. Rodney Snyder, MD
Teresa Gegax-Martinez, ARNP
Mary Jo Renz, ARNP

NAME U8170135 BD:1/06/1925 92Y F DOB

HOFFMAN
JEANNE
LEONIE

ADDRESS DATE 5/24/17

NWH WOUND CARE
DOS:5/24/17
Enc:1816359831 RAGHU, PREMA KUMARI RES:30575140

℞ Sandyl Topical daily 30gm

Substitution Permitted Dispense as Written

DEA No. Refill NR 1 2 3 4 5 PRN

A-1281 (10/15)

PO0030 - Req Orders

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE			Female	Birth Date:	01/06/1925
Age:	92 y	Religion:	CATHOLIC	VIP:	No
MRN:	U8170135	SSN:		Organ Donor:	
MPI Number:		Race:	White	Marital Status:	Widowed
Adv Directive:	No	Mother MN:		Ethnicity:	Not Hispanic or Latino

Employer Details

Employer:		Job Title:		Emp Status:	

Visit Details

Patient #:	1816189282	Visit Type:	Outpatient	Visit Status:	Closed
Hospital:	NWHMC	Patient Type:	Outpatient	Patient Conditon:	
Station:		Bed:		Unit Contacted:	NWHPB Wound Care
Isolation:		Complaint:			
Admit D/T:	5/17/2017 1:45:42PM	Discharge D/T:	5/17/2017 3:30:58PM	Financial Type:	Medicare

Address Details

Perm Address:				Mobile Phone:	3938938
				Email Address:	
Home Phone:		Work Phone:	(206)0000000	County:	

Physician Details

		ID#	Speciality	Phone	Fax
Attending:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
PCP:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857
Reffering:	WILLIAM E NEIGHBOR MI	6267	Family Practice	(206)616-9358	(206)543-0857

Contact Details

Contact:	HOFFMAN,LOUIS	Relationship:	Son
Address:	UNKNOWN SEATTLE WA 98101		
Home Phone:	(206)7806885~(206)393-8	Work Phone:	

Guarantor Details

Name:	HOFFMAN,JEANNE LEONIE	Sex:	Female	Guarantor No:	4368369
Address:	245 HIGH SCHOOL ROAD NW BAINBRIDGE ISLAND WA 98110			Home Phone:	(206)7806885
				Work Phone:	
Employer:		Job Title:		Employment Status:	5

Northwest Hospital & Medical Center

HOFFMAN,JEANNE LEONIE Female Birth Date: 01/06/1925

Insurance Details

Insurance 1:	MEDICARE	Plan:	35	Status:	
Contact:		Group No:	A\T\B	Policy:	131149826D6
				CoPay:	
				Ins Phone:	9088431
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	
Insurance 2:	WA MEDICAID	Plan:	8027	Status:	
Contact:		Group No:	S99	Policy:	100675002WA
	PO BOX 9248			CoPay:	
	OLYMPIA WA 98507-9248			Ins Phone:	5623022
Subscriber:	HOFFMAN,JEANNE	Birth Date :	01/06/1925	Sub Relation:	
	245 HIGH SCHOOL ROAD NUNIT 2			Sub SSN:	531264736
	BAINBRIDGE ISLANWA 98110			Sub Phone:	

NORTHWEST HOSPITAL & MEDICAL CENTER
Wound Care Center®

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:5/17/17 RAGHU, PREMA KUMARI
Enc:1816189282 RES:30522839

Physician Orders / Patient Instructions

√ | **ORDERS** *NOTE: Only those items checked (√) will be carried out.* **Date:**

Apply to Wound(s) ____ minutes before procedure: ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution
☐ **Admit to Wound Care Center®** ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable ____% ☐ Other: _____
Diagnosis: _____

▲ Laboratory
☐ Albumin
☐ Basic Metabolic Profile
☐ Blood Cultures
☐ BUN
☐ Capillary Blood Glucose
☐ CBC with Differential
☐ Complete Metabolic Profile
☐ Creatinine Protein
☐ Hemoglobin A1c
☐ Hypercoagulable Panel
☐ Pre-Albumin
☐ PT/PTT
☐ Sedimentation Rate
☐ Transferrin
☐ Total Lymphocyte Count
☐ Urinalysis
☐ Other: _____

☐ Tissue or Bone Culture & Sensitivity
☐ Anaerobic ☐ Aerobic
☐ Fungal ☐ Swab
Site: _____
Diagnosis: _____

☐ Tissue or Bone Biopsy for Pathology
☐ Histopathology
Site: _____
Diagnosis: _____

▲ Cardiopulmonary
☐ EKG ☐ Echocardiogram
☐ Pulmonary Function Test
☐ Other: _____
Diagnosis: _____

▲ Vascular Studies
☐ Transcutaneous $PtcO_2$
☐ Right ☐ Left Lower Extremity
☐ With ☐ Without O_2 challenge
☐ With ☐ Without Leg Elevation
☐ Ankle Brachial Index
☐ Toe Brachial Index
☐ Arterial Segmental Pressures/Pulse Volume
☐ Right Leg ☐ Left Leg ☐ Both
☐ Venous Duplex Ultrasound
☐ Right Leg ☐ Left Leg ☐ Both
☐ Other: _____
Diagnosis: _____

▲ Radiology
☐ Chest X-Ray PA & Lateral
☐ X-Ray of: _____
☐ Triple Phase Bone Scan
☐ Computed Tomography of:
_____
☐ Magnetic Resonance Imaging of:
_____
☐ *Contrast* ☐ *No Contrast*
☐ Wound Ultrasound
☐ Other: _____
Diagnosis: _____

☐ **Other:** _____

Consultation: ☐ Nutrition ☐ Vascular ☐ Orthotist/Pedorthotist ☐ Infectious Disease ☐ Plastic Surgery ☐ Other: _____

Cleanse Wound(s) with: ☐ Normal Saline ☐ Other Wash Water, Pat dry

WOUND # (s)	LOCATION	DRESSING TYPE	FREQUENCY
		☐ Alginate ☐ Absorbable Silver ☐ Collagen ☐ Collagenase ☐ Cellulose Collagen ☐ Film ☐ Foam ☐ Hydrating Silver ☐ Hydrocolloid ☐ Hydrogel ☐ Iodine Dressing ☐ Iodosorb/flex ☐ Multidex ☐ Silver Cellulose Collagen ☐ Tubigrip ☐ Other: _____ Antibiotic(s):	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
#1	L Lat calf	① Medihoney to wounds	☐ Daily ☐ 2 Times Per Week ☒ Every Other Day ☐ 3 Times Per Week ☐ Do Not Change Dressing ☐ Other: _____
#2	L Lat ankle	② Cover with gauze	
#3	L med ankle	③ Wrap gauze to secure	☐ Daily ☐ 2 Times Per Week ☐ Every Other Day ☐ 3 Times Per Week ☒ Do Not Change Dressing ☐ Other: _____

☐ **Apply Negative Pressure Wound Therapy (NPWT) to:** _____ using ☐ White Foam ☐ Black Foam ☐ Silver Foam ☐ Other: _____
with setting of _____ mmHg ☐ Continuous ☐ Intermittent _____ minutes on _____ minutes off. Change dressing ☐ 2 Times Per Week ☐ 3 Times Per Week

☐ **Apply Multilayer Wrap:** ☐ Right ☐ Left ☐ Standard ☐ Reduced **Type:** _____ ☐ Apply Unna's Boot ☐ Other: _____
☐ Compression Stockings: ☐ Right ☐ Left ☐ 20-30 mmHg ☐ 30-40 mmHg _____ mmHg ☐ Apply in morning and remove at bedtime.
Leg Elevation: ☐ Elevate legs to the level of the heart or above for 30 minutes _____ times per day.
☐ Compression Pump Type: _____ ☐ Right ☐ Left ☐ Both legs _____ mmHg _____ Minutes _____ Times a Day
Off-Loading / Immobilization: ☐ **Total Contact Cast** ☐ Right ☐ Left Lower Extremity ☐ **Air Cast** ☐ Right ☐ Left Lower Extremity
Keep prosem OFF ☐ **Multipodus Splint** ☐ Right ☐ Left Lower Extremity ☐ **Darco Shoe** ☐ Right ☐ Left
Assistive Devices: ☐ **Total Non-Weight Bearing to:** _____ ☐ Wheelchair ☐ Walker ☐ Cane ☐ Crutches ☐ Wedge Shoe
Pressure Reduction: ☐ Wheelchair Cushion ☐ Mattress Overlay ☐ Specialty Bed ☐ Other:
General: ☐ Stop / decrease smoking ☐ Multi-vitamin ☐ Exercise ☐ Follow Nutritious Diet ☐ Other:

You are scheduled for: (Test) _____ At (Location) _____ on (Date) _____ at (Time) 10:45AM
Follow Up in 1 Week(s) with Dr. Raghu On (Day) Wed (Date) 5-24-17 at (Time) _____
Nurse Visit in: ____ days for a: ☐ Dressing Change ☐ NPWT Change ☐ Compression Wrap Change ☐ Total Contact Cast Change
MD/DO/DPM Signature: Raghu Date: MAY 17 2017 Time: 3 PM
Physician Assistant / Nurse Practitioner Signature: _____ Date: _____ Time: _____ ☐ **Discharge**
Nurse Signature: _____ Date: 5-17-17 Time: 1500
I have received and understand the above instructions: MAY 17 2017
Patient Signature: X Jeanne L Hoffman Date: MAY 17 2017 Time: 1500

PAP Form-08 • Rev 10/12
Healogics Forms: C307F_Physician Orders.doc • Rev (9/2012)
To Order Call Pic•A•Poc @ (631) 981-2094

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DATE: MAY 17 2017 **TIME:** 1410 | Type of Service: ☒ Initial Visit ☐ Follow-up Visit ☐ Nurse-only Visit ☐ Other:

This section may be completed by the Nurse/MA/CNA or HBO Tech.

Patient Arrived: ☒ Ambulatory ☐ Cane ☐ Crutches ☒ Walker ☒ ~~Wheelchair~~ ☐ Stretcher ☐ Other:

Transfer Assistance: ☐ Hoyer Lift ☐ Manual ☐ Transfer Board ☐ Stretcher ☒ None ☐ Other:

Height: 175 cm inches | Weight: 127 lbs.

Source: ☐ Stated/Not Measured ☐ Measured ☐ Not measured | Source: ☐ Stated ☐ Measured

Accompanied by: SON

Patient Identification Verified: ☒ Yes Secondary Verification Process: ☒ Yes DOB

Patient requires Transmission-Based Precautions? ☐ Yes ☒ No If yes, ☐ Airborne ☐ Droplet ☐ Contact

Vital Signs ☐ **HBO Visit** *(If this is an HBO Visit, skip this section as vital signs are captured on the HBO Treatment Record.)*

Temperature: 98.2 Pulse: 76 Respirations: 16 Blood pressure (mmHg): 138/64

If ordered by physician: Capillary Blood Glucose: _____ mg/dL *(Hospital's blood glucose reference range: _____ mg/dL)*

History Since Last Visit ☒ N/A *(If this is Patient's Initial Visit, check N/A and skip this section.)*

Added or deleted any medications: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Any new allergies or adverse reactions: ☐ Yes ☐ No *(If Yes, refer to Nurse for documentation on Medication Reconciliation)*

Had a fall or experienced change in activities of daily living that may increase risk of falls: ☐ Yes ☐ No
(If Yes, refer to Nurse who will rescreen for Falls Risk and initiate interventions per Nursing Plan of Care.)

Does the Patient display any signs or symptoms of abuse and/or neglect OR does patient feel unsafe in his/her environment since last visit? ☐ Yes ☐ No *(If Yes, notify Nurse, physician and hospital Social Services and document in Notes section below.)*

Hospitalized OR had any operative or other invasive procedures since last visit: ☐ Yes ☐ No
(If Yes, refer to Nurse for documentation on Patient Summary.)

Has dressing in place as prescribed: ☐ Yes ☐ No ☐ N/A Compliant with no smoking: ☐ Yes ☐ No ☐ N/A

Has compression in place as prescribed: ☐ Yes ☐ No ☐ N/A Has offloading in place as prescribed: ☐ Yes ☐ No ☐ N/A

Blood glucose under control: ☐ Yes ☐ No ☐ N/A Comments:

FOOTWEAR in place on this visit – Check R (right) or L (left) to signify the type of footwear. ☐ Footwear not applicable

Felt/Foam ☐ R ☐ L Regular Shoe ☐ R ☐ L Total Contact Cast ☐ R ☐ L Multipodus Splint/Boot ☐ R ☐ L Slipper ☐ R ☐ L
Wedge Shoe ☐ R ☐ L Removable Cast Walker/ Walking Boot ☐ R ☐ L Surgical Shoe with pressure relief insole ☐ R ☐ L
Other Footwear: _____ ☐ R ☐ L

Pain present now? ☐ **Yes** ☐ **No** ***(If Yes, refer to Nurse who will complete the Pain Assessment below.)***

NOTES:

Clinician (e.g., Nurse, MA, CNA, HBO Tech) Signature: Marjorie RN Tay Date: MAY 17 2017 Time: 1410

PAIN ASSESSMENT

This section is completed by the nurse if patient reports pain and a pain assessment has not otherwise been documented. If patient is receiving daily treatments, completion is required once a week or with a reported change in pain level.

☐ Non-wound related chronic pain referred to primary care provider for management plan

With Dressing Changes: ☐ Yes ☐ No Location of pain:

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 8 9 10 **Duration of Pain:** ☐ Constant ☐ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy
☐ Sharp ☐ Shooting ☐ Splitting ☐ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☐ Other

Pain Management and Medication: ☐ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S
☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate?: ☐ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management

Modification to Pain Management

NOTES:

Nurse Signature: Marjorie RN Date: MAY 17 2017 Time: 1410

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC ARRIVAL INFORMATION

M-1249 (09/2013) C331F File Under: Assessments
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WOUND/ULCER INFORMATION

	1	2	3	
▲ Number:				
▲ Location:	(D) lat calf	(L) lat ankle	(R) med ankle	
▲ Current Wound Stage/Grade:	PT 3	PT 5	PT 5	
Is this a change?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
▲ Length:	2.5 cm	2.0 cm	0.7 cm	cm
▲ Width:	2.0 cm	0.9 cm	1.4 cm	cm
▲ Depth:	0.3 cm	0.3 cm	0.3 cm	cm
▲ Outcome: *(See Legend below)*				
Photo Taken	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No
Exudate Amount	☐ None Present ☑ Small ☐ Moderate ☐ Large	☐ None Present ☑ Small ☐ Moderate ☐ Large	☐ None Present ☑ Small ☐ Moderate ☐ Large	☐ None Present ☐ Small ☐ Moderate ☐ Large
Exudate Type	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☑ Yellow ☐ Green	☐ Purulent ☐ Sanguineous ☐ Serosanguineous ☐ Serous ☐ Yellow ☐ Green
Foul Odor After Cleansing	☐ No ☑ Yes / ☐ Due to product use	☐ No ☑ Yes / ☐ Due to product use	☐ No ☑ Yes / ☐ Due to product use	☐ No ☐ Yes / ☐ Due to product use
Margin	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☑ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached	☐ Distinct, Outline Attached ☐ Fibrotic Scar, Thickened Scar ☐ Flat and Intact ☐ Indistinct, Non-Visible ☐ Epibole ☐ Thickened ☐ Well Defined, Not Attached
Epithelialization	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Tunneling	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☑ No ☐ Yes Position:_____o'clock Distance:_____cm	☐ No ☐ Yes Position:_____o'clock Distance:_____cm
Undermining	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☑ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm	☐ No ☐ Yes Starts: ____ Ends: ____ o'clock Maximum Distance: _____ cm
Granulation Amount	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☑ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Granulation Quality	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation	☐ Red ☐ Pink ☐ Pale ☐ Friable ☐ Not Applicable ☐ Hyper-granulation
Necrosis Amount	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☑ Large 67–100%	☐ None Present ☐ Small 1–33% ☐ Medium 34–66% ☐ Large 67–100%
Necrosis Type	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☑ Adherent Slough	☐ Eschar ☐ Necrosis of Bone ☐ Necrosis of Muscle ☐ Adherent Slough
Structure Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☑ Fat Layer Exposed	☐ None/Limited to Skin Breakdown ☐ Tendon ☐ Muscle ☐ Joint ☐ Bone ☐ Fascia ☐ Fat Layer Exposed

NURSE'S NOTES

Nurse Signature: Marjneela Initials: M Date: MAY 17 2017 Time: 1410
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

KEY: WOUND/ULCER OUTCOMES LEGEND
Amputation (Toe/Ray, Transmetatarsal, Below Knee, Above Knee, Hip Disarticulation, Digit/Ray, Below Elbow, Above Elbow, Shoulder), Amputation-Anticipated, Converted, Failed Flap, Failed-Graft, Healed-Epithelialized, Healed-Flap, Healed-Graft, Healed-Surgical Closure, Not Healed

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington
WCC NURSING WOUND ASSESSMENT
M-1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
PERI–WOUND SKIN APPEARANCE				
Texture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☑ Scarring ☐ Rash	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☑ Localized Edema ☐ Scarring ☐ Rash	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Callus ☐ Crepitus ☐ Excoriation ☐ Fluctuance ☐ Denuded ☐ Induration ☐ Localized Edema ☐ Scarring ☐ Rash
Moisture: *Check all that apply*	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☑ Assessed ☐ Not Assessed ☑ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Maceration ☐ Moist ☐ Dry/Scaly
Color: *Check all that apply*	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☑ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☑ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor	☐ Assessed ☐ Not Assessed ☐ No Abnormality ☐ Atrophie Blanche ☐ Cyanosis ☐ Ecchymosis ☐ Erythema ☐ Hemosiderin Staining ☐ Mottled ☐ Pallor ☐ Rubor
Temperature:	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☑ No Abnormality (patient warm)	☐ Cool/Cold ☐ Hot ☐ No Abnormality (patient warm)
Tenderness on Palpation:	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

EDEMA ASSESSMENT

	LEFT ☐ Not Applicable ☐ Not Assessed	RIGHT ☐ Not Applicable ☐ Not Assessed
Lower Limb Edema	31.5 ☑ Yes ☐ No	31.5 ☑ Yes ☐ No
Calf	32 centimeters with point of measurement centimeters from the medial instep	32 centimeters with point of measurement centimeters from the medial instep
Ankle	____ centimeters with point of measurement ____ centimeters from the medial instep	____ centimeters with point of measurement ____ centimeters from the medial instep

VASCULAR ASSESSMENT

	LEFT ☐ Not Applicable due to amputation ☐ Not Assessed	RIGHT ☐ Not Applicable due to amputation ☐ Not Assessed
Claudication Assessment	☐ None ☒ Rest Pain ~~☒ Intermittent~~ ☐ Unable to perform due to altered mental status	☐ None ~~☒~~ Rest Pain ☒ ~~Intermittent~~ ☐ Unable to perform due to altered mental status
Popliteal Pulses Palpable	☐ Yes ☐ No	☐ Yes ☐ No
Popliteal Doppler	☐ Multiphasic ☐ Monophasic ☐ Inaudible	☐ Multiphasic ☐ Monophasic ☐ Inaudible
Posterior Tibial Palpable	☐ Yes ☒ No	☐ Yes ~~☒~~ No
Posterior Tibial Doppler	☑ Multiphasic ☐ Monophasic ☐ Inaudible	☑ Multiphasic ☐ Monophasic ☐ Inaudible
Dorsalis Pedis Palpable	☐ Yes ~~☒~~ No	☐ Yes ☒ No
Dorsalis Pedis Doppler	☑ Multiphasic ☐ Monophasic ☐ Inaudible	☑ Multiphasic ☐ Monophasic ☐ Inaudible
Extremity Color	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☒ Hyperpigmented	☐ Dusky ☐ Mottled ☐ Not Applicable ☐ Red ☐ Normal ☐ Pale ☒ Hyperpigmented
Hair Growth on Extremity	☐ Yes ☒ No	☐ Yes ~~☒~~ No
Temperature of Extremity	☐ Cool ☐ Cold ☐ Hot ☒ Warm	☐ Cool ☐ Cold ☐ Hot ☒ Warm
Capillary Refill	☑ Less than or equal to 3 seconds ☐ Greater than 3 seconds	☑ Less than or equal to 3 seconds ☐ Greater than 3 seconds
Dependent Rubor	☐ Yes ☒ No	☐ Yes ☒ No
Blanched when Elevated	☐ Yes ~~☒~~ No ☐ Not Applicable	☐ Yes ☒ No ☐ Not Applicable
Lipodermatosclerosis	☒ Yes ☐ No	☒ Yes ☐ No

Nurse Signature: Maryanne Initials: MA Date: MAY 17 2017 Time: 1410
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

A50001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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▲ Wound/Ulcer Number (cont):	1	2	3	
TREATMENT/PROCEDURES				
▲ Procedure Performed	☑ Yes* ☐ No *Time-out taken: (Time: 1500) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: SC	☑ Yes* ☐ No *Time-out taken: (Time: 1500) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: SC	☑ Yes* ☐ No *Time-out taken: (Time: 1500) ☑ Correct Patient ☑ Correct Side/Site/Position ☑ Correct Procedure Initials: SC	☐ Yes* ☐ No *Time-out taken: (Time: _____) ☐ Correct Patient ☐ Correct Side/Site/Position ☐ Correct Procedure Initials: _____
▲ Tropical Growth Factor *(if applicable)*	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue	☐ Start ☐ Continue ☐ Discontinue
▲ Cellular or Tissue-based Product	Type: _____	Type: _____	Type: _____	Type: _____
▲ Negative Pressure Wound Therapy *(if applicable)* "Dressing" *Defined as contact layer, foam, gauze, filler, sponge, sponge pieces, etc., placed in wound.*	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____	☐ Start ☐ Continue ☐ Discontinue Type NPWT: _____ Pressure Setting: _____ mmHg Pressure Type: ☐ Constant ☐ Intermittent Type Wound Dressing: _____ # of Dressing(s) Removed: _____ # of Dressing(s) Inserted: _____
▲ Debridement Performed	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.	☐ Yes* ☐ No *If Yes, see *Physician Procedure Note* for specifics.
▲ Compression Applied	☐ Yes* ☐ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____	☐ Yes* ☐ No *If Yes, Type: _____
Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Post Procedural Pain:	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____	Insensate 0 1 2 3 4 5 6 7 8 9 10 Initials: _____
Response to Treatment	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well	☐ Procedure tolerated well ☐ Procedure not tolerated well
Wound/Ulcer Cleansing:	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed	☐ Rinsed/Irrigated with saline ☐ Soap and Water ☐ Wound Cleanser ☐ Other: _____ ☐ Not Cleansed
Primary Dressing Applied:	Medihoney	Medihoney	Medihoney	
Covered/Secured With:	3 A Wipe Wrap 3 A Wipe	→	→	

NURSE'S NOTES:

Son doing dsg D. Thy also follow'd up for check in's Accordg to Son. PT son & PT state thy want to try to keep Cam to WCC even tho' Bremerton may be closer. Son states he has a TUBE & medihoney @ home

Nurse Signature: _____ Initials: SC Date: MAY 17 2017 Time: 1500
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____
Nurse Signature: _____ Initials: _____ Date: _____ Time: _____

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816189282 MRN:U8170135
ADM: 05/17/2017
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC NURSING WOUND ASSESSMENT

M–1217 (08/2014)/C310F File Under: Assessments
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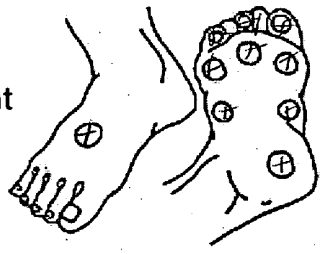
MAY 17 2017

DATE: **TIME:** 1430

NEUROPATHY ASSESSMENT

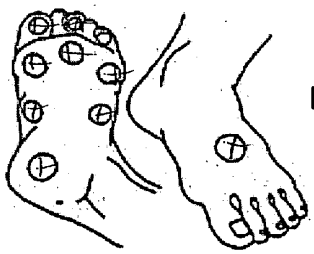
☐ Unable to perform due to altered mental status
☐ Unable to perform foot assessment due to amputation: ☐ Right ☐ Left

Right



\+ = Sensation Present

-- = Sensation Absent



Left

VASCULAR ASSESSMENT	RIGHT	LEFT
Ankle Brachial Index (ABI)		
Toe Brachial Index (TBI)–*If applicable*		

FOOT ASSESSMENT	RIGHT	LEFT
	☐ Not Applicable ☐ Not Assessed	☐ Not Applicable ☐ Not Assessed
Other Deformity	☐ Yes ☑ No	☐ Yes ☑ No
Prior Foot Ulcer	☐ Yes ☑ No	☐ Yes ☑ No
Charcot Joint	☐ Yes ☑ No	☐ Yes ☑ No
Prior Amputation	☐ Yes ☑ No	☐ Yes ☑ No

TOENAIL ASSESSMENT	RIGHT	LEFT
	☐ Not Applicable ☐ Not Assessed	☐ Not Applicable ☐ Not Assessed
Thick	☐ Yes ☑ No	☐ Yes ☑ No
Discolored	☐ Yes ☑ No	☐ Yes ☑ No
Deformed	☐ Yes ☑ No	☐ Yes ☑ No
Improper Length and Hygiene	☐ Yes ☑ No	☐ Yes ☑ No

NOTES:

Nurse Signature: Marjorie RN **Date:** MAY 17 2017 **Time:** 1440

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816189282 MRN:U8170135
ADM: 05/17/2017
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington
WOUND CARE CENTER
LOWER EXTREMITY ASSESSMENT
M–1890 (07/14) C338F File Under: Assessment
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MAY 17 2017

DATE: | **TIME:** 1430

PAIN ASSESSMENT

Pain present now? ☒ Yes ☐ No – If NO, skip rest of this section. ☐ Non-wound related pain referred to primary care provider

With Dressing Changes: ☒ Yes ☐ No Location of pain: Ankle @ right

Current Pain Level: ☐ Insensate 0 1 2 3 4 5 6 7 (8) 9 10 **Duration of Pain:** ☐ Constant ☒ Intermittent

Character of Pain: ☐ Aching ☐ Burning ☐ Cramping ☐ Difficult to Pinpoint ☐ Dull ☐ Easy to Pinpoint ☐ Exhausting ☐ Heavy ☐ Sharp ☐ Shooting ☐ Splitting ☒ Stabbing ☐ Tender ☐ Throbbing ☐ Tiring ☒ Other:

Pain Management: ☒ Medication ☐ Rest ☐ Activity ☐ Heat Application ☐ Cold Application ☐ Massage ☐ T.E.N.S. ☐ Leg Drop or Elevation ☐ Other:

Is Current Pain Management Adequate? ☒ Adequate ☐ Inadequate

Patient's Stated Goals for Pain Management: none **Modification to Pain Management:** none

WOUND IMPACT ON ACTIVITIES OF DAILY LIVING

Dressing/Bathing	☐ Yes	☒ No	Hygiene	☐ Yes	☒ No	Housekeeping	☐ Yes	☒ No
Eating	☐ Yes	☒ No	Ability to use phone	☐ Yes	☒ No	Laundry	☐ Yes	☒ No
Ambulating	☐ Yes	☒ No	Shopping	☐ Yes	☒ No	Handle medications	☐ Yes	☒ No
Toileting	☐ Yes	☒ No	Food Preparation	☐ Yes	☒ No	Handle money	☐ Yes	☒ No

EDUCATION ASSESSMENT

☐ Patient assessed OR ☐ Caregiver assessed – Name of Caregiver: _____
Patient not assessed, provide reason:

Educational assessment below is of the individual noted above.

Learning Preference: ☒ Explanation ☐ Demonstration ☐ Video ☐ Communication Board ☐ Printed Material

Highest Education Level: ☐ College or Above ☒ High School ☐ Grade School

Primary Language: ☒ English ☐ Spanish ☐ Other:
Preferred Language for Healthcare Information: ☐ English ☐ Spanish ☐ Other:

Language Barrier: ☒ No ☐ Yes*
Translator Needed? ☒ No ☐ Yes ☐ Hospital Employed Language Interpreter ☐ Contract Interpreting Service ☐ Trained Bi-Lingual Staff

Memory Deficit: ☒ No ☐ Yes*
Emotional Barrier: ☒ No ☐ Yes*
Cultural/Religious Beliefs that would impact wound care–e.g., use of blood, porcine (pig) or bovine (cow) based tissue products: ☒ No ☐ Yes*

Impaired Vision: ☐ No ☒ Glasses ☐ Contacts ☐ Legally Blind Impaired Hearing: ☐ No ☐ Complete Loss ☒ Hearing Aid

Decreased Hand Dexterity: ☒ No ☐ Limitations

Knowledge Level of Health Problem: ☐ High ☒ Medium ☐ Low

Comprehension Level (Ability to Understand Concepts): ☐ High ☒ Medium ☐ Low

Ability to understand written instructions: ☐ High ☒ Medium ☐ Low

Ability to understand verbal instructions: ☐ High ☒ Medium ☐ Low

SELF HEALTH MANAGEMENT ASSSESSMENT

Willingness to engage in self-management activities: ☐ High ☒ Medium ☐ Low

Readiness to engage in self-management activities: ☐ High ☒ Medium ☐ Low

Anxiety Level: ☒ Calm ☐ Anxious
Cooperation: ☒ Cooperative ☐ Uncooperative

Perception: ☒ Coherent ☐ Confused
Interest in Health Problem: ☒ Asks Questions ☐ Uninterested

Education Importance: ☒ Acknowledges Need ☐ Denies Need

OTHER: Does Patient smoke tobacco or other substances: ☐ Yes ☐ No Is Patient diabetic? ☐ Yes ☒ No

NURSES NOTES

Nurse Signature: Maynull RN Date: MAY 17 2017 Time: 1430

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN: **U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

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NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC INITIAL PATIENT ASSESSMENT

M–1464 (09/2013)/C313F File Under: Assessment
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DATE: MAY 17 2017 **TIME:** 1430

NUTRITION RISK SCREEN: *Circle the number in the "Yes" column for those that apply to the patient.*	**Yes**
Total nutritional score at the bottom. Patient assessed initially and at least every three months. ***(Nurse to frame these statements as questions to patient)***	
I have an illness or condition that made me change the kind and/or amount of food I eat	2
I eat fewer than two meals per day	3
I eat few fruits and vegetables, or milk products	2
I have three or more drinks of beer, liquor or wine almost every day	2
I have tooth or mouth problems that make it hard for me to eat	2
I don't always have enough money to buy the food I need	4
I eat alone most of the time	1
I take three or more different prescribed or over-the-counter drugs a day	1
Without wanting to, I have lost or gained 10 pounds in the last six months	2
I am not always physically able to shop, cook and/or feed myself	2
This tool was developed and distributed by the Nutritional Screening Initiative, a project of: American Academy of Family Physicians, The American Dietetic Association, National Council on the Aging, Inc. (2004); Retrieved online July 2013. **Total**	0

Circle the risk level below and following appropriate interventions for risk level. Interventions documented in care plan.

0–2=Good	**3–5=Moderate Risk**	**6 or higher=High Risk**
No interventions needed	• Provide education on nutrition • Provide education on nutrition blood sugars and impact on wound healings, as applicable	• Provide education on nutrition • Provide education on elevated blood sugars and impact on wound healing, as applicable • Obtain physician order for referral of patient for further nutrition evaluation

ABUSE/SUICIDE RISK SCREEN: *Check the appropriate answer for each question. (Nurse to ask patient these questions 1–4 when patient is alone.)*

1. Has anyone close to you tried to hurt or harm you recently?	☒ Yes	☐ No
2. Do you feel uncomfortable with anyone in your family?	☐ Yes	☒ No
3. Has anyone forced you do things that you didn't want to do?	☒ Yes	☐ No
4. Do you have any thoughts of harming yourself?	☐ Yes	☒ No
5. Patient displays signs or symptoms of abuse and/or neglect.	☐ Yes	☒ No

If yes to any of the above questions, explain: Housing Kitsap Housing Authority has made the living environment feel unsafe. - son has hired a lawyer.

If yes to any of the above questions, you also must:

☐ Notify the Wound Care Physician Date _____ and Time _____ Notified
☐ Make a referral to Social Services Date _____ and Time _____ Notified

FALL RISK SCREEN: *Circle the appropriate score for each question. Total the score at the bottom of this section.*	
1. History of falling–immediate or within 3 months	25
2. Secondary diagnosis	15
3. Ambulatory aid None/bed rest/wheelchair/nurse Crutches/cane/walker Furniture	0 15 30
4. IV Access/Saline Lock	20
5. Gait/Transferring Normal/bed rest/immobile Weak Impaired	0 10 20
6. Mental status Oriented to own ability Overestimates or forgets limitations	0 15
National Center for Patient Safety (2009); Retrieved online July 2012: http://www.patientsafety.gov/CogAids/FallPrevention/index.html#page=page-1 **Total:**	15

Fall Risk Scale and Risk Level
(Interventions are documented in the care plan)

0–24 – Low Risk	25–50 – Medium Risk	51 and higher – High Risk

Nurse Signature: Mary Nurse RN Date: MAY 17 2017 Time: 1430

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816189282 MRN:U8170135
ADM: 05/17/2017
CLASS: OP
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC INITIAL PATIENT ASSESSMENT

M–1464 (09/2013)/C313F File Under: Assessment
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NORTHWEST HOSPITAL & MEDICAL CENTER
Wound Care Center®

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:5/17/17 RAGHU, PREMA KUMARI
Enc:1816189282 RES:30522839
(Label / Addressograph)

Patient History

General Information 5/17/17
Name: Jeanne Leonie Alloin Hoffman Phone: 206-780-6885
Address: 245 High School Rd, NW 2 Cell Phone: 206-395-8938
City: Bainbridge Island State: WA Zip: 98110
Email: jeanhoffman@USA.com Date of Birth: 1-6-1925 Age: 92 Sex: F

Social History
Do you live alone: ☒ No ☐ Yes **Do you drive:** ☒ No ☐ Yes **Employed:** ☒ No ☐ Yes
What is the highest school grade you completed? ☐ 1-6 ☐ 7-9 ☐ 10 ☐ 11 ☐ 12 ☐ Some College ☐ College Graduate
Marital Status: ☐ Separated ☐ Divorced ☐ Married ☐ Single ☒ Widowed
Do you smoke: ☒ No ☐ Yes If Yes, for how many years: 0 How many packs per day: 0 If quit, when: 0
Do you drink alcohol: ☒ No History ☐ Prior History ☐ Current History Type: 0
Do you use recreational drugs : ☒ No ☐ Yes If Yes, amount: 0 Type: 0
Caffeine Use: ☐ No ☒ Yes If Yes, for how many years: 85 How many cups per day: 2-3
Financial Concerns: ☐ Yes ☒ No **Food/Clothing Shelter Needs:** ☐ Yes ☒ No
Support System Intact: ☐ Yes ☒ No **Transportation Concerns:** ☐ Yes ☒ No

Emergency Contact Information
Name: Louis Alloin Home Phone: 206-780-6885
Relationship: Son, Caregiver, POA, Guardian Cell Phone: 206-395-8938
Radio: K17AGD 146.960

What physician suggested you visit the Wound Care Center®?
Name: UWMC-Hall Health William Neighbors Specialty: Family Prac Phone:
Address: Hall Health Center City: State: WA Zip:

Who is your primary physician?
Name: William Neighbors Specialty: Family Prac Phone:
Address: Hall Health Center City: Sea State: WA Zip:

Please provide contact information (if applicable):
Home Health Agency: Louis Hoffmann-Alloin Phone:
Nursing Home /Skilled Nursing Facility: Family Caregiver Phone:
Pharmacy: Safeway Bainbridge Phone:

Do you have any of the following?
Advanced Directive: ☒ Yes* ☐ No **Living Will:** ☒ Yes* ☐ No **Medical Power of Attorney:** ☒ Yes* ☐ No **Do Not Resuscitate:** ☐ Yes* ☒ No
*Copy Required to be in Chart: Requested by: Date: Time:
☐ Copy Provided: Signature: Jeanne Hoffman Date: Time:

Wound History
Wound Location: NWH
When did you first notice the wound? 1974 estimate
Has it ever healed and then re-opened? ☐ No ☒ Yes
How did your wound start? ☐ Bite ☐ Blister ☐ Bruise ☐ Bump ☐ Chemical Burn ☐ Footwear ☐ Frostbite ☒ Gradually Appeared
☐ Not Known ☐ Other Lesion ☐ Pimple ☐ Pressure ☐ Radiation Burn ☐ Surgical ☐ Thermal Burn ☒ Trauma
How have you been treating your wound until now? Hall Health see eCare

Have you had any lab work done in the past month? ☐ No ☒ Yes If Yes, Who Ordered: Hall Health Primary
Have you ever had bacteria that resisted antibiotics? ☒ No ☐ Yes If Yes, Date:
Have you ever had a bone infection? ☒ No ☐ Yes If Yes, Date:
Have you had any tests for blood flow in your legs? ☐ No ☒ Yes If Yes, Date: Pending
If Yes, where was it done: UWMC Who Ordered: Primary
Have you had any other problems with your wound? ☒ Infection ☒ Swelling
☒ Other: Pain 8/10
Name of Person Completing Form: Louis Charles Hoffman-Alloin **Relationship to Patient:** Son, POA,
Signature: Jeanne Alloin Date: 5/17/2017 Time:
Reviewed By: Patricia Simmons Date: 5/17/17 Time: 3:30pm

PAP Form-03 • Rev 08/14
Healogics Form: Patient History, C312F • Revised (7/2014)
To Order Call Pic•A•Poc @ (631) 981-2094

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Patient's Medical History *(Please check Yes or No for each Item.)*

HISTORY OF:	Yes	No	HISTORY OF:	Yes	No
Cataracts (Cloudy vision)		X	Cirrhosis (Liver problems)		
Glaucoma (Eye disease)		X	Colitis/Crohn's (Bowel problems)		
Chronic Sinus problems/congestion		X	Hepatitis (Type:_____)		
Middle ear problems	X		Thyroid Disease		
Ear Surgery		X	Type I Diabetes		
Anemia (Tired, or low iron)		X	Type II Diabetes		
Hemophilia (Bleeding disorder)	X		End Stage Renal Disease (Kidney disease)		
Human Immunodeficiency Virus (HIV)			On Dialysis (Type:_____)		
Lymphedema (Swelling in legs or arms)		X	Lupus (Problem with your immune system)		
Sickle Cell Disease		X	Raynaud's Syndrome (Problem with blood flow to your fingers or toes)		
Aspiration		X	Scleroderma (Skin disorder)		
Asthma (Breathing problem)		X	Rheumatoid Arthritis (Swelling of joints)		
Chronic Obstructive Pulmonary Disease (COPD)			History of Burn		
Pneumothorax (Collapsed lung)			Gout (Pain in big toes)		
Sleep Apnea (Stop breathing when sleeping)			Osteoarthritis (Pain in bones or joints)		
Tuberculosis (infection in the lungs)			Dementia (Memory loss that gets worse over time)		
Angina (Chest pain)			Neuropathy (Numbness in hands or feet)		
Arrhythmia (Skipped heartbeat)			Paraplegia (Can't move arms or legs)		
Atrial Fibrillation (Rapid heart rate)			Quadriplegia (Can't move arms and legs)		
Congestive Heart Failure			Received Chemotherapy		
Coronary Artery Disease (Heart disease)			Received Radiation		
Deep Vein Thrombosis (Blood clot in leg)			Surgery		
Hypertension (High blood pressure)			Anorexia/bulimia		
Hypotension (Low blood pressure)			Confinement Anxiety (Fear about being in a closed space)		
Myocardial Infarction (Heart attack)			Peripheral Venous Disease (Problem with blood vessels in your legs)		
Peripheral Arterial Disease (Problem with blood flow in your legs)			Phlebitis (Inflammation of the veins in your legs)		
Vasculitis (Inflammation of your blood vessels)					

Family Medical History *(Please indicate with a checkmark if any of your family members have/had this condition.)*

CONDITION	Maternal Grandparents	Paternal Grandparents	Mother	Father	Siblings
Cancer N/A					
Diabetes N/A					
Heart Disease N/A					
Hypertension N/A					
Kidney Disease N/A					
Lung Disease N/A					
Seizures N/A					
Stroke N/A					
Tuberculosis N/A					

Hospitalization/Surgery History *(Please list all)*

NAME OF HOSPITAL	REASON YOU WERE IN THE HOSPITAL	DATE
Jeanne L. Allois Hoffman	See clave	

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:5/17/17 RAGHU, PREMA KUMARI
Enc:1816189282 RES:30522839

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Please provide a list of your current medications or bring your current medications, including over the counter medications, herbal supplements and vitamins to the Wound Care Center® for your first visit.

Name of Person Completing Form: Lovid Charles Hoffmann Allois **Relationship to Patient:** Son, POA, Guardian, CC

Signature: _____ **Date:** 5/17/2017 **Time:** _____

Reviewed By: _____ RR MD **Date:** 5/17/17 **Time:** 3:30 PM

2.5x2.0x0.3 2.0x0.9x0.3 0.7x1.4x0.3 1.7x1.2x0.1

WOUND(S)/ULCER(S)	Date: MAY 17 2017	Date: 5/17/17	Date: 5/17/17	Date: 1/18/18
▲ Number	1	2	3	4
▲ Location	(L) lat calf	(L) lat ankle	(L) medial ankle	(L) post calf
▲ Laterality	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☑ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
▲ Wounding Event *(See Legend below)*	gradually	gradually	gradually	grad. app.
▲ Date Acquired	3-1-17	3-15-17	3-1-17	1/18/18
▲ Result of Accident	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
▲ Recurrence	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
▲ Clustered Wound/Ulcer	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
▲ Converted	☐ Yes ☐ No Date:	☐ Yes ☐ No Date:	☐ Yes ☐ No Date:	☐ Yes ☐ No Date:
▲ Primary Etiology *(See Legend below)*	Venous	Venous	Venous	Venous
▲ Secondary Wound Etiology *(See Legend below)*				
▲ History of Diabetes *Note: If Yes, Wagner Grade is required in addition to Primary Classification.*	Type 1 ☐ Yes ☑ No Type 2 ☐ Yes ☑ No	Type 1 ☐ Yes ☑ No Type 2 ☐ Yes ☑ No	Type 1 ☐ Yes ☑ No Type 2 ☐ Yes ☑ No	Type 1 ☐ Yes ☐ No Type 2 ☐ Yes ☐ No
▲ Classification (at Initial Assessment)	**Diabetic Ulcer** ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 **Thickness** ☐ Partial Thickness ☑ Full Thickness without exposed support structure ☐ Full Thickness with exposed support structure ☐ Unclassifiable (eschar covered) **Pressure Ulcer** ☐I ☐II ☐III ☐IV ☐ Unstageable ☐ Suspected Deep Tissue Injury	**Diabetic Ulcer** ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 **Thickness** ☐ Partial Thickness ☑ Full Thickness without exposed support structure ☐ Full Thickness with exposed support structure ☐ Unclassifiable (eschar covered) **Pressure Ulcer** ☐I ☐II ☐III ☐IV ☐ Unstageable ☐ Suspected Deep Tissue Injury	**Diabetic Ulcer** ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 **Thickness** ☐ Partial Thickness ☑ Full Thickness without exposed support structure ☐ Full Thickness with exposed support structure ☐ Unclassifiable (eschar covered) **Pressure Ulcer** ☐I ☐II ☐III ☐IV ☐ Unstageable ☐ Suspected Deep Tissue Injury	**Diabetic Ulcer** ☐0 ☐1 ☐2 ☐3 ☐4 ☐5 **Thickness** ☐ Partial Thickness ☑ Full Thickness without exposed support structure ☐ Full Thickness with exposed support structure ☐ Unclassifiable (eschar covered) **Pressure Ulcer** ☐I ☐II ☐III ☐IV ☐ Unstageable ☐ Suspected Deep Tissue Injury
▲ Grade/Stage Change	To: 7/20/17 Date: FTC	To: Date:	To: Date:	To: Date:
▲ Pending Amputation on Presentation	*(Designation only available on first visit)* ☐ Yes ☐ No	*(Designation only available on first visit)* ☐ Yes ☐ No	*(Designation only available on first visit)* ☐ Yes ☐ No	*(Designation only available on first visit)* ☐ Yes ☐ No
▲ Wound/Ulcer under treatment by physician outside of Wound Care Center	*(Physician Name)*	*(Physician Name)*	*(Physician Name)*	*(Physician Name)*
NON-WOUND CONDITION(S)	**Date:**	**Date:**	**Date:**	**Date:**
Non-Wound Condition *(See legend below)*				
Location				

WOUNDING EVENT (occurrence that created the wound/ulcer)

Bite	Chemical Burn	Not Known	Radiation Burn
Blister	Footwear	Other Lesion	Surgical Injury
Bruise	Frostbite	Pimple	Thermal Burn
Bump	Gradually Appeared	Pressure Injury	Trauma

WOUND/ULCER ETIOLOGY (underlying reason wound/ulcer does not heal)

Primary etiology cannot be the same as the secondary etiology. Must have a primary etiology, secondary etiology is not required if N/A.

1st degree Burn	Calciphylaxis	Infection, not otherwise classified	Pyoderma
2nd degree Burn	Cellulitis	Lupus	Refractory Osteomyelitis
3rd degree Burn	Clostridial Myonecrosis	Lymphedema	Rheumatoid
4th degree Burn	Compromised Skin Graft/Flap	Malignant Wound	Scleroderma
Abscess	Cyst	Medication Related	Sickle Cell Lesion
Acute Osteomyelitis	Dehisced Wound	Necrobiosis Lipoidica Diabeticorum	Skin Tear
Atypical	Diabetic Ulcer/Wound of the Lower Extremity	Necrosis	Soft Tissue Radionecrosis
Arterial Insufficiency Ulcer	Factitial	Necrotizing Infection	Trauma, Other
Auto-immune	Fungal	Neuropathic Ulcer, Non-Diabetic	Vasculitis
Bacterial Osteomyelitis	Gangrene of Digits/Extremity, non-diabetic	Open Surgical Wound	Vasculopathy
Calcinosis	Hidradenitis	Pilonidal Cyst	Venous Leg Ulcer
		Pressure Ulcer	

NON-WOUND CONDITIONS

Cellulitis	Lymphedema	Psoriasis	Skin Cancer
Cystitis	Osteoradionecrosis (ORN)	Rash/Dermatitis	Soft Tissue Infection
Deep Tissue Injury (Suspected)	Other Dermatological Condition	Scar/Keloid	Vasculitis
Eczema	Proctitis/Enteritis	Shingles	

Nurse Signature: _____ Date: _____ Time: 1400

Nurse Signature: _____ Date: MAY 17 2017 Time: 1180

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

AS0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND AND NON-WOUND CONDITION PROFILE

M–1213 (08/14) C309F File Under: Assessments
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CHIEF COMPLAINT

dictated.

☐ **Refer to *Physician Progress Note* dated:** _____ ***(If billing an E&M on same date of a procedure.)***

SUBJECTIVE FINDINGS	**OBJECTIVE FINDINGS**

PRE-PROCEDURE/OPERATIVE DIAGNOSIS*

WOUND/ULCER DEBRIDEMENT

☒ **Refer to *Nursing Wound/Ulcer Assessment* for wound/ulcer details–I have reviewed and concur:**
☒ Without exception ☐ With the following exception(s):

▲ **Wound/Ulcer #**	1	2	3	
Laterality	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☒ Left ☐ Not Applicable	☐ Right ☐ Left ☐ Not Applicable
Wound Grade/Stage				
Character of Wound/Ulcer	☒ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☒ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☒ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:	☐ New ☐ Healed ☐ Improved ☐ Deteriorated ☐ Infected ☐ Necrotic ☐ Unchanged ☐ Other:
Indication for Debridement	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☒ Abnormal Wound Edge ☒ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:	☐ Abnormal Wound Edge ☐ Abnormal Wound Base ☐ Slough, Exudate ☐ Infected ☐ Other:
Anesthetic	☒ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☒ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:	☐ None ☐ Lidocaine 2% Topical Gel ☐ Lidocaine 2% Topical Liquid ☐ Lidocaine 4% Topical Solution ☐ Lidocaine 5% Topical Ointment ☐ Lidocaine Injectable: _____% ☐ Other:
▲ **Type and Level of Debridement**	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☒ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)	***Surgical/Excisional*** ☐ Subcutaneous Tissue ☐ Subcutaneous Tissue, Muscle ☐ Subcutaneous Tissue, Muscle, Bone ***Open Wound/Selective*** ☐ Devitalized/Non-viable Tissue ☐ Fibrin/Exudate/Debris/Biofilm ☐ Epidermis ☐ Dermis ***Burn Debridement*** ☐ Small (less than 5% of BSA) ☐ Medium (between 5–10% of BSA) ☐ Large (greater than 10% of BSA)

Physician or Physician Extender Signature: _____ Date: MAY 17 2017 Time: _____

Physician or Physician Extender Printed Name*: _____ Date: MAY 17 2017 Time: 3:00 PM

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

PN0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

M–1219A (07/14) C308F File Under: Progress Notes
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WOUND/ULCER DEBRIDEMENT–Continued

▲ Wound/Ulcer #	1	2	3	
Tissue and/or Material Removed* (select all that apply)	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☒ Subcutaneous ☐ Exudate ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☒ Subcutaneous ☐ Exudate ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☒ Subcutaneous ☐ Exudate ☐ Fat ☐ Viable ☐ Other:	☐ Blood Clots ☐ Fibrin/Slough ☐ Bone ☐ Ligament ☐ Callus ☐ Muscle ☐ Cartilage ☐ Non–viable ☐ Eschar ☐ Skin ☐ Subcutaneous ☐ Exudate ☐ Fat ☐ Viable ☐ Other:
Severity	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☒ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone	☐ Limited to Skin Breakdown ☐ Fat Layer Exposed ☐ Necrosis of Muscle ☐ Necrosis of Bone
Instrument(s) Used	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☒ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:	☐ Scalpel ☐ Curette ☐ Scissors ☐ Forceps ☐ Pulse Lavage ☐ Ronguer ☐ Ultrasound ☐ Tissue Punch ☐ Other:
Bleeding Controlled with	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☒ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☒ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☒ Not Applicable	☐ Pressure ☐ Silver Nitrate ☐ Suture ☐ Ligation ☐ Topical Coagulant ☐ Not Applicable
Estimated Blood Loss*	☐ Large ☐ Moderate ☐ Minimum ☒ None	☐ Large ☐ Moderate ☐ Minimum ☒ None	☐ Large ☐ Moderate ☐ Minimum ☒ None	☐ Large ☐ Moderate ☐ Minimum ☐ None
Specimen	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☒ None	☐ Swab ☐ Biopsy ☐ Number of Specimens Taken:____ ☐ None
Actual Area Debrided	Length ____ cm x Width ____ cm =Total Square CM: 2.5 x 0.3	Length ____ cm x Width ____ cm =Total Square CM: 2.0 x 0.3	Length ____ cm x Width ____ cm =Total Square CM: 0.7 x 1.4 0.3	Length ____ cm x Width ____ cm =Total Square CM: ____
Post Wound Care	☐ See Physicians Orders ☒ Other:	☐ See Physicians Orders ☒ Other:	☐ See Physicians Orders ☒ Other:	☐ See Physicians Orders ☐ Other:
Character of Wound/Ulcer Post Debridement and ▲ Post Debridement Measurements	☐ Improved ☒ Requires Further Debridement ☐ Other: 2.5 x 2 0.4 Length:____ Width:____ Depth:____cm	☐ Improved ☒ Requires Further Debridement ☐ Other: 2.0 x 0.0 0.4 Length:____ Width:____ Depth:____cm	☐ Improved ☒ Requires Further Debridement ☐ Other: 0.8 x 1.5 0.4 Length:____ Width:____ Depth:____cm	☐ Improved ☐ Requires Further Debridement ☐ Other:____ Length:____ Width:____ Depth:____cm

Procedure Tolerated: ☒ Yes ☐ No* – *See Narrative*

OTHER PROCEDURES

☐ Application of Total Contact Cast ☐ Left ☐ Right	☐ Paring of Benign Lesions Location:	☐ Incision and Drainage of:	☐ Other:

CELLULAR OR TISSUE BASED PRODUCTS

Product Preparation: ☐ Manufacturer's Guidelines Followed ☐ Dermagraft 24 Steps Followed

▲ Wound/Ulcer #	1	2	3	
▲ Product Applied	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:	☐ Apligraf® ☐ Dermagraft® ☐ Oasis® ☐ EpiFix® ☐ Other: Lot Number: Expiration Date:
Amount Applied	____ square cm	____ square cm	____ square cm	____ square cm
Amount Wasted	____ square cm	____ square cm	____ square cm	____ square cm
Reconstitution	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:	☐ N/A Solution Type: Solution Amount: Lot Number:
How Affixed	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:	☐ Sutures ☐ Staples ☐ Steristrips ☐ Other:

Procedure Tolerated: ☐ Yes ☐ No* – *See Narrative*

Physician or Physician Extender Signature: Date: MAY 17 2017 Time:

Physician or Physician Extender Printed Name*: Date: MAY 17 2017 Time: 3:00PM

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: 01/06/1925 092 Y – F
CSN: 1816189282 MRN:U8170135
ADM: 05/17/2017
CLASS: OP
SVC:

PR0001

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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AFFIX PRODUCT LABELS

PROCEDURE NOTE/FINDINGS*

POST PROCEDURE/OPERATIVE DIAGNOSIS*:

❑ **Same as Pre–Procedure/Operative Diagnosis**

ASSESSMENT

PLAN OF CARE

❑ **Refer to *Physician Orders* dated:**

❑ **See dictated note date:**

dictated.
Job # 1236298

DISCHARGE

❑ **Refer to *Patient or Caregiver Education and Encounter Discharge* form for Patient Education dated:**

MAY 17 2017

Physician or Physician Extender Signature: [signature] MD Date: _____ Time: 3:10PM

Physician or Physician Extender Printed Name*: P. K. Roberts MD Date: MAY 17 2017

**Asterisked items are required to meet TJC standard RC.02.01.03*

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
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Seattle, Washington

WCC PHYSICIAN PROCEDURE NOTE

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UW Medicine
NORTHWEST HOSPITAL & MEDICAL CENTER

U8170135 BD:1/06/1925 92Y F
HOFFMAN
JEANNE
LEONIE
NWH WOUND CARE
DOS:5/17/17 RAGHU, PREMA KUMARI
Enc:1816189282 RES:30522839

I hereby authorize **DR PREMA RAGHU, MD** associates or assistants of his/her choice on staff at Northwest Hospital Wound Care Center to provide services for comprehensive wound care management.

DR PREMA RAGHU, MD has fully explained to me the nature and purpose of the Northwest Hospital Wound Care Center's approach to wound treatment and healing. I have also been informed of expected benefits and potential complications (from known and unknown causes), as well as, discomforts and risks that may arise. Alternatives to the proposed treatment(s) including no treatment were presented to me. I have been given an opportunity to ask questions, and all my questions have been answered fully and satisfactorily.

I agree to any debridement and any tissue removed may be examined and retained by Northwest Hospital Wound Care Center and its authorized affiliate for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with accustomed practice.

I acknowledge that no guarantees or assurances have been made to me concerning the results intended from the wound care and/or other treatment.

I hereby consent that photographs, tape recordings, videotapes and/or movies may be taken of me and/or the named patient by Northwest Hospital Wound Care Center in connection with the medical and other services, which I/the patient am receiving at Northwest Hospital Wound Care Center. I further consent that a history of my/the patient's social and medical problems may be taken by Northwest Hospital Wound Care Center.

I understand that neither myself.the patient nor members of my.the patient's family will be identified by name in connection with any public use of this material.

I grant this consent as a voluntary contribution and I waive any and all rights I/the patient may have to royalties or other compensation in connection with any such use.

I confirm that I have read and fully understand the above and that all blank spaces have been completed prior to my signing. I have crossed out any paragraphs above, which do not pertain to me.

Patient/Relative or Guardian*: X Jeanne L Hoffman
(signature)

_____
(print name)

Relationship, if signed by person other than patient _____

(If required) Interpreter _____
(signature)

_____
(print name)

Witness Marjorie RN MARJORIE MAY 17 2017
Signature (Print Name) Date

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is other wise incompetent to sign.

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to, the proposed wound care and/or other treatment have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

CO0001 - Consent

Wound Care & Hyperbaric Center

1560 N 115th St MS-W201 Seattle, WA 98133 206.368.1244 Fax 206.368.1270 www.nwhospital.org

3-eConsultation Raghu, MD, Prema 5/17/2017 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 6:21:34 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Date of Admission: 05/17/2017
Acct#: 1816189282
Date of Discharge: 20170517
Dictating Physician: Raghu, MD, Prema

DATE OF SERVICE: 05/17/2017

PLACE OF SERVICE:
Northwest Hospital Wound Care Center.

REASON FOR CONSULTATION:
The patient has wounds on her left lower extremity.

HISTORY OF PRESENT ILLNESS:
The patient is a 92-year-old, Caucasian lady, who lives in Bainbridge Island, came to Wound Care Center with her son. She has history of varicose veins and ulcers in her leg. She had ulcers in her left leg that required skin grafting 20 years ago. At this time, she has had wounds for the last three months and they have been using more recently Medihoney and she was treated sometime in April with Keflex and doxycycline for cellulitis. She also has had some recent venous and arterial Doppler studies. She has monophasic waves and significant distal arterial insufficiency. She does have nighttime pain in her leg as well.

She is basically here for further management of her wounds.

REVIEW OF SYSTEMS:
Significant for some middle ear problems. She does not have history of diabetes or thyroid disorder. No history of heart disease. She denied any chest pain or shortness of breath. She had no GI or GU complaints. She does walk with a walker.

ALLERGIES:
No known allergies were mentioned.

CURRENT MEDICATIONS:
She is on:

1. Tylenol as needed.
2. Atorvastatin 20 mg per day.
3. Losartan 25 mg half tablet once a day.
4. Pentoxifylline extended release 400 mg 1 tablet 2 times a day.
5. Timolol eye drops.

Patient Name: HOFFMAN, JEANNE LEONIE **MR#:** U8170135
Date of Admission: 05/17/2017 **Acct#:** 1816189282
Date of Discharge: 20170517
Dictating Physician: Raghu, MD, Prema

6. Vitamin B12 supplements.
7. Coumadin as directed.

PAST MEDICAL HISTORY:
Significant for a history of DVT in both legs. She is on Coumadin. She has history of hyperlipidemia, venous insufficiency, chronic leg ulcers in the left lower extremity in the past, requiring skin graft.

SOCIAL HISTORY:
She does not smoke or drink alcohol. Currently, lives in a facility, which is having financial difficulty.

FAMILY HISTORY:
Nothing of importance.

PHYSICAL EXAMINATION:
GENERAL: She appeared to be of her stated age. She was in no acute distress.
VITALS: She was afebrile, pulse 76 per minute, respirations 16 per minute, blood pressure 138/64 mmHg.
HEENT: PERRLA.
NECK: Supple. She had no lymphadenopathy or thyromegaly.
LUNGS: Clear.
CARDIAC: Normal.
ABDOMEN: Normal.
EXTREMITIES: Left lower extremity revealed three wounds. Left lateral calf wound measured 2.5 x 2.0 x 0.3 cm. Left lateral ankle wound measured 2.0 x 0.9 x 0.3 cm. Left medial ankle wound measured 0.7 x 1.4 x 0.3 cm. All these wounds were covered with thick slough. There was no evidence of acute infection. There was 1 to 2+ edema. She has chronic stasis changes.

ASSESSMENT AND PLAN:
Left lower extremity ulcers, history of venous insufficiency, chronic stasis dermatitis, history of deep venous thrombosis, PAD
We have advised the patient to continue using the Medihoney on a every other day basis and to check back with us in a week. We need to work on cleaning up the base of the wounds before we can heal them. She will not be a candidate for any compression because of her arterial insufficiency. We have just told her to keep her leg elevated as much as possible. She will continue her Coumadin as directed.

We thank you for the referral. We will keep you informed as to her progress.

3-eConsultation Raghu, MD, Prema 5/17/2017 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 6:21:34 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/17/2017
Date of Discharge: 20170517
Dictating Physician: Raghu, MD, Prema

MR#: U8170135
Acct#: 1816189282

MLS: 517665
D: 05/17/2017 15:12:26
T: 05/17/2017 21:47:19
45206394 [ID1: 5179]

NorthWest Hospital and Medical Center
Seattle, Washington 98133

Patient Name: HOFFMAN, JEANNE LEONIE MR#: U8170135
Date of Admission: 05/17/2017 1 DOB: 01/06/1925

Physician: Prema Raghu, MD

Wound Care Center

Edited By Raghu, M.D.,Prema K 24-May-2017 13:24:39 -04:00

Signed by Raghu, M.D.,Prema K on 24-May-2017 13:24:40 -04:00

Raghu, MD, Prema

CC: Dr. William Neighbor
Wound Care Center

3-eConsultation Raghu, MD, Prema 5/17/2017 CUSTDM10\W0TA_STM_BackgroundJ 9/8/2020 6:21:34 AM -04:00

Patient Name: HOFFMAN, JEANNE LEONIE
Date of Admission: 05/17/2017
Date of Discharge: 20170517
Dictating Physician: Raghu, MD, Prema

MR#: U8170135
Acct#: 1816189282

D: 05/17/2017 15:12 T: 05/17/2017 21:47 JOB: 45206394 MLS: 517665

MEDICATION RECONCILIATION

Pharmacy: Safeway Bainbridge Phone:_____ Fax:_____

Allergies/Adverse Reactions/Sensitivities

Date	Time	Name of Allergies (Medication, Food, etc.)	Type of Reaction (Describe–e.g., itching, etc.)	Initials
5/17/17	15[50]	PCN	rash	
"	"	Sulfa	rash	
"	"	ASA		

DIRECTIONS: Enter date discontinued when applicable and rewrite new or changed medications on a new line. Provide initial copy to patient upon admission, with any changes and/or when patient is admitted to another organization that requires ongoing care. Upon discharge, provide copy to the patient along with education on the importance of sharing medication information with other care provider(s).

List all Over-the-counter medications (Includes vitamins/minerals, herbal/natural products and recreational)

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials

List all medications that patient reported as prescribed for them

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials
5/17/17	15[50]	Acetaminophen - Codeine	300/30	PRN	PO				
"	"	Atorvastatin	20 mg	Q d.l.y	PO				
"	"	Losartin potassium	25 mg	Q d.l.y	PO				
"	"	Pentoxifylline ER	400 mg	3 x day	PO				
"	"	Timolol 0.5%	1 gtt	OU					
"	"	Warfarin	5 mg	d.l.y	PO				
2/5/18	1200	Doxycycline	100mg	BID	PO			2/8/18	MN

List all medications prescribed by Wound Care Center Physician(s)

Date	Time	Medication	Dose	Frequency	Route	Purpose	Initials	Date Discontinued	Initials
8/3/17	1200	Tylenol C Codeine #40	Q4-6°	PRN	PO		MN		
9/1/17	1500	Norco #30	5/325	1 Q4-6°	PO				
11/28/18	1100	Levaquin #10	500mg	daily	PO		MN		

Nurse Signature _____ Initials _____

Nurse Signature _____ Initials _____

Nurse Signature Maryville RN Initials MN

Nurse Signature _____ Initials _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington
WOUND CARE CENTER
MEDICATION RECONCILIATION

M-1216A (01/2016) C306F File Under: Medications
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PATIENT SUMMARY
(Also see Medication Reconciliation)

Initials	Date	Time	Diagnoses and Significant Conditions
SL	5/17/17	1500	Long term anticoagulation
			recurrent DVT's
			Hx cellulitis
			Venous stasis

Initials	Date	Time	Previous Procedures or Surgeries	Date Performed
SL	5/17/17	1500	Hx skin graft L Lg > 20 yrs ago	

Procedures, Surgeries, Treatments or Tests Performed During this Admission (Includes those performed in the CENTER)

Initials	Date	Time	Admit Date	Facility	Hospital/ Ancillary	Procedure, Surgery, Treatment, or Test	Wound Related?	Data Entered
SL	5/17/17	1500	5/17/17	WCC/dc	brain/mets	bx/spine	Y	
MN	5/24/17	1130		WCC	DR Raghu	Delnide, Santyl, CL	yes	
MN	6/7/17	1130		WCC	DR Raghu	delnide, santyl	yes	
MN	6/21/17	1100		WCC	DR Raghu, Silvadene	Delnide Santyl	yes	
MN	7/5/17	1050		WCC	DR Raghu, silvadene	delnide santyl,	yes	
MN	7/20/17	1200		WCC	DR Lee, silvadene	delnide, culture	yes	
MN	8/3/17	1200		WCC	DR Lee,	Delnide, santyl, Medihoney	yes	
MN	8/10/17	1045		WCC		DC santyl, Medihoney, vaseline gauze (1-2 Lidocaine gauze	yes	
MN	8/17/17	1100		WCC	DR Lee, Medihoney	delnide, culture, xray,	yes	
MN	8/24/17	1040		WCC	DR Lee,	Delnide, Medihoney	yes	
MN	9/7/17	0920		WCC	DR Lee,	Delnide, MH	yes	
MN	9/21/17	1040		WCC	DR Lee,	Delnide, MH	yes	

Signature: _____ Initials: _____ Signature: _____ Initials: MN
Signature: _____ Initials: _____ Signature: _____ Initials: _____
Signature: _____ Initials: _____ Signature: _____ Initials: _____

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

CD0030

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WCC PATIENT SUMMARY

M–1471 (09/2012)/C305F File Under: Clinical Doc
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Photo #_____

Photo #_____

Reference

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

CD0010

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND CARE PHOTO(S)

© M–2102 (11/2016) File Under: Clinical Photos

Photo #_____

Photo #_____

Reference

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

CD0010

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND CARE PHOTO(S)

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Page 1 of 1

Photo #_____

Photo #_____

Reference

HOFFMAN, JEANNE LEONIE
DOB: **01/06/1925** **092 Y – F**
CSN: **1816189282** MRN:**U8170135**
ADM: **05/17/2017**
CLASS: **OP**
SVC:

CD0010

NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington

WOUND CARE PHOTO(S)

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Page 1 of 1

EDIE NOTIFICATION 04/25/2017 12:18 HOFFMAN, JEANNE L MRN: U8170135

This patient has registered at the UW Medical Center Emergency Department

For more information visit: https://secure.ediecareplan.com/patient/164222c5-ff06-40e7-acbd-4dfe75bc1751

Known Aliases

No known aliases.

Care Providers

Provider	PRC Type	Phone	Fax	Service Dates
WILLIAM E NEIGHBOR JR	Primary Care			Current

ED Care Guidelines

There are currently no ED Care Guidelines in EDIE for this patient. Please check your facility's medical records system.

Washington PDMP Report

Rx Details (6 Mo.)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2017-04-16	ACETAMINOPHEN-COD #3 TABLET	30	WILLIAM NEIGHBOR	3	4.5
2017-02-28	ACETAMINOPHEN-COD #3 TABLET	30	WILLIAM NEIGHBOR	3	4.5
2016-11-29	ACETAMINOPHEN-COD #3 TABLET	30	WILLIAM NEIGHBOR	3	4.5

Rx Summary (12 Mo.)

Metric	Count
CS II-V Rx	5
CS-II Rx	0
Quantity Dispensed	140
Unique Prescribers	1
Unique Pharmacies	1
Benzos	0
Opioids	5
Long Acting Opioids	0

E.D. Visit Count (12 mo.)

Facility	Visits	Low Acuity
UW Medical Center	1	0
Total	**1**	**0**

Note: Visits indicate total known visits. Medicaid Low Acuity Dx are the number of primary diagnoses on the Medicaid's Low Acuity dx list.

Recent Emergency Department Visit Summary

Admit Date	Facility	City	State	Type	Major Type	Diagnoses or Chief Complaint
Apr 25, 2017	UW M.C.	Seatt.	WA	Emergency	Emergency	Chief Complaint: ULCERATIVE FOOT

Recent Inpatient Visit Summary

No recorded inpatient visits.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the aforementioned facilities for additional information.

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Please click on link to see image.

ED Triage Form Entered On: 4/25/2017 12:31
Performed On: 4/25/2017 12:28 by Durant, Julie

Triage
Chief Complaint : acute on chronic leg ulcer on left leg
Comm Disease Screening in ED : N/A
Health History : See Medical Record

Durant, Julie - 4/25/2017 12:28
(As Of: 4/25/2017 12:31:14 PDT)

Problems(Active)

Supratherapeutic INR (ICD-9-CM :790.92)	*Name of Problem:* Supratherapeutic INR ; *Recorder:* Fletcher MD, Grant Selmer; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 790.92 ; *Last Updated:* 6/5/2014 15:17 ; *Life Cycle Date:* 12/7/2012 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM

Diagnoses(Active)

Wound reeval	*Date:* 4/25/2017 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* Wound reeval ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0

Vitals/Ht/Wt
SBP - Noninvasive : 122 mmHg
DBP - Noninvasive : 64 mmHg
Heart Rate : 62 bpm
Respiratory Rate : 16 br/min
SpO2 : 99 %
Temperature - C : 36.4 degC(Converted to: 97.5 degF)

Durant, Julie - 4/25/2017 12:28

Allergies/Medication

(As Of: 4/25/2017 12:31:14 PDT)

Allergies (Active)

Adhesive Bandage	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* Adhesive Bandage ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 11/10/2015 14:49
aspirin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* aspirin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* Paper Chart ; *Reviewed Date:* 11/10/2015 14:49
nitrofurantoin	*Estimated Onset Date:* Unspecified ; *Created By:* Sispine, Luzviminda G; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* nitrofurantoin ; *Type:* Unknown ; *Severity:* Unknown ; *Updated By:* Sispine, Luzviminda G; *Source:* EPIC ; *Reviewed Date:* 11/10/2015 14:50
penicillin	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:PENICILLIN

; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* penicillin ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND

sulfa drugs — *Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:SULFA ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* sulfa drugs ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND

ESI
DCP GENERIC CODE
Tracking Acuity : 3 Urgent
ED Tracking Group : UWMC Tracking Group

Durant, Julie - 4/25/2017 12:28

Assessment/Screening
ED Neurological - GENERAL Asmt : Alert
Orientation : Oriented x 4 (person, place, time, situation)
Affect/Behavior : Calm, Cooperative
Have you fallen within the past year? : Yes
Are you afraid of falling? : Yes
Issues w/ walking/balance/feel unsteady? : Yes
Abuse/Neglect Concerns - Emergency Dept : No reported Abuse/Neglect
Suicidal Ideation : None
Language Spoken : English

Durant, Julie - 4/25/2017 12:28

ID/CC:
wound eval

Source: Chart review, Patient

HPI:
92-year-old woman with past medical history of chronic venous stasis ulcers and previous skin grafting as well as DVT anticoagulate on warfarin who presents with acute on chronic wounds. Patient has had 3 lesions on the left lower extremity for several months but over the past week there's been spreading erythema up the leg. denies drainage. No fevers or chills. Patient has a biting sensation on her leg that is causing her pain. No pain with range of motion of the ankle or knee. She is still able to walk. She was seen today by her primary care doctor who referred her to the emergency department for possible IV antibiotics. She lives on bainbridge Island in the care of her son but they're currently going through financial stresses and are in the process of being evicted.

PMH/PSH:
Chronic venous stasis ulcers
DVT
Diabetes
Home Medications:
1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. carbamazepine (Tegretol 200 mg oral tablet) Dose: 200 mg PO TID
3. docusate sodium 250 mg oral capsule Dose: 250 mg PO BID
4. ferrous sulfate 325 mg oral tablet Dose: 325 mg PO Daily
5. hydrochlorothiazide 25 mg oral tablet Dose: 25 mg PO Daily
6. metformin 500 mg oral tablet Dose: 500 mg PO BID
7. ranitidine 75 mg oral tablet Dose: 75 mg PO BID for 14 day(s) prn
8. warfarin 10 mg oral tablet Dose: 10 mg PO QMWFSu
9. warfarin 10 mg oral tablet Dose: 5 mg PO QTuThSa
10. methocarbamol 500 mg oral tablet Dose: 500 mg PO Q6 Hours PRN Muscle Spasm
11. oxycodone 5 mg oral tablet Dose: 5 mg PO Q4 Hours as needed for pain
Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Social History:
Denies tobacco and illicits

ROS:
10/14 review of systems (general, heme, derm, HEENT, neuro, cardiac, GI, GU, MSK, and pulmonary) was performed and negative, except as mentioned in HPI.

Physical Exam:
Vitals:
Temperature: 36.4 Pulse: 62 Blood Pressure: 122 / 64 Respirations: 16 Oxygen Saturation: 99%

Physical Exam:

General: pleasant, elderly woman sitting up in bed.

HEENT: Head atraumatic. No scleral icterus, no conj injection.

Mouth: Mucus membranes moist, no obvious lesions, no erythema of posterior pharynx

Neck: Supple, no rigidity

Pulm: Adequate air movement. No adventitious sounds.

Cardiac: Regular rate and rhythm. No JVD.

Abdomen: Soft, non-distended, non-tender

Extremities: No pedal edema. There are 3 well-appearing, chronic appearing ulcers with feveron the lower ankle. One of the medial malleolus and to import him and he to the lateral malleolus. There is surrounding venous stasis changes as well as some erythema spreading proximally to about the mid calf. No pain with range of motion of the ankle. No pain with range of motion of the left knee.

Neuro: A&Ox4. Moves all extremities.

Laboratory Studies:

RESULTS FROM TODAY 04/25/17 11:41				RESULTS FROM YESTERDAY ---			
			|- ICa - - -				|- ICa - - -
141	107	16	|- Ca 9.6	- - -	- - -	- - -	|- Ca - - -
---	---	---	< 122 |- Mg - - -	---	---	---	< - - - |- Mg - - -
4.4	26	0.95	|- Phos - - -		- - -	- - -	- - - |- Phos - - -

RESULTS FROM TODAY 04/25/17 11:41				RESULTS FROM YESTERDAY ---			
	12.1		|- PT 24.5		- - -		|- PT - - -
6.76]	---	[223	|- INR 2.3	- - -]	---	[- - -	|- INR - - -
	38		|- PTT - - -		- - -		|- PTT - - -

No Liver Studies Results Found.
(Most recent result for the last 5 Days.)

		Date 10/22/14	Date 04/24/17	Date 04/23/17	Date 04/22/17	Date 04/21/17
CK (Total)	42 (11:31)	- - -	- - -	- - -	- - -	
CK MB Mass	- - -	- - -	- - -	- - -	- - -	
CK MB Quotient	- - -	- - -	- - -	- - -	- - -	

Troponin-I	- - -	- - -	- - -	- - -	- - -
Myoglobin Level	- - -	- - -	- - -	- - -	- - -

Radiology:
XR Ankle (04/25/2017 13:37)
~RADIOGRAPHS OF THE ANKLE, THREE VIEWS, LEFT
CLINICAL INDICATION:
eval for osteo
COMPARISON:
None.
FINDINGS AND IMPRESSION:
Generalized osteopenia is present. Nonspecific soft tissue calcification. Vascular calcification. Soft tissue swelling about the lateral aspect of the ankle.
No acute fracture or dislocation is evident. No specific radiographic evidence of osteomyelitis.
Advanced degenerative change talonavicular joint.
ATTENDING RADIOLOGIST AND PAGER NUMBER
413550 Porrino Jr Jack MD
(206)314-3821
RESULT DETAIL
Ordering Provider:Patrick D Bender 507241
Diagnosis:eval for osteo
History:
Comment:From ORCA:
Assisting Radiologist(s):

XR Tibia Fibula (04/25/2017 13:37)
~EXAMINATION:
XR TIBIA FIBULA 2 VIEWS LEFT
CLINICAL INDICATION:
eval for osteo
COMPARISON:
No prior images are currently available for comparison.
FINDINGS and IMPRESSION:
Generalized osteopenia is present. Nonspecific soft tissue calcification. Vascular calcification.
No acute fracture or dislocation is evident. No specific radiographic evidence of osteomyelitis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
413550 Porrino Jr Jack MD
(206)314-3821
RESULT DETAIL
Ordering Provider:Patrick D Bender 507241
Diagnosis:eval for osteo
History:
Comment:From ORCA:
Assisting Radiologist(s):

Assessment/Plan/MDM:
92-year-old woman with past medical history of DVT and chronic ulcers on her lower extremity presents with concern for cellulitis. My differential diagnosis includes cellulitis, necrotizing soft tissue infection, ostial myelitis, septic joint, dvt. Patient has no pain with range of motion of the ankle or knee joint and low suspicion for septic joint. X-rays did not demonstrate tracking air or evidence of osteo-myelitis and I have a lower suspicion for deep space infection based on physical exam. fully anticoagulated and warfarin failure unlikely. Most likely this represents cellulitis. Discussed with patient and it seems reasonable to trial oral antibiotics at this point with an understanding on the part of the patient and her son that should the redness progress, they should return to the ER. They received a dose of Keflex and doxycycline in the emergency department and are prescribed a seven-day course of Keflex and doxycycline. She will follow-up with Dr. Neighbors in 2 days for recheck of her INR. Discharge in stable condition.

Diagnosis:
cellulitis
Disposition:
home/self care
Patrick Bender, MD
PGY-2

ATTENDING STATEMENT:
Attending Statement
A laboratory evaluation was ordered and I have personally reviewed all of these findings.
A radiology evaluation was ordered and I have personally reviewed all of these findings.
I was the supervising attending involved in this patient's Emergency Department care. I have personally obtained a history and evaluated this patient and discussed the history, physical exam, diagnostic studies, and treatment plan with the resident. I agree with their documentation and where necessary for either clarification or accuracy, I have added directly to the above note or provided additional comments below.

Electronically Reviewed/Signed On: 04/25/17 at 23:50

_____

Bender MD, Patrick D
Resident, Department of Emergency Medicine
Box 359702
Seattle WA

Electronically Co-Signed On: 04/27/17 at 15:03

_____

Henning MD, Daniel J
Attending, HMC Emergency Medicine
Box 359702
Seattle WA

PDB
DD:04/25/17

ED NOTE

University of Washington Medical Center
Emergency Department
Clinical Summary
1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: U8170135

Provider Contact Time: 04/25/2017 12:56

Sex: Female

DOB: 01/06/1925

Age: 92 Years

Acuity: 3 Urgent

Visit Reason: Wound reeval

Disposition: Home/Self-Care

Address:
245 HIGH SCHOOL ROAD NW
BAINBRIDGE ISLAND WA
98110

Phone: 206 780-6885

ED Admit Date/Time (EPIC Registration Date/Time)
04/25/2017 12:18

ED Discharge Date/Time (ED Checkout)
04/25/2017 15:07

ED Decision to Admit (ED Decision to Admit Order Date/Time)
Not entered

FirstNet Disposition Date/Time
04/25/2017 14:24

DIAGNOSIS: Cellulitis
Attending Provider:
Daniel Henning

Primary Nurse(s):
Beth; Margaret

Fill New Prescriptions:
cephalexin (Keflex 500 mg oral capsule) 500 mg by Mouth four times daily 7 day(s)
doxycycline (doxycycline monohydrate 100 mg oral tablet) 100 mg by Mouth twice daily 7 day(s)

Allergies:
nitrofurantoin
penicillin
aspirin
sulfa drugs
Adhesive Bandage

Patient Education and Follow-up Information
Instructions:
ED, Cellulitis (Custom)
Follow up:

With:	Address:	When:
Please see Dr. Neighbors on Thursday for a repeat INR check and wound eval.		

University of Washington Medical Center

Emergency Department

Discharge Instructions

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 92 Years

MRN: U8170135 **Printed at:** 4/25/2017 15:07:04

Arrival Date/Time: 4/25/2017 12:18 PM

Attending Provider:
D. Henning

Other Providers:
P. Bender

Primary Nurse(s):
Beth; Margaret

Diagnosis: Cellulitis

Comment: Your actual wounds are fairly well appearing but you may have a surrounding skin infection. If the redness progresses far over the ink line, come back to the ER. Return to the ER if you have fever, confusion, or chest pain/shortness of breath. Be sure to get your INR checked on Thursday.

Fill New Prescriptions:
cephalexin (Keflex 500 mg oral capsule) 500 mg by Mouth four times daily 7 day(s)
doxycycline (doxycycline monohydrate 100 mg oral tablet) 100 mg by Mouth twice daily 7 day(s)

Allergies:
nitrofurantoin
penicillin

aspirin
sulfa drugs
Adhesive Bandage

Comment:

Follow-up Instructions:

With:	Address:	When:
Please see Dr. Neighbors on Thursday for a repeat INR check and wound eval.		

IMPORTANT EMERGENCY DEPARTMENT COMMUNICATION AFTER YOUR VISIT:
If you have questions about your ED visit, please call:
University of Washington Medical Center ED: 206-598-2000

You may receive a phone call from us in the next few days to ensure that you are improving. Please be sure that we have an accurate phone number and address for you.

To assist us with continuing to improve the quality of the Emergency Care we provide, we would like your input. In the coming weeks, you may receive a survey in the mail about our processes. Please complete this and return it to us. Our goal is to provide you with excellent medical care. If we have not reached this goal, please let us know how we can improve our services.

University of Washington Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. For help scheduling your UW Medicine or Harborview Clinic doctor appointment, call the Patient Contact Center at 206.520.5000 or toll free at 877.520.5000.

If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

Patient and Family Education

Cellulitis

What you should know:

Cellulitis is a skin infection caused by bacteria.

Instructions:

Medicines:

Antibiotics: This medicine is given to kill the bacteria that caused your cellulitis. This may be given as a pill or ointment.
Pain medicine: You may be given medicine to take away or decrease pain. Do not wait until the pain is severe before you take your medicine.
Take your medicine as directed. Call your primary healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Follow up with your primary healthcare provider as directed: Write down your questions so you remember to ask them during your visits.

Elevate your arm or leg: Raise the wound area above the level of your heart as much as possible. This will help decrease swelling and pain. Use pillows, blankets, or rolled towels to prop your arm or leg.

Wear pressure stockings: Compression stockings are tight stockings that help increase your circulation and decrease swelling in your legs. Wear them as directed.

Self-care:

Do not share personal items: Do not share items such as towels, clothing, and razors.
Clean exercise equipment: Clean the exercise equipment you use with germ-killing cleaner before and after you use it.
Clean your wound: Wash it regularly with soap and water. Watch carefully for signs of infection.
Take care of your skin: Use lotion to prevent dry, cracked skin.
Wash your hands often: This will help prevent the spread of germs.

Contact your primary healthcare provider if:

Your fever or pain does not go away or gets worse.
Your wound does not get smaller after 2 days of antibiotics.
Your skin is flaking or peeling off.
You have questions or concerns about your condition or care.

Return to the emergency department if:

Your wound gets larger and more painful.
You have a thin, gray-brown discharge coming from your infected skin area.

You feel a crackling under your skin when you touch it.
You have purple dots or bumps on your skin, or you see bleeding under your skin.
You have new swelling and pain in your legs.
You have sudden trouble breathing or chest pain.
The red, warm, swollen area gets larger.
You see red streaks coming from the infected area.
You feel weak and dizzy.

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Reviewed 07/13

EM Medicine Discharge - Signature Page

University of Washington Medical Center

Emergency Department
Discharge Instruction
1959 NE Pacific
Seattle, WA 98195

Name: HOFFMAN, JEANNE LEONIE **DOB:**1/6/1925 **Date/Time:**4/25/2017 15:07:04
MR#: U8170135 **Acct#:** 1815700994 **Visit Date:**4/25/2017 12:18:00

Patient Education Material(s)

ED, Cellulitis (Custom)

I, HOFFMAN, JEANNE LEONIE, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

_____

Patient/Guardian Signature Relation to Patient Date/Time

_____

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

DISCHARGE/TRANSFER:

Discharge details:

Discharge disposition: Home/Self Care.

Patient meets clinical criteria for discharge.

Vital Signs Data

4/25/2017 14:32	Temperature - C	36.9 degC
	Temperature Source	Temporal Artery
	Heart Rate	60 bpm
	Respiratory Rate	16 br/min
	SBP - Noninvasive	126 mmHg
	DBP - Noninvasive	**53 mmHg Low .**

Oxygenation Data

4/25/2017 14:32	SpO2	100 % .

Discharge method: family.

Belongings with patient: Yes.

Prescriptions: printed.

No IV placed.

ED General Topic(s) Taught: Medications.

Discharge Instructions reviewed and patient verbilizes understanding: Yes.

UWMC huddle complete and findings discussed with Primary Provider. Patient ready for discharge.

Electronically Reviewed/Signed On: 04/25/17 at 15:06

_____

Chandar, Beth Marie
Box 356123

BMC
DD:04/25/17

ED RN Discharge/Transfer

4/26/2017 11:36:54 AM UWED

EM Medicine Discharge - Signature Page

University of Washington Medical Center

Emergency Department
Discharge Instruction
1959 NE Pacific
Seattle, WA 98195

Name: HOFFMAN, JEANNE LEONIE **DOB:**1/6/1925 **Date/Time:**4/25/2017 14:43:16
MR#: U8170135 **Acct#:** 1815700994 **Visit Date:**4/25/2017 12:18:00

Patient Education Material(s)
ED, Cellulitis (Custom)

I, HOFFMAN, JEANNE LEONIE, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

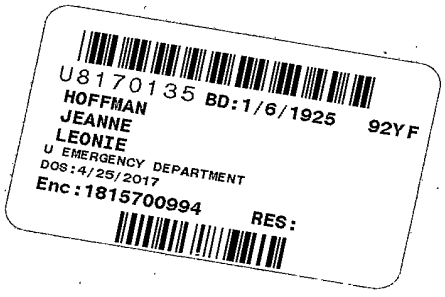
X _____

Patient/Guardian Signature Relation to Patient Date/Time

_____

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center



4/26/2017 11:34:32 AM UWED

Financ... Agreement & Consent for D...closure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital & Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

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

Signature (Patient or Person Authorized to Give Authorization)	Date
X [signature]	4/25/17

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

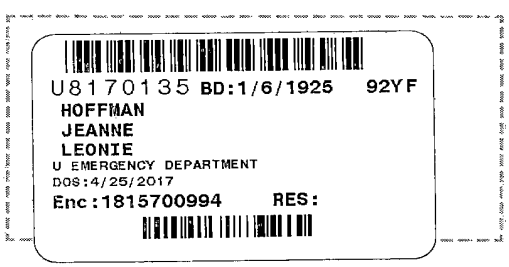
FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child ☐ 3. Parent(s)

PT.NO

NAME

DOB



UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV MAR 16

WHITE – MEDICAL RECORD
CANARY – PATIENT

Financial Agreement & Consent for Disclosure

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. Sometimes patients will pay more for certain outpatient services and procedures at hospital-based outpatient locations. The amount will depend on my insurance. I may review my insurance benefits or contact my insurer to learn what my policy will pay and what out-of-pocket expenses I may need to pay. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

PT.NO
NAME
DOB

Place EPIC Label Within Box

UW Medicine
Harborview Medical Center – Northwest Hospital & Medical Center
Valley Medical Center – UW Medical Center
University of Washington Physicians Seattle, Washington

PATIENT FINANCIAL AGREEMENT/AUTHORIZATION

U1865

UH1865 REV MAR 16 E

4/26/2017 11:35:43 AM UWED

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record.

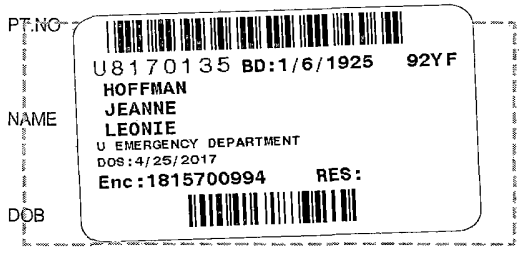
SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
[signature]	Louis Allain	4/25/17

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☐ ADULT CHILD ☐ ADULT BROTHER/SISTER



UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV DEC 10

WHITE – MEDICAL RECORD
YELLOW - PATIENT

ED Triage Form Entered On: 7/15/2015 9:22
Performed On: 7/15/2015 9:17 by Hsu, Chih-Huei

Triage
Chief Complaint : C/O R knee pain/swelling radiated to RLE; poss twisted on 7/6. On Coumadin.
Mode of Arrival to Emergency Dept : Walk
ED Patient Origin : Private residence
Comm Disease Screening in ED : N/A
Health History : See Medical Record, Other: DVT BLEs

Hsu, Chih-Huei - 7/15/2015 9:17
(As Of: 7/15/2015 09:22:40 PDT)

Problems(Active)

Supratherapeutic INR (ICD-9-CM :790.92)	*Name of Problem:* Supratherapeutic INR ; *Recorder:* Fletcher, MD, Grant Selmer; *Confirmation:* Confirmed ; *Classification:* Medical ; *Code:* 790.92 ; *Last Updated:* 6/5/2014 15:17 ; *Life Cycle Date:* 12/7/2012 ; *Life Cycle Status:* Active ; *Vocabulary:* ICD-9-CM

Diagnoses(Active)

R knee pain/swelling	*Date:* 7/15/2015 ; *Diagnosis Type:* Reason For Visit ; *Confirmation:* Confirmed ; *Clinical Dx:* R knee pain/swelling ; *Classification:* Nursing ; *Clinical Service:* Non-Specified ; *Code:* ED RFV ; *Probability:* 0

Vitals/Ht/Wt
SBP - Noninvasive : 153 mmHg (High)
DBP - Noninvasive : 60 mmHg
Heart Rate : 68 bpm
Respiratory Rate : 20 br/min
SpO2 : 98 %
Pain Symptoms in Emergency Dept : Yes
Temperature - C : 37.1 degC(Converted to: 98.8 degF)
Temperature Source : Temporal Artery
O2 Delivery Device : Room air
ED - Concern for Infection : Yes

Hsu, Chih-Huei - 7/15/2015 9:17

Allergies/Medication
ED Current/Patient Reported Medications : See Medical Record

Hsu, Chih-Huei - 7/15/2015 9:17
(As Of: 7/15/2015 09:22:40 PDT)

Allergies (Active)

penicillin	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:PENICILLIN ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* penicillin ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:* MIND
sulfa drugs	*Estimated Onset Date:* Unspecified ; *Comments:* Comment 1: MIND:SULFA ; *Created By:* Contributor_system, ALLERGY-HX; *Reaction Status:* Active ; *Category:* Drug ; *Substance:* sulfa drugs ; *Updated By:* Contributor_system, ALLERGY-HX; *Source:*

MIND

ESI
DCP GENERIC CODE
Tracking Acuity : 3 Urgent
ED Tracking Group : UWMC Tracking Group

Hsu, Chih-Huei - 7/15/2015 9:17

Assessment/Screening
ED Neurological - GENERAL Asmt : Alert
Orientation : Oriented x 4 (person, place, time, situation)
Affect/Behavior : Cooperative, Anxious
Have you fallen within the past year? : Yes
Are you afraid of falling? : Yes
Issues w/ walking/balance/feel unsteady? : Yes
Immunizations Current : Tetanus greater than 5 years
Language Spoken : English

Hsu, Chih-Huei - 7/15/2015 9:17

Pain Associated Behaviors
Pain Intensity 0 - 10 Scale : 5
Location of Pain : R knee

Hsu, Chih-Huei - 7/15/2015 9:17

University of Washington Medical Center
Emergency Department
Clinical Summary

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: U8170135

ED Arrival Time: 07/15/2015 09:07

Sex: Female

DOB: 01/06/1925

Age: 90 Years

Visit Reason: Knee pain, R knee pain/swelling

Acuity: 3 Urgent

Disposition: Home/Self-Care

Address:
245 HIGH SCHOOL ROAD NW
BAINBRIDGE ISLAND WA
98110

Phone: 206 780-6885

Provider Contact Time:
07/15/2015 09:38

Decision to Admit:
Not entered

ED Departure Time:
07/15/2015 13:25

DIAGNOSIS: Sprain of medial collateral ligament of right knee

Attending Provider:
Stephen Morris, MD

Primary Nurse(s):
Valerie; Michael

Allergies:

penicillin
sulfa drugs

Patient Education and Follow-up Information

Instructions:

ED, Knee Sprain (Custom)

Follow up:

With:	Address:	When:
Follow up with primary care provider		In 2 days 7/17/2015, only if needed

Comments:

With:	Address:	When:
Return to Emergency Department		

Comments:

not improving

University of Washington Medical Center

Emergency Department

Discharge Instructions

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 90 Years

MRN: U8170135 **Printed at:** 7/15/2015 13:25:51

Arrival Date/Time: 7/15/2015 9:07 AM

Attending Provider:
S. Morris, MD

Other Providers:
T. Erskine, ARNP; S. Schwitz, MD

Primary Nurse(s):
Valerie; Michael

Diagnosis: Sprain of medial collateral ligament of right knee

Comment:

Allergies:
penicillin
sulfa drugs

Comment:

Follow-up Instructions:

With:	Address:	When:
Follow up with primary care provider		In 2 days 7/17/2015, only if needed

Comments:

With:	Address:	When:
Return to Emergency Department		

Comments:

not improving

IMPORTANT EMERGENCY DEPARTMENT COMMUNICATION AFTER YOUR VISIT:
If you have questions about your ED visit, please call:
University of Washington Medical Center ED: 206-598-2000

You may receive a phone call from us in the next few days to ensure that you are improving. Please be sure that we have an accurate phone number and address for you.

To assist us with continuing to improve the quality of the Emergency Care we provide, we would like your input. In the coming weeks, you may receive a survey in the mail about our processes. Please complete this and return it to us. Our goal is to provide you with excellent medical care. If we have not reached this goal, please let us know how we can improve our services.

University of Washington Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. For help scheduling your UW Medicine or Harborview Clinic doctor appointment, call the Patient Contact Center at 206.520.5000 or toll free at 877.520.5000.

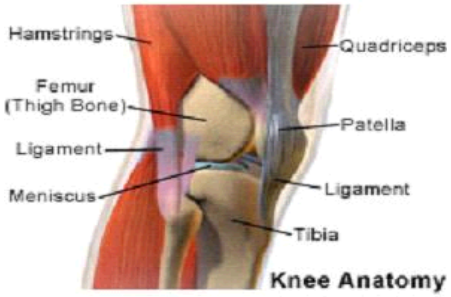
If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

Patient and Family Education

Knee Sprain

What you should know

A knee sprain is caused by a stretched or torn ligament. Ligaments are strong tissues that connect one bone to another.



Instructions

Medicines

Nonsteroidal anti-inflammatory (NSAID) medicine may decrease swelling and pain or fever. This medicine can be bought with or without a doctor's order. This medicine can cause stomach bleeding or kidney problems in certain people. If you take blood thinner medicine, always ask your primary healthcare provider if NSAIDs are safe for you. Always read the medicine label and follow the directions on it before using this medicine.
Take your medicine as directed. Call your primary healthcare provider if you think your medicine is not helping or if you have side effects. Tell him if you are allergic to any medicine. Keep a list of the medicines, vitamins, and herbs you take. Include the amounts, and when and why you take them. Bring the list or the pill bottles to follow-up visits. Carry your medicine list with you in case of an emergency.

Care for your knee

Rest: Limit movement as your injury heals. This will help decrease the risk of more damage to your knee. You may need crutches to take weight off your injured knee. Use crutches as directed.
Ice: Ice your knee to help decrease swelling and pain. Use an ice pack or put ice in a plastic bag and cover it with a towel. Put the ice on your knee for 15 to 20 minutes, 3 to 4 times each day. Do this for 2 to 3 days.
Heat: Use heat after you have used ice for 2 to 3 days. Apply a hot pack, heating pad, or soak in a

hot tub. Do this for 15 to 20 minutes, 3 to 4 times each day.
Support: Support your knee by wrapping it with tape or an elastic bandage. You may need a brace for more support. This will help decrease swelling and movement so your knee can heal.
Elevate: Use pillows to raise your knee above the level of your heart as often as you can. This will help decrease swelling.

Physical therapy: You may need to see a physical therapist to teach you special exercises. These exercises help improve movement and decrease pain. Physical therapy can also help improve strength and decrease your risk for loss of function.

Prevent another injury

Warm up and stretch before you exercise.
Do not exercise when you are tired or in pain.
Wear shoes that fit well and run on flat surfaces to prevent falls.
Wear equipment to protect yourself when you play sports.

Follow up with your primary healthcare provider as directed: Write down your questions so you remember to ask them during your visits.

Contact your primary healthcare provider if:

You have new or increased swelling, bruising, or pain in your knee.
The skin on your lower leg or foot is turning white or blue and feels cool when you touch it.
You have questions about your injury or treatment.

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Reviewed 08/13

EM Medicine Discharge - Signature Page

University of Washington Medical Center

Emergency Department
Discharge Instruction
1959 NE Pacific
Seattle, WA 98195

Name: JEANNE HOFFMAN **DOB:**1/6/1925 **Date/Time:**7/15/2015 13:25:51
MR#: U8170135 **Acct#:** 1796314943 **Visit Date:**7/15/2015 09:07:00

Patient Education Material(s)

ED, Knee Sprain (Custom)

I, JEANNE HOFFMAN, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

_____

Patient/Guardian Signature Relation to Patient Date/Time

_____

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

ID/CC:
U8170135 90 year old female CC: right knee pain s/p fall last week

HISTORY OF PRESENT ILLNESS:
90 year female reports she got dizziness and briefly fainted at the ferry stop on 7/6/15. She landed on her right knee and sustained an abrasion. Her LOC was brief and she was wearing a very heavy coat in hot weather. Her son was with her and she recovered quickly. She contacted her PCP. She has since had right knee medial joint line tenderness. She continues to ambulate with her walker without difficulty. She has been using acetaminophen for pain management. Denies fever, joint swelling, or the inability to ambulate. No bruising or paraesthesia. She lives in her home with her son on Bainbridge Island. She continues with her daily activities and denies any other syncopal episodes or dizziness. Her son is in the dental clinic today and she thought she would have her knee checked.

PAST MEDICAL HISTORY:
DVT chronic Coumadin +30 years
HTN
DM type 2
DJD
HOH wears hearing aids

PRIMARY CARE PRACTITIONER:
Primary Care Provider: William Neighbor, MD.

PROBLEM LIST:

Supratherapeutic INR

MEDICATIONS:

1. atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg PO Daily
2. carbamazepine (Tegretol 200 mg oral tablet) Dose: 200 mg PO TID
3. docusate sodium 250 mg oral capsule Dose: 250 mg PO BID
4. ferrous sulfate 325 mg oral tablet Dose: 325 mg PO Daily
5. hydrochlorothiazide 25 mg oral tablet Dose: 25 mg PO Daily
6. metformin 500 mg oral tablet Dose: 500 mg PO BID
7. ranitidine 75 mg oral tablet Dose: 75 mg PO BID for 14 day(s) prn
8. warfarin 10 mg oral tablet Dose: 10 mg PO QMWFSu
9. warfarin 10 mg oral tablet Dose: 5 mg PO QTuThSa

10. methocarbamol 500 mg oral tablet Dose: 500 mg PO Q6 Hours PRN Muscle Spasm
11. oxycodone 5 mg oral tablet Dose: 5 mg PO Q4 Hours as needed for pain

ALLERGIES:

penicillin
sulfa drugs

FAMILY HISTORY:
Family History reviewed and not pertinent to current ED encounter.

SOCIAL HISTORY:
Residence:
  Private residence.
Living situation:
  Lives with children.
Employment:
  Retired.
  Denies history of tobacco, alcohol, and drug use.

REVIEW OF SYSTEMS:
Constitutional:
  Denies symptoms.
Eye:
  Denies symptoms.
ENMT:
  Denies symptoms.
Respiratory:
  Denies symptoms.
Cardiovascular:
  Denies symptoms.
Gastrointestinal:
  Denies symptoms.
Genitourinary:
  Denies symptoms.
Neurologic:
  Denies symptoms.
Musculoskeletal:
  Joint pain.
Skin:
  Denies symptoms.

Endocrine:
Denies symptoms.
Allergy/Immunology:
Denies symptoms.
Heme/Lymph:
Denies symptoms.
Psychiatric:
Denies symptoms.

PHYSICAL EXAMINATION:
Constitutional:
Vital Signs : Vital Signs - ED

7/15/2015 12:06	**Temperature - C**	**35.5 degC Low**
	Temperature Source	Temporal Artery
	Heart Rate	61 bpm
	Respiratory Rate	16 br/min
	SBP - Noninvasive	125 mmHg
	DBP - Noninvasive	**42 mmHg Low**
	BP Method	Automatic
	BP Extremity	RIGHT, Arm, Upper
	Vital Sign Reason	Routine
	SpO2	100 %
	O2 Delivery Device	Room air
7/15/2015 9:17	Temperature - C	37.1 degC
	Temperature Source	Temporal Artery
	Heart Rate	68 bpm
	Respiratory Rate	20 br/min
	SBP - Noninvasive	**153 mmHg High**
	DBP - Noninvasive	60 mmHg
	SpO2	98 %
	O2 Delivery Device	Room air .

Distress: none.
HENT:
Moist mucous membranes.
Eyes:
Normal conjuctiva.
Normal sclera.
Cardiovascular:
Regular rate and rhythm, no murmur, rub or gallop.
Respiratory/Chest:
Clear to auscultation bilaterally.
Gastrointestinal:
Soft.
Musculoskeletal:
Normal strength, tone and range of motion.
No joint erythema/edema/warmth.
Right knee: No patella tenderness, no bulge or ballotment, no erythema, edema or ecchymosis. No instability with Lachman's. Mild tenderness with palpation of right medial joint line. Able to flex and extend independently and no decrease in range of motion. No posterior patella bulge or pain. No tenderness of right tibia, fibula, ankle or foot.
Left knee: non tender..

Genitourinary:
No back/flank tenderness.
Neurologic:
No focal deficits.
Alert and oriented to person, place, and time.
Skin:
No rash, bruises or ulcers.
superficial healing, scab abrasions right shin. No st reaking or spreading erythema.
Psychiatric:
Appropriate.
Normal mood.

RESULTS REVIEW:
Results
Laboratory

7/15/2015 9:55	Na	141 mEq/L	
	K	4.1 mEq/L	
	Cl	**111 mEq/L High**	
	CO2	22 mEq/L	
	Anion Gap	8	
	Glucose Level	116 mg/dL	
	BUN	17 mg/dL	
	Creatinine	0.85 mg/dL	
	eGFR, Calculated, African American		>60 mL/min
	eGFR, Calculated, European American		>60 mL/min
	eGFR, Additional Information		Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
	Ca	9.1 mg/dL	
	WBC	5.45 thousand/microL	
	RBC	**3.62 million/microL Low**	
	Hb	**11.0 g/dL Low**	
	HCT	**35 % Low**	
	MCV	97 fL	
	MCH	30.4 pg	
	MCHC	**31.3 g/dL Low**	
	PLT	192 thousand/microL	
	RDW-CV	14.0 %	
	% Neutrophils	58 %	
	% Lymphocytes	31 %	
	% Monocytes	7 %	
	% Eosinophils	3 %	
	% Basophils	1 %	
	% Immature Granulocytes	0 %	
	Neutrophils	3.15 thousand/microL	
	Lymphocytes	1.69 thousand/microL	
	Monocytes	0.40 thousand/microL	
	Eosinophils	0.17 thousand/microL	
	Basophils	0.03 thousand/microL	
	Immature Granulocytes	0.01 thousand/microL	
	Prothrombin Time Patient	**28.6 sec High**	
	Prothrombin Time INR	**2.9 High**	
	PTT Patient	35 sec	
	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29. .	

RADIOLOGICAL STUDIES:
Radiology Results
CT Head (07/15/2015 11:30)
~EXAMINATION:
CT HEAD WO CONT
CLINICAL INDICATION:
syncope on coumadin, syncope on coumadin
TECHNIQUE:
CT Head Routine wo contrast (N-1)
Non-contrast axial 5 mm contiguous sections were obtained through the head.
Patient age specific scan parameters were used for radiation exposure.
COMPARISON:
CT head without contrast dated 2/22/2013
FINDINGS:
No acute intracranial abnormalities. No hemorrhage, mass, mass effect or midline shift. No loss of gray-white differentiation to indicate stroke.
Periventricular white matter hypodensities which are nonspecific but which likely represent chronic microvascular ischemic disease. Stable basal ganglia calcifications and calcification within the left periventricular white matter.
Prominence of the ventricles and sulci, likely age-related. Lateral ventricles are symmetric. Basal cisterns are patent.
Calcification of the bilateral intracranial internal carotid and vertebral arteries.
Bowing of the bony nasal septum. Paranasal sinuses and mastoid air cells are well aerated. Status post bilateral lens replacement. Dentures and bilateral hearing aids are noted.
IMPRESSION:
No acute intracranial abnormalities. No hemorrhage as clinically questioned.
ATTENDING RADIOLOGIST AND PAGER NUMBER
504636 Yuh William MD
(206)314-959
RESULT DETAIL
Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:syncope on coumadin, syncope on coumadin
History:
Comment:From ORCA:
Assisting Radiologist(s):Jay Champlin 505563

XR Knee (07/15/2015 10:27)
~EXAMINATION:
XR KNEE 4 MIN VIEWS RIGHT
CLINICAL INDICATION:
fall 7/6 with continued pain, medial joint line
COMPARISON:
Same day tibia-fibula radiographs; knee radiographs 5/2/2007
FINDINGS:
No fractures or dislocations. No joint effusion or soft tissue abnormalities.
There is mild osteoarthritis, worse in the medial and patellofemoral compartments. There is an enthesophyte at the quadriceps tendon insertion.

There are vascular calcifications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 Chew Felix Sze-Kway MD
(206)559-7501
RESULT DETAIL
Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:fall 7/6 with continued pain, medial joint line
History:
Comment:From ORCA:
Assisting Radiologist(s):Benjamin Carney 505560

XR Tibia Fibula (07/15/2015 10:27)
~EXAMINATION:
XR TIBIA FIBULA 2 VIEWS RIGHT
CLINICAL INDICATION:
FALL, Knee pain medial joint line
COMPARISON:
Same day knee radiographs
FINDINGS:
No fractures or dislocations. No soft tissue abnormalities.
There are vascular calcifications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 Chew Felix Sze-Kway MD
(206)559-7501
RESULT DETAIL
Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:FALL, Knee pain medial joint line
History:
Comment:From ORCA:
Assisting Radiologist(s):Benjamin Carney 505560

.

EKG:
EKG
Rhythm: normal sinus rhythm, Other: ECG consistent with previous ecgs, no acute changes.

PROCEDURES/DIAGNOSTIC STUDIES:
ECG secondary to recent syncopal episode
Head CT secondary to anticoagulation treatment and syncopal episode
X-ray right knee to further evaluate for fracture

ED COURSE & MEDICAL DECISION MAKING:
Pt stable and non toxic appearing. Pleasant. Care discussed with Scott R4 resident and Dr. Morris attending MD. Xray ordered of right knee to further evaluate for fracture secondary to trauma and pain. Head CT and

ecg, labs ordered secondary to isolated syncopal episode. Pt. has not had further syncopal episodes. She remains independent in her home and continues with competency with her ADL's. Her PT/INR is therapuetic and labs otherwise unchanged from previous evaluation. Her knee xray in negative for fracture. She is visualized ambulating with her walker without difficulty in the ED. Her head CT was negative for acute changes and was completed secondary to her isolated syncopal episode. Her differentials also include right knee sprain of medial collateral ligament, acl, meniscus injury. She will follow up with PCP if her pain does not improve and consider PT evaluation. Her son returns and both are agreeable to discharge home with continued monitoring of symptoms.

ARNP/PA STATEMENT:
This case was discussed with the attending, Morris.

DISPOSITION/PLAN:
Final disposition:
Discharge private residence, self care.
Theraputic plan:
Strict return precautions were given.
Follow-up:
PCP.

IMPRESSION/DIAGNOSIS:
Acute right knee sprain, medial collateral ligament
Isolated syncopal episode, resolved.

ATTENDING STATEMENT:
I was the supervising attending involved in this patient's Emergency Department care. I have personally obtained a history and evaluated this patient and discussed the history, physical exam, diagnostic studies, and treatment plan with the ARNP/PA. I agree with their documentation and where necessary for either clarification or accuracy, I have added directly to the above note or provided additional comments below. Patient with transient lightheadedness and fall in the setting of heat exhaustion due to wearing a heavy coat and activity on a very hot day. Mild knee injury but no fracture dislocation. Patient able to ambulate without difficulty. We'll continue outpatient workup when necessary.

Electronically Reviewed/Signed On: 07/16/15 at 09:06

_____

Erskine, ARNP, Teresa Myers
UWMC Emergency Department
Box 356123, 206-598-4000
Seattle WA

Electronically Co-Signed On: 07/16/15 at 18:57

_____

Morris, MD, Stephen Craig
Attending, Emergency Services
Box 356123
Seattle WA

TME
DD:07/16/15

ED NOTE

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
X Jeanne F Hoffman		

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☐ ADULT CHILD ☐ ADULT BROTHER/SISTER

PT NO
U8170135 BD:1/6/1925 90Y F
NAME HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/15/2015
Enc:1796314943 RES:
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV DEC 10

WHITE – MEDICAL RECORD
YELLOW - PATIENT

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital &Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), , Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

I understand that:

- **Each UW Medicine entity, SOD, CUMG, and/or SCCA bill separately for their services.**
- **Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.**
- **UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.**
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

Signature (Patient or Person Authorized to Give Authorization)	Date
Jeanne L Hoffman	

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child ☐ 3. Parent(s)

PT.NO

NAME

DOB

U8170135 BD:1/6/1925 90Y F
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/15/2015
Enc:1796314943 RES:

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV APR 13

WHITE – MEDICAL RECORD
CANARY – PATIENT

EM Medicine Discharge - Signature Page

University of Washington Medical Center

Emergency Department
Discharge Instruction
1959 NE Pacific
Seattle, WA 98195

Name: JEANNE HOFFMAN **DOB:**1/6/1925 **Date/Time:**7/15/2015 13:17:20
MR#: U8170135 **Acct#:** 1796314943 **Visit Date:**7/15/2015 09:07:00

Patient Education Material(s)
ED, Knee Sprain (Custom)

I, JEANNE HOFFMAN, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

Patient/Guardian Signature Relation to Patient Date/Time 7/15/15

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

U8170135 BD:1/6/1925 90YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:7/15/2015
Enc:1796314943 RES:

12/15/2014 10:23

Mammography Screening

Add on

What is the REASON you are having a breast imaging exam?
(please select one)

- [X] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] *This is an additional exam requested from my current screening exam.*
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [X] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [X] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

If you ever used any of the following Hormones, please enter:

	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives				[ ] Yes [X] No
Estrogen				[ ] Yes [X] No
Progesterone				[ ] Yes [X] No
Tamoxifen				[ ] Yes [X] No
Other: _____				[ ] Yes [X] No

Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	
Age at hysterectomy:	46
Age at right ovary removal:	46
Age at left ovary removal:	46
Number of live births:	2

Previous Mammograms? [X] Yes [ ] No
When _____
Where 8/2013

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R Combination implant
L R Pre-pectoral implant
L R Retro-pectoral implant

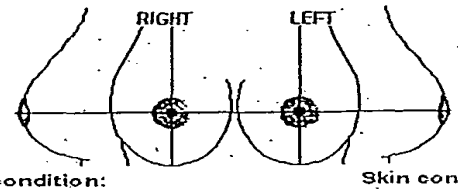
Previous PROCEDURES? [X] Yes [ ] No
(Circle L for Left or R for Right)

L R	Cyst aspiration	
L R	Needle biopsy	
L R	Excisional biopsy	
L R	Lumpectomy for cancer	
L R	Mastectomy	
L R	Radiation therapy	
L R	Breast reduction	
L R	Implant removed	(Date)

Have you ever received chemotherapy for any type of cancer? [ ] Yes [X] No

PATIENT SIGNATURE	Updated	DATE 11/5/14	TIME
TECHNOLOGIST SIGNATURE		DATE 11/5/14	TIME 1124

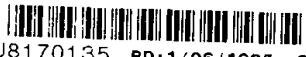
Technologists Notes:



Skin condition:

Skin condition:

Equipment cleaned and disinfected [X] Yes [ ] No


U8170135 BD:1/06/1925 89Y F
HOFFMAN
JEANNE
LEONIE
UWMC R2 MAMMO
DOS:11/05/14
Enc:1787007515
U RAD MAMMO
RES:23993943

Add on 11:30

4

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

MAMMOGRAPHY SCREENING
PAGE 1 OF 1

U3047

UH3047 REV DEC 11

RECEIVED
WHITE - MEDICAL RECORD
DEC 03 2014
HEALTH INFORMATION MANAGEMENT

10/09/2013 09:08

Mammography Screening

What is the REASON you are having a breast imaging exam?
(please select one)

- [X] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] This is an additional exam requested from my current screening exam.
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [X] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [X] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

Previous Mammograms? [X] Yes [ ] No
When _____
Where _____

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R Combination implant
L R Pre-pectoral implant
L R Retro-pectoral implant

Previous PROCEDURES? [X] Yes [ ] No
(Circle L for Left or R for Right)

L	R	Cyst aspiration	_____
L	R	Needle biopsy	_____
L	R	Excisional biopsy	_____
L	R	Lumpectomy for cancer	_____
L	R	Mastectomy	_____
L	R	Radiation therapy	_____
L	R	Breast reduction	_____
L	R	Implant removed	_____ (Date)

Have you ever received chemotherapy for any type of cancer? [ ] Yes [ ] No

If you ever used any of the following Hormones, please enter:

	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives				[ ] Yes [ ] No
Estrogen				[ ] Yes [ ] No
Progesterone				[ ] Yes [ ] No
Tamoxifen				[ ] Yes [ ] No
Other: _____				[ ] Yes [ ] No

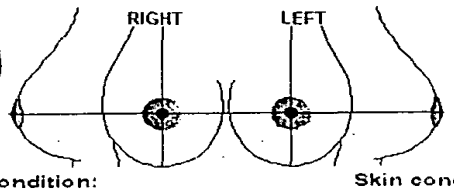
Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	46
Age at hysterectomy:	
Age at right ovary removal:	
Age at left ovary removal:	
Number of live births:	2

PATIENT SIGNATURE	DATE	TIME
TECHNOLOGIST SIGNATURE SS	DATE	TIME

*pt c walker
limited Mobility

Technologists Notes:



Skin condition: Skin condition:

Equipment cleaned and disinfected [X] Yes [ ] No

PT N.
U8170135 BD:1/06/1925 88Y F
HOFFMAN
JEANNE
LEONIE
UWMC R2 MAMMO
DOS:8/30/13 U RAD MAMMO 1
Enc:1767153918 RES:21334596

6

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

MAMMOGRAPHY SCREENING
PAGE 1 OF 1

U3047

WHITE - MEDICAL RECORD

UH3047 REV DEC 11

03/24/2013 16:05 37

Reset Form Print Form

ROI Correspondence Worksheet

Month: MAR 2013

Create Process

MRN: U 8-17-01-35

Patient Name: HOFFMAN, JEANNE LEONIE

Date Created: 3/1/2013

Request ID#: 108339255

Created By: CARLO

Comments: PT DEMO,INS INFO

Complete Process

Completed By: CL Date Completed: 3.1.13

Information Sent

Requested/Sent		Requested/Sent	
	All Records		ER Notes
	Discharge Summary		Clinic Notes
	Discharge Face sheets		Inpatient Records
	H & Ps		Updated Records
	Operative/Procedure Reports		Immunizations
	Operative Records		Visual Field Tests
	Pathology Reports		Photographs
	Radiology Reports		FMC Records
	EMG Reports		Prenatal Records
	EKG/Echo Reports		L & D Records
	EEG Reports		Birth Records
	Audiogram Reports		Fetal Heart Monitor Strips
	Lab Reports		Birth Verification Letter
	RN Notes		Consultations
	MARs		Outside Correspondence
	Physician Orders	X	Other PT DEMO, INS INFO

NAME

DOB

UW Medicine
Harborview Medical Center - UW Medical Center
University of Washington Physicians
Seattle, Washington
ROI CORRESPONDENCE WORKSHEET

U2632

UH2632 REV AUG 08

03/24/2013 16:05 P. 1 38

* * * Communication Result Report (Mar. 1. 2013 5:12PM) * * *

1) UWMC HEALTH INFORMATION MGMT
2) 206 598-4546

Date/Time: Mar. 1. 2013 5:11PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3518	Memory TX	92064514716	P. 5	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
E. 4) No facsimile connection
E. 5) Exceeded max. E-mail size

PP-28 Attachment A-U-Link Info
Rev. 9/9/2010 UH3096

CONFIDENTIAL

UW Medicine

UWMC HEALTH INFORMATION MANAGEMENT
1959 NE Pacific ST, Box 356148
Seattle, WA 98195-6148

Physicians/Providers: UW Medicine patient records are available online through U-Link
To enroll in U-Link go to: **www.uwmedicine.org/u-link** Or call 206-598-5693

Facsimile Cover Sheet

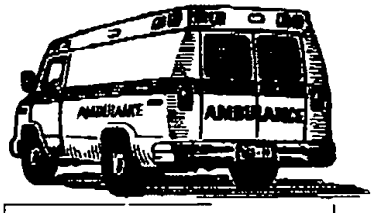
To:	RENA	From:	CARLO
Organization:	BAINBRIDGE ISLAND AMBULANCE	Phone:	206 598 5766
Phone:	206 842 2676	Fax:	
Fax:	206 451 4716	Email:	
Date:	3/1/13	Pages:	5 (including this cover page)

Comments:
RE:HOFFMAN,JEANNE U8170135
PT DEMO,INS INFO....

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

To the extent that Protected Health Information (PHI) is enclosed, please be advised that it is being faxed to you after appropriate authorization from the individual or under circumstances that do not require authorization. It has been disclosed to you from a designated record set whose confidentiality is protected by state and federal law. You, the recipient, are expected to maintain this information in a safe, secure and confidential manner. In addition, federal regulations (42 CFR part 2) prohibit any further disclosure of drug and alcohol abuse treatment information except with specific written consent of the person to whom the information pertains or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by federal law. A general authorization for the release of information is NOT sufficient for this purpose. State law (RCW 70.24.105) prohibits any further disclosure of this sexually transmitted disease information, including HIV/AIDS, without specific written consent of the person to whom the information pertains, or the parent or legal guardian of a minor child to whom it pertains, unless otherwise permitted by state law. A general authorization to release information is NOT sufficient for this purpose.

03/24/2013 16:05 39



BAINBRIDGE ISLAND AMBULANCE

FAX TRANSMITTAL FORM

To: Medical Records

Organization: U of W
Phone:
Fax : 206598-6186

Urgent
For Review
Please Comment

From: Rena Beyke

February 25, 2013

Phone: 206-842-2676
Fax: 206-451-4716
E-mail: rbbiaa@aol.com

Date sent:
Time sent:
Number of pages including cover page: 2

Re. Jeanne Hoffman DOB: 01/06/1925
Request: Request for Face sheet

Diane:

Following this cover sheet you will find the left side of our MIR of the patient we transported this past weekend (002/22/2013) around 10:40am to your facility. I am requesting any Ins. Information, SS# you might have to help with our billing.

Thank You for your help on this matter.

Sincerely,

Rena J Beyke

Rena J. Beyke
Manager

P.O. Box 11548
911 Hildebrand Ln.
Suite -104
Bainbridge Island, WA
98110

Phone: 206-842-2676
Fax: 206-451-4716
E-mail: rbbiaa@aol.com

RECEIVED
FEB 26 2013
EDICAL CENTER
HM - SANDPOINT

U8-17-01-35(cd)

Received Time Feb. 25. 2013 4:08PM No. 8746

BAINBRIDGE ISLAND AMBULANCE ASSOCIATION, INC.
"A NON-PROFIT ORGANIZATION SERVING ALL OF BAINBRIDGE ISLAND"
1-206-842-2676

RUN # F13-126 | SSN | ☒ CREW A ☐ CREW B ☐ CREW C | PT#/OF# 1/1 | UNIT A21 | DATE OF SERVICE 02/22/13

PATIENT INFORMATION

LAST NAME HOFFMAN | FIRST JEANNE | MI | SEX ☐ M ☒ F | DOB 1/6/25 | AGE 88
MAILING ADDRESS 245 HIGH SCHOOL RD NW | APT / LOT 2 | PHONE
CITY BAINBRIDGE ISLAND | STATE WA | ZIP 98110 | WORK OR MESSAGE PHONE | EXT.
EMPLOYER | EMPLOYER ADDRESS
CONTACT PERSON | RELATIONSHIP | POA? ☐ | PHONE
ADDRESS | APT. | CITY | STATE | ZIP

INSURANCE

MEDICARE # | MEDICAID PIC # | HEALTHY OPTIONS? Y ☐ N ☐ | COMPANY NAME | L&I # | DATE OF L&I INJURY
PRIVATE INSURANCE | INSURED NAME | RELATIONSHIP
GROUP # | POLICY # | ENROLLMENT #
SIGNED PCS? Y ☐ N ☐ | SIGNED BY MD ☐ RN ☐ | DIRECT ADMIT? ☐ YES ☐ NO | PERSONAL PHYSICIAN

PICK UP LOCATION St. 21 | START MILES 75132.6 | CLASS OF SERVICE BLS | WORK RELATED Y ☐ N ☒ | ATTENDING PHYSICIAN / MEDIC
DESTINATION UW | END MILES 75139.1 | AUTO ACCIDENT Y ☐ N ☒ | RECEIVING PHYSICIAN
REQUESTED BY BIFD | RESPONDED 0510 | ARRIVED AT SCENE 0510 | LEFT SCENE 0723 | ARRIVE FACILITY 1040 | BACK IN SERVICE 1140 | INCIDENT CODE MECHANISM ND | TYPE 299

CHIEF COMPLAINT (UNRESPONSIVE) | CODE
ADDITIONAL Pt CONFUSED & AMBOS

REASON FOR AMBULANCE
- ☐ Emergency – Injury or Acute Illness.
- ☐ Restraints required.
- ☐ Pt. required O2 or other emergency treatment (explain in medical necessity).
- ☐ Permanently bed confined (explain in medical necessity).
- ☐ Stretcher required (explain in medical necessity).
- ☐ Pt unresponsive or decreased level of consciousness.
- ☐ Severe hemorrhaging.
- ☐ Fracture or possible fracture requiring immobilization.
- ☐ Symptoms of acute CVA or MI.
- ☐ Infectious disease, isolation required.
- ☐ Other (explain in medical necessity).

RECEIVING HOSPITAL CRITERIA
- ☐ Procedure: _____
- ☐ Closest appropriate facility
- ☐ Diverted by _____

OFFICE USE ONLY

PLAN	INS. CODE	MODIFIER	COS

A0425

101	✓	Base Rate	450	501		IV Start Set	
102		Mileage 6 + 16 = 22	225	502	✓	Chem Strip	
103	✓	Emergency Charge		503		Blood Draw	
104		Night Charge		504		Blood Tubes and Supplies	
105		PickUp/Ret. Staff/Equip./Organs		505		IV Mini Tubing	
106		Multiple Patient Transport		506		IV Standard Tubing	
107		Waiting Time		107		IV Monitored	
108		Same Day Base Rate		508		IV Fluids	
109		Standby		509		IV	
110	✓	Ferry/Bridge Charges		510		PROPAC O2 SAT	
111		Ferry Waiting Time					
112		Extra Attendant					
113		Same Day Return Miles					
		PROTECTIVE GEAR				TRAUMA	
201		Decontamination		601		Spinal Immobilization	
202		Linens Changed		602		Cerv. Immob. Device, Disposabl	
203		Exam Gloves		603		Cervical Collar	
204		Protective Mask, Goggles		604		Splint, Arm or Leg	
		AIRWAY		605		Triangular Bandage	
301		Oxygen		606		Dressing/Bandaging Material	
302		Nasal Cannula		607		King	
303		Oxygen Mask, Non-rebreather		609		Trauma Dressing	
304		Oxygen Humidifier, Disposable		610		Cold Pack	
305		Airway, Oral		611		Heat Pack	
306		Oxygen Supply Tubing		612		Restraints	
307		Suction Catheter					
308		Bag Valve Mask, Disposable					
		EKG					
401		EKG Monitor					
402		Defibrillation					
403		Electrodes, EKG					

Fuel level: F ¾ ½ Filled: Y N
Supplies Replaced: N/A Y N
Rig Clean to Start: Y N
Rig Clean to Finish: Y N

Received Time–Feb. 25.–2013– 4:08PM–No. 8746
Notice of Privacy delivered: M__ Facility__ POA__ Other__ Not Delivered__

INITIAL PSYCHIATRY CONSULTATION SERVICE NOTE

Chief Concern: 88 year-old woman presenting with several "nonresponsive" episodes

HPI/Symptoms: Ms. Hoffman is an 88 year-old woman with no previous psychiatric history presenting by AMR to the UWED today after becoming "unresponsive" at home. She reports that she was at home lying in bed and then "became a mummy. I couldn't move, I couldn't talk." Her son called 911 and the medics arrived and she was taken to the UW ED. She was awake but nonverbal for the first several hours in the ED, but then became more talkative. She had a CT scan that was negative and her labs were within normal limits apart for an elevated INR. She then had two more unresponsive episodes, witnessed by ED staff. The episodes last approximately 20 min-1 hour and they occur when she is lying in the hospital bed and then becomes unresponsive with her eyes closed and not moving her body. Per ED staff, her eyelids would flutter but she would not arouse, even to a strong pinch of her skin. A video of an episode shows her unresponsive to having her named called and when a physician would raise her arm and let it go above her head, the arm would stop an inch above her head, rather than falling into her face.

Neurology was consulted and determined that these episodes were not consistent with subclincal seizures and they suspected conversion disorder. Per the patient and her son, Lou, there has been significant increased stress in the home due to family conflict. The patient has two sons, one. Lou, who lives with her and another, Douglas. The patient reports that recently Lou and Douglas have become upset with eachother. Lou reports there has been increased conflict between him and Douglas, particularly about how Douglas treats their mother. Lou he feels Douglas has been verbally abusive towards the patient telling her "why don't you just die?" and that he has previously been physically abusive to her, most recently 2-3 months ago where he pushed her in a forceful manner. Chart Review shows that a physician in Dec 2007 had significant concerns that one of Ms. Hoffman's sons was abusing her. His note does not indicate which son he felt was abusive. At that time he was planning to have APS follow-up. Lou reports that he has tried to call APS this week but has not gotten ahold of anyone. Lou also reports that he has gotten the police involved and is planning to file a restraining order for him and his mother against Douglas this week.

Lou mentioned concerns for his mother's mental health, stating that she has seemed depressed recently, but notes that she appears in good spirits right now. Lou believes that her unresponsive episodes are secondary to increased stress and he states that he will try to reduce stress in her life. He feels comfortable taking her home tonight, even if she was to have another episode at home.

When we speak with Ms. Hoffman alone, she is wide awake, fully oriented and alert with good attention. She denies any symptoms of depression. She acknowledges that there are some stress at home between her sons but is adamant that it is not affecting her, "I just stay out of it!" She is cheerful and talkative. She tells us how much she enjoys "gabbing" with her friends and denies any loss of interest in activities she used to enjoy. However, she notes that she has had some back problems earlier this winter and has not been able to go on walks like she used to, which she misses. She denies any changes in appetite, sleep, concentration. She denies feelings of guilt, she denies SI, she denies HI, denies AVH. She denies any history of mania, she denies any paranoia. She denies any anxiety or that she is an anxious person at baseline. She denies any substance abuse, "alcohol is poison!"

She reports that she feels safe to go home, that she feels that she and her son, Lou, care for eachother well. She is unsure what is causing the unresponsive episode, "I think they just come with old age." She notes that she would like to see her son, Douglas, more often but she's not allowed to see him at this time. She denied being physically

abused by her sons.

Past Psych Hx:
Inpatient:none
Outpatient:none
Medication Trials:none
Suicide Attempts:none
Drug/Etoh:some alcohol use in the past, none now, no tobacco use

Social History:
Housing: lives with son, Lou, on bainbridge island
Financial: reports that she gets $800 a month from the government
Legal Problems: pt appears to believes that a judge has said her son, Douglas, is not allowed to see her. Lou reports that a restraining order is not in place but one will be soon.

Family History: no family hx of mental illness that patient can recall

Medical History: hx of DVT
HTN
DM
HY

ROS:

Constitutional: _gen weakness	Gastrointestinal: _denies
Cardiovascular: _denies	Genitourinary: _denies
Respiratory: _denies	Ears/Mouth/Nose/Throat: _
Endocrine: _	Heme/Lymph: _
Neurological: _denies	Integumentary: _
Eyes: _	Allergy/Immunologic: _
Musculoskeletal: _back pain	[_] Unless otherwise indicated, blank items are all negative

Medications
atorvastatin 40 mg PO QDay (Lipitor 40 mg oral tablet)
carbamazepine 200 mg PO TID (Tegretol 200 mg oral tablet)
docusate 250 mg PO BID (docusate sodium 250 mg oral capsule)
ferrous sulfate 325 mg PO QDay (ferrous sulfate 325 mg oral tablet)
hydrochlorothiazide 25 mg PO QDay (hydrochlorothiazide 25 mg oral tablet)
metformin 500 mg PO BID (metformin 500 mg oral tablet)
ranitidine 75 mg PO BID : (prn)(ranitidine 75 mg oral tablet)
warfarin 5 mg PO QTuThSa (warfarin 10 mg oral tablet)
warfarin 10 mg PO QMWFSu (warfarin 10 mg oral tablet)

Mental Status Examination
Appearance: elderly woman, sitting in bed, no acute distress, smiling frequently, wearing sunglasses ("these are my regular glasses! my eyes are sensitive)

Behavior/Activity: cooperative, good eye contact
Speech: fluent, loud at times (has poor hearing). normal rate and rhythm
Thought Form: tangential at times, linear and organized
Thought Content: no hallucinations, no delusions
Mood: "I'm alright!"
Affect: bright, full range,
Suicidal Ideation: denies
Orientation: fully oriented
Memory: good long term memory, good shortterm memory
Judgment/Insight: fair/fair
Attention/Concentration:good

Lab Findings:

02/22/2013 18:55
Glucose Level (POC), UWMC 108 (Ref. Range 62 - 125)

02/22/2013 16:13
Acetaminophen Qual, URN Urine acetaminophen unavailable at present. Please order serum acetaminophen if indicated.
Amphetamine Qual, URN Negative (Ref. Range Negative -)
Barbiturate Qual, URN Negative (Ref. Range Negative -)
Benzodiazepines Qual, URN Negative (Ref. Range Negative -)
Cocaine Qual, URN Negative (Ref. Range Negative -)
Methadone Qual, URN Negative (Ref. Range Negative -)
Opiates Qual, URN Negative (Ref. Range Negative -)
Phencyclidine Qual, URN Negative (Ref. Range Negative -)
Tricyclic Antidepressant Qual, URN Negative (Ref. Range Negative -)
Drug Screen Info, URN Drug Screen Info, URN

02/22/2013 15:30
Add On Lab Test Requested drug screen, standard, urine
Add On Specimen Type/Description Urine
Add On Sample To Use Most Recent Sample
Add On Test Request Status Add On Test Request Status

02/22/2013 14:17
Add On Lab Test Requested salicylate, acetominophen
Add On Specimen Type/Description Blood
Add On Sample To Use Most Recent Sample
Add On Test Request Status Order Processed

02/22/2013 12:45
Color, URN Yellow
Clarity, URN Clear
Specific Gravity, URN 1.019 (Ref. Range 1.002 - 1.027)
pH, URN < or =5.0 (Ref. Range 5.0 - 8.0)
Protein (Albumin Semi-Quant), URN Negative (Ref. Range Negative -)
Glucose Qual, URN Negative (Ref. Range Negative -)
Ketones, URN Negative (Ref. Range Negative -)
Bilirubin Qual, URN Negative (Ref. Range Negative -)
Occult Blood, URN Negative (Ref. Range Negative -)
Nitrite, URN Negative (Ref. Range Negative -)
Leukocyte Esterase, URN Trace A (Ref. Range Negative -)
Urobilinogen, URN 0.1-1.9 (Ref. Range 0.1 - 1.9)
Comments for Macroscopic, URN None (Ref. Range None -)
WBC, URN 6-20(1+) A (Ref. Range 0 - 5(NEG))
RBC, URN 0-2(NEG) (Ref. Range 0 - 2(NEG))
Epith. Cells, Squamous, URN >5(PRESENT) A (Ref. Range LT6 -)
Epith. Cells, Renal/Transitional, URN <3(NEG) (Ref. Range LESS3 -)

Bacteria, URN Not Seen (Ref. Range Not Seen -)
Mucus, URN Present A (Ref. Range Not Seen -)
Comments for Microscopic, URN None (Ref. Range None -)

02/22/2013 11:25

Na 146 H (Ref. Range 136 - 145)
K 3.8 (Ref. Range 3.7 - 5.2)
Cl 112 H (Ref. Range 98 - 108)
CO2 26 (Ref. Range 22 - 32)
Anion Gap 8 (Ref. Range 3 - 11)
Glucose Level 144 H (Ref. Range 62 - 125)
BUN 15 (Ref. Range 8 - 21)
Creatinine 0.82 (Ref. Range 0.38 - 1.02)
GFR, Calculated, African American >60 (Ref. Range >59 -)
GFR, Calculated, European American >60 (Ref. Range >59 -)
GFR, Additional Information Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html
Ca 9.1 (Ref. Range 8.9 - 10.2)
L-Lactate, Venous Whole Blood 1.1 (Ref. Range 0.6 - 2.5)
Troponin-I <0.01 (Ref. Range 0.00 - 0.39)
Troponin-I Interpretation Troponin I of 0.40 ng/ml or greater: probable myocardial infarction.
AST (GOT) 18 (Ref. Range 15 - 40)
ALT (GPT) 16 (Ref. Range 6 - 40)
Alk Phos (Total) 51 (Ref. Range 49 - 199)
Bilirubin (Total) 0.9 (Ref. Range 0.2 - 1.3)
Protein (Total) 7.0 (Ref. Range 6.0 - 8.2)
Albumin 4.0 (Ref. Range 3.5 - 5.2)
WBC 4.97 (Ref. Range 4.3 - 10.0)
RBC 4.06 (Ref. Range 3.80 - 5.00)
Hb 13.0 (Ref. Range 11.5 - 15.5)
HCT 39 (Ref. Range 36 - 45)
MCV 97 (Ref. Range 81 - 98)
MCH 32.0 (Ref. Range 27.3 - 33.6)
MCHC 33.0 (Ref. Range 32.2 - 36.5)
PLT 202 (Ref. Range 150 - 400)
RDW-CV 14.1 (Ref. Range 11.6 - 14.4)
% Neutrophils 59 (Ref. Range 34 - 71)
% Lymphocytes 31 (Ref. Range 19 - 53)
% Monocytes 5 (Ref. Range 5 - 13)
% Eosinophils 4 (Ref. Range 0 - 7)
% Basophils 1 (Ref. Range 0 - 1)
% Immature Granulocytes 0 (Ref. Range 0 - 1)
Neutrophils 2.95 (Ref. Range 1.80 - 7.00)
Lymphocytes 1.53 (Ref. Range 1.00 - 4.80)
Monocytes 0.24 (Ref. Range 0.00 - 0.80)
Eosinophils 0.21 (Ref. Range 0.00 - 0.50)
Basophils 0.04 (Ref. Range 0.00 - 0.20)
Immature Granulocytes 0.00 (Ref. Range 0.00 - 0.05)
Prothrombin Time Patient 46.0 H (Ref. Range 10.7 - 15.6)
Prothrombin Time INR 5.6 (d) C (Ref. Range 0.8 - 1.3)
PTT Patient 43 (d) H (Ref. Range 22 - 35)
PTT X-Mean To calculate the PTT X Mean divide PTT value by 29.
Salicylate Level <4 L (Ref. Range 5 - 30)
Acetaminophen (Tylenol) Level <10 L (Ref. Range 10 - 25)

Radiology Results.
XR Chest (02/22/2013 11:45)
~Indication:
Altered mental status.

Bedside Chest; 02/22/13, 1138:
There is mild basal consolidation, atelectasis versus aspiration.
Heart size is normal.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007259 Godwin II J David MD
(206)344-9980
Indication:

CT Head (02/22/2013 11:32)
~Examination:
CT HEAD WO CONT
Indication:
Altered mental status
Comparison:
CT brain June 20, 2012
Technique:
Non-contrast axial 5 mm contiguous sections were obtained through the head.
Patient age specific scan parameters were used for radiation exposure.
Findings:
Mild cerebral volume loss is noted. Mild amount of deep white matter and periventricular low-attenuation foci likely result of chronic small-vessel ischemic disease. 5 mm focus of calcification in the left periventricular white matter posteriorly, 2/17, unchanged compared to the prior examination.
No acute territorial infarct. No intracranial hemorrhage. No extra-axial fluid collection. Basal cisterns are patent. No intracranial mass effect.
Orbits, paranasal sinuses, mastoid air cells are normal.
No depressed calvarial fractures.
Impression:
1. No acute infarct, hemorrhage, or mass.
2. Mild cerebral volume loss and likely chronic small vessel ischemic disease.
ATTENDING RADIOLOGIST AND PAGER NUMBER
269940 Anzai Yoshimi MD
(206)625-8379
RESULT DETAIL
Ordering Provider:Scott David Schwitz 502435
Diagnosis:Altered Mental Status, Altered Mental Status
History:
Comment:
Assisting Radiologist(s):Michael Witkosky 502391

EKG
My interpretation: NSE at 64. Flipped T-wavs in v1-2. partial RBBB. No ST segment changes.

.

Assessment/Medical Decision Making *(number of possible diagnoses considered) note problems, management options, dangerousness/risks including risk factors.*

(completed by Dr. Lin 2/23) Ms. Hoffman is a 88 y/o F without a prior psychiatric history who was admitted after having an episode of "unresponsiveness" and then proceeded to have several more of these 20 minute episodes throughout her ED stay. Psych is being consulted with the question of conversion disorder, after negative medical and neurologic workup. Patient denies any past psychiatric history, present psychiatric symptoms, and affectively appears bright, engaging, and cognitively intact during interview. She stated she had no idea what these episodes were except that things happen with old age. She did mention being more stressed in the last three days, 2/2 significant conflict between her two sons (including restraining order); however was unable to state how that affected her stating "I stay out of it". She clearly denied any harm to herself from her sons, or that she was scared of returning home. However, prior provider notes (see 12/19/07) had voiced concern about possibility of one of her sons harming her, and her son Louis has several inflammatory emails about the other son (see EPIC notes), and voiced concern that his brother had pushed his mother. Given this information, we felt it was prudent to recommend SW contact Adult Protective Services. At this given time, patient has no significant psychiatric issues (ie. Depression, paranoia) that would warrant treatment, although would clearly benefit from decreased stress.

Dx: I: r/o conversion disorder. Adjustment disorder. II: deferred III: see PMH IV: severe

Plan: 1. No psychiatric medications indicated.

2. Appreciate SW assistance in contacting APS, and helping son Louis navigate resources available (home nursing? CM?)

3. We discussed with Louis decreasing stress around his mother

4. Pt clinically safe to self and others

5. Louis stated he will f/u with PCP at closest available date

Electronically Reviewed/Signed On: 02/23/13 at 01:44

_____

Edwards, MD, Julia Margaret
Resident Psychiatry
Box 356560

Electronically Co-Signed On: 02/23/13 at 01:51

_____

Edwards, MD, Julia Margaret
Resident Psychiatry
Box 356560

Electronically Co-Signed On: 02/23/13 at 06:14

_____

McLaren, MD, Kimberly D
Attending Psychiatrist
Box 354694 (206) 598-6195

JME
DD:02/23/13

Psychiatry Consult

University of Washington Medical Center
Emergency Department
Clinical Summary

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: U8170135

ED Arrival Time: 02/22/2013 10:42

Sex: Female

DOB: 01/06/1925

Age: 88 Years

Visit Reason: Altered mental status

Acuity: 3 Urgent

Disposition: Home/Self-Care

Address:
245 HIGH SCHOOL RD NW
BAINBRIDGE ISLAND WA 98110

Phone: 206 855-0815

Provider Contact Time:
02/22/2013 10:58

Decision to Admit:
Not entered

ED Departure Time:
02/23/2013 05:13

DIAGNOSIS: Altered Mental Status

Attending Provider:
Herbert Duber, MD, MPH; Shannon O'Keefe, MD

Primary Nurse(s):
Benjamin; Heidi; Jennifer; Steve

Allergies:

penicillin, sulfa drugs

Patient Education and Follow-up Information

Instructions:

SEIZURE: NEW ONSET [Unknown cause, Adult] (Custom)

Follow up:

With:	Address:	When:
Follow up with primary care provider		Within 5 to 7 days

Comments:

With:	Address:	When:
Return to Emergency Department		

Comments:

For any focal weakness, numbness, altered mental status or any other changes/concerns

University of Washington Medical Center

Emergency Department

Discharge Instructions

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 88 Years

MRN: U8170135 **Printed at:** 02/23/2013 05:13:56

Arrival Date/Time: 2/22/2013 10:42 AM

Attending Provider:
H. Duber, MD, MPH; S. O'Keefe, MD

Other Providers:
A. Chandler, MD; S. Schwitz, MD

Primary Nurse(s):
Benjamin; Heidi; Jennifer; Steve

Diagnosis: Altered Mental Status

Comment:

Allergies:
penicillin, sulfa drugs

Comment:

Follow-up Instructions:

With: **Address:** **When:**

Follow up with primary care provider	Within 5 to 7 days

Comments:

With:	Address:	When:
Return to Emergency Department		

Comments:

For any focal weakness, numbness, altered mental status or any other changes/concerns

University of Washington Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

116587en

WE DO NOT THINK YOU HAVE HAD A SEIZURE, BUT HERE ARE SOME PRECAUTIONS

IF YOU ARE ALONE:
If you feel a seizure coming on, the best thing to do is to lie down on a bed or on the floor with something soft under your head. Lie on your side, not on your back. This will prevent falling and permit drainage of fluid from the mouth to prevent choking. Be sure that you are clear of any objects that might injure you during the seizure. Call for help (911) if there is time.

IF SOMEONE IS WITH YOU:
If someone is with you before the seizure, they should help you get in a safe position and call for help (911). They should not try to force anything in your mouth once the seizure has begun. Doing this may cause injury to your teeth or jaw.

After a seizure, you may be drowsy or confused. The person should remain with you until you are fully awake again. They should not offer anything to eat or drink during that time. Call 911 or go to the emergency department for further evaluation.

FOLLOW UP with your doctor as directed by our staff. Additional tests (brain wave tests or brain scans) may be ordered to help determine the cause of your seizure.

GET PROMPT MEDICAL ATTENTION if any of the following occur:

- Another seizure
- Fever over 100.4ºF (38.0ºC)
- Unusual irritability, drowsiness or confusion
- Worsening headache or neck pain

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U2846

Patient Label

University of Washington Medical Center

Emergency Department
Discharge Instruction

1959 NE Pacific
Seattle, WA 98195

Name: JEANNE HOFFMAN **DOB:**01/06/1925 **Date/Time:**02/23/2013 05:13:56
MR#: U8170135 **Acct#:** 1762499436 **Visit Date:**02/22/2013 10:42:00

Patient Education Material(s)

Custom
SEIZURE: NEW ONSET [Unknown cause, Adult] (Custom)

I, JEANNE HOFFMAN, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given. Changing this template.

_____

Patient/Guardian Signature Relation to Patient Date/Time

_____

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

Physicians Present
The following resident(s) participated in the care and documentation of this patient:
Schwitz, MD, Scott David.

ID/CC
Altered Mental Status

History of Present Illness
88 y/o F with pmhx by chart of DVT on warfarin, HTN, DM, HL presents with being unresponsive after a family arguement. Patient shakes her head no to the questions "are you in pain?" and "do you know what happened today?" No other history could be obtained from patient. Family is not at bedside.

After two hours in the ED the patient began responding to questions. She denies a pmhx. Oriented to person and time not place or events. She states that she was talking to her sons and then became weak and unable to move. Denies psych history. Currently c/o generalized weakness. Denies chest pain, shortness of breath, syncope, fall, trauma, abdominal pain, change in PO, nausea, vomiting, fevers, chills, dysuria, cugh, rash, sick contacts.

Past Medical History
by chart of DVT on warfarin, HTN, DM, HL

Problem List

Supratherapeutic INR

Medications

Scheduled Medications
atorvastatin 40 mg PO QDay (Lipitor 40 mg oral tablet)
carbamazepine 200 mg PO TID (Tegretol 200 mg oral tablet)
docusate 250 mg PO BID (docusate sodium 250 mg oral capsule)
ferrous sulfate 325 mg PO QDay (ferrous sulfate 325 mg oral tablet)
hydrochlorothiazide 25 mg PO QDay (hydrochlorothiazide 25 mg oral tablet)
metformin 500 mg PO BID (metformin 500 mg oral tablet)
ranitidine 75 mg PO BID : (prn)(ranitidine 75 mg oral tablet)
warfarin 5 mg PO QTuThSa (warfarin 10 mg oral tablet)
warfarin 10 mg PO QMWFSu (warfarin 10 mg oral tablet)

PRN Medications
methocarbamol 500 mg PO Q6 Hours PRN (Muscle Spasm) (methocarbamol 500 mg oral tablet)

oxycodone 5 mg PO Q4 Hours PRN (as needed for pain) (oxycodone 5 mg oral tablet)

Allergies

penicillin
sulfa drugs

Family History
Unable to obtain.

Social History
Unable to obtain:.

Review of Systems
A complete ROS was performed and is negative, except where noted in the above ROS or HPI.

Physical Examination
Constitutional:
Well developed/well nourished.
Vital Signs : ED Sheet.

02/22/2013 10:48	Implantable Medical Device(s)	None
	Transport Agency to Emergency Dept	Other: Bainbridge Islan
	Transport Unit Number - Emergency Dept	821
	Arrived with - to Emergency Dept	Self
	Mode of Arrival to Emergency Dept	Ambulance
	ED Patient Origin	Private residence
	Health History in Emergency Dept	HTN, Other: high cholesterol
	Chief Complaint	Pt brought from home in Bainbridge with sudden onset of not responding to family, eyes closed but occasional eye opening then shutting again per EMS. Appears in no other distress,
	Tracking Acuity	3 Urgent

Distress: none.
HENT:
Trachea midline.
Moist mucous membranes.
Normocephalic/atraumatic.
Supple/non-tender neck.
Eyes:
PERRL.
Cardiovascular:
Regular rate and rhythm, no murmur, rub or gallop.
Pulses intact and symmetric.

No clubbing, cyanosis, or edema:.
Respiratory/Chest:
Clear to auscultation bilaterally.
No rales/wheezes/rhonchi.
Gastrointestinal:
Soft.
Abdomen non-tender.
Abdomen non-distended.
well healed surgical scar.
Musculoskeletal:
Normal strength, tone and range of motion.
Neurologic:
Shakes head yes/no occasionally. Withdrawls to patient equally in all extremities. Normoactive reflexes in all extremities. Normal tone. Does not follow commands..
Skin:
No rash, bruises or ulcers.
Psychiatric:
Appropriate.
Lymphatic
No lymphadenopathy.

Results Review
Results
Laboratory.

02/22/2013 11:25	**Na**	**146 mEq/L**	**High**
	K	3.8 mEq/L	
	Cl	**112 mEq/L**	**High**
	CO2	26 mEq/L	
	Anion Gap	8	
	Glucose Level	**144 mg/dL**	**High**
	BUN	15 mg/dL	
	Creatinine	0.82 mg/dL	
	GFR, Calculated, African American	>60 mL/min	
	GFR, Calculated, European American	>60 mL/min	
	GFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	
	Ca	9.1 mg/dL	
	L-Lactate, Venous Whole Blood	1.1 mmol/L	
	Troponin-I	<0.01 ng/mL	
	Troponin-I Interpretation	Troponin I of 0.40 ng/ml or greater: probable myocardial infarction.	
	AST (GOT)	18 units/L	
	ALT (GPT)	16 units/L	
	Alk Phos (Total)	51 units/L	
	Bilirubin (Total)	0.9 mg/dL	
	Protein (Total)	7.0 g/dL	
	Albumin	4.0 g/dL	
	WBC	4.97 thousand/microL	
	RBC	4.06 million/microL	
	Hb	13.0 g/dL	
	HCT	39 %	
	MCV	97 fL	

MCH	32.0 pg
MCHC	33.0 g/dL
PLT	202 thousand/microL
RDW-CV	14.1 %
% Neutrophils	59 %
% Lymphocytes	31 %
% Monocytes	5 %
% Eosinophils	4 %
% Basophils	1 %
% Immature Granulocytes	0 %
Neutrophils	2.95 thousand/microL
Lymphocytes	1.53 thousand/microL
Monocytes	0.24 thousand/microL
Eosinophils	0.21 thousand/microL
Basophils	0.04 thousand/microL
Immature Granulocytes	0.00 thousand/microL
Prothrombin Time Patient	**46.0 sec High**
Prothrombin Time INR	**5.6 Critical**
PTT Patient	**43 sec High**
PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.

Radiological Studies
Radiology Results.
XR Chest (02/22/2013 11:45)
~Indication:
Altered mental status.
Bedside Chest; 02/22/13, 1138:
There is mild basal consolidation, atelectasis versus aspiration.
Heart size is normal.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007259 Godwin II J David MD
(206)344-9980
Indication:

CT Head (02/22/2013 11:32)
~Examination:
CT HEAD WO CONT
Indication:
Altered mental status
Comparison:
CT brain June 20, 2012
Technique:
Non-contrast axial 5 mm contiguous sections were obtained through the head.
Patient age specific scan parameters were used for radiation exposure.
Findings:
Mild cerebral volume loss is noted. Mild amount of deep white matter and periventricular low-attenuation foci likely result of chronic small-vessel ischemic disease. 5 mm focus of calcification in the left periventricular white matter posteriorly, 2/17, unchanged compared to the prior examination. No acute territorial infarct. No intracranial hemorrhage. No extra-axial fluid

collection. Basal cisterns are patent. No intracranial mass effect.
Orbits, paranasal sinuses, mastoid air cells are normal.
No depressed calvarial fractures.
Impression:
1. No acute infarct, hemorrhage, or mass.
2. Mild cerebral volume loss and likely chronic small vessel ischemic disease.
ATTENDING RADIOLOGIST AND PAGER NUMBER
269940 Anzai Yoshimi MD
(206)625-8379
RESULT DETAIL
Ordering Provider:Scott David Schwitz 502435
Diagnosis:Altered Mental Status, Altered Mental Status
History:
Comment:
Assisting Radiologist(s):Michael Witkosky 502391

EKG
My interpretation: NSE at 64. Flipped T-wavs in v1-2. partial RBBB. No ST segment changes.
.

ED Course & Medical Decision Making
88 y/o F with pmhx by chart of DVT on warfarin, HTN, DM, HL presents with being unresponsive after a family arguement. Labs, CXR, CTH wnl aside from INR of 5.6Responsive to painful stimuli and answering yes/no questions on arrival. The patient had 3 hour long periods of return to normal mental status followed by one hour of the same unresponsiveness. It was eventually clarified with the son that she has a seizure d/o that is brought on by stress. Due to concern for subclinical seizures neuro was consulted who did not believe there to be any seizure activity and was likely conversion disorder. Psych also consulted who does not have any additional medication recommendations at this time, though recommended to try to decrease stress at home. D/c'ed in the care of her son with soon PCP f/u. No neuro f/u required. Told not to take warfarin for 2 days due to elevated INR without e/o beeding.

ED Consults
SW
Neurology
Psychiatry

Disposition/Plan
Final disposition
Discharge self care.

Impression/Diagnosis

Altered Mental Status
Supratherapeutic INR

Attending Statement
Pt signed out to me by Dr. O'Keefe with plan for neurology evaluation and disposition. Neuro evaluation c/w our impression that findings are unlikely to be organic in nature. ED work-up has been negative and given rapid cyclining of episodes with volitional movements (moving arm away from head when dropped) are suggestive that this was not a seizure. Pt then had another episode prior to discharge which led to asking psychiatry to evaluate the patient. After a thorough discussion with psych and SW, decision made to discharge the patient, who had now returned to baseline, with her son. Both patient and son are comfortable with this and I have a low suspicion for acute medical etiology. Pt lives on Bainbridge-will dc but allow patient to sleep in ED overnight. Plan to take Ferry home in the morning.

Herbert Duber MD, MPH
Attending Physician
Division of Emergency Medicine
Attending Statement
A laboratory evaluation was ordered and I have personally reviewed all of these findings.
A radiology evaluation was ordered and I have personally reviewed all of these findings.
A ECG evaluation was ordered and I have personally reviewed all of these findings.
I was the supervising attending involved in this patient's ED care. I obtained a history and performed a directed physical examination. I have also checked for prior Mindscape notes regarding this patient's care at the UWMC. I have reviewed and discussed this patient's history, physical exam findings, ED workup, working diagnosis, ED care and disposition plans with the resident. Where necessary for either clarification or accuracy, I have added to the above note. I now concur with documentation as presented. All procedures were supervised by me and I was present for the critical portions.

88yoF p/w episodes of unresponsiveness after fight between her 2 sons this morning. On initial exam, pt would shake her head to some questions, however would not open her eyes. There was no incontinence or tonic clonic movements, and she ultimately would awaken from these episodes and have normal mental status and normal neuro exam. Full evaluation including head CT, CXR, labs, tox screens, and UA was notable only for supratherapeutic INR. Her episodes do not seem consistent with any type of stroke pattern, and I do not feel this is the case. She does not appear to have any infectious cause or toxic-metabolic processes. However she does not have a psych history. Social work involved who felt pt was safe to return home, unfortunately just prior to discharge she had another episode, and her son then reported that she did have a seizure history. Neuro was consulted for the possibility of non-convulsive seizures. Signed out to Dr. Duber pending neuro evaluation..

Electronically Reviewed/Signed On: 02/22/13 at 21:10

_____

Schwitz, MD, Scott David
Emergency Medicine Resident
Box 359702

Electronically Co-Signed On: 02/23/13 at 01:11

_____

Duber, MD, MPH, Herbert Chad
1959 NE Pacific St
Box 356123
Seattle WA 981950001

Electronically Co-Signed On: 02/24/13 at 12:28

_____

O'Keefe, MD, Shannon D
UWMC Emergency Department
Box 356123

SDS
DD:02/22/13

ED NOTE

Emergency Room Brief Social Work Note (1415 Hours):

PP: Pt is an 88 y/o Caucasian female who was brought to the UWED by ambulance from her home on Bainbridge Island due to an unexplained "catatonic state".

HPI: Pt is an 88 y/o Caucasian female who was brought to the UWED by ambulance from her home on Bainbridge Island due to an unexplained "catatonic state". Pt is hard of hearing and so, most information was gathered via her son, who was present throughout the interaction. Pt resides at home with her adult son, who has DPOA for Pt. Pt has no in-home supports beyond her son, which is limited due to his physical impairment.

Pt was medically cleared and no physiological cause for the "catatonic state" could be explained: labs and CT were normal. EDSW was requested to evaluate for possible psych etiology which could account for this presentation. Pt's son reports that any time there is stress between her and/or her two sons, she has a different reaction. He reported that after one such stressful event, Pt had a significant fall and after another incident, she had a heart attack. When Pt was asked about what support would be helpful to her so that she would not have to return to the ED for this reason, Pt stated, "I need someone to come clean my shelves". When asked about the cause for today's episode Pt was unable to give a response: "I don't know what happened. I just passed out I guess." Pt's son reported that his mother has been feeling more depressed lately, possibly in relation to the current family dynamics. Pt's son said that they had already contacted Aging and Disability Services and had submitted a request for services, approximately one month ago but had not heard a response from them. They both meet with a Dr. Neighbors and Pt's son stated that they were attempting to address their mental health care needs with him.

Pt and Pt's son felt she was safe to return to her home with the plan created during our meeting to attempt to obtain increased supports. Prior to D/C Pt once again became nonresponsive and Neurology was called to consult. Pt's son then reported that Pt had been on seizure medications but had stopped taking them about a month ago. Pt had not disclosed this previously despite having been asked about it directly. He reported that she had been taking carbamazepine but it was discontinued approximately one month ago. After Pt came to, she described these states as being similar to a dream, describing the sounds and colors she saw while she was nonresponsive. Pt was informed that she was going to be seen by Neurology to test for any further issues as these could be subclinical seizures. Neurology consulted and will be seeing Pt.

IMPRESSION: Pt's presentation to the ED may be due to a stress induced reaction, relating to the current family conflict in which she is currently participating. There is no prior Hx of this sort of Bx, either in prior medical records or per Pt and Pt's son report. Per my observation Pt's son is projecting his difficulty with his brother upon his mother. Pt's mother denied that she was experiencing any particular difficulty with her son who was not present. Pt remained aware of the fact that she had "drifted off" but was unclear why it was happening.

PLAN: Pt's son will contact DSHS and Aging and Disability Services on Monday, 2/25/13 to check on the status of Pt's case. Pt to be D/C'd to home with her son and will continue to follow-up with PCP, Dr. Neighbor. Pt and Pt's son will seek mental health supports to deal with family stress. Pt was referred to Neurology for further testing, as just prior to D/C, Pt once again became nonresponsive, with no physical explanation. Any further follow-up will be conducted by the oncoming EDSW.

Electronically Reviewed/Signed On: 02/22/13 at 20:36

_____

Dawson, Justin W
Box 356125

JWD
DD:02/22/13

Addendum by Delfeld, John on February 23, 2013 06:06

This EDSW contributed to case discussion and care coordination for the patient. Per EDMD and Psychiatry request, this EDSW referred the patient to APS in Kitsap County via faxed written report for investigation of abuse and/or neglect. EDSW also provdided a cab voucher for the patient and her son Louis to travel to the Bainbridge Island ferry this morning. Louis Hoffman stated that they would take a cab home once back on Bainbridge Island.

Electronically Reviewed/Signed On: 02/23/13 at 06:06

_____

Delfeld, John
Box 356125

JD
DD:02/23/13

NEUROLOGY EMERGENCY DEPARTMENT CONSULTATION

ATTENDING OF RECORD
Leo Wang, MD

DATE OF SERVICE
02/22/2013

CHIEF COMPLAINT
Intermittent episodes of unresponsiveness.

HISTORY OF PRESENT ILLNESS
This is a very pleasant, 88-year-old, right-handed woman with a past medical history significant for possible seizure disorder and depression, who came to the ED today after being found unresponsive in her bed this morning. When she arrived in the ED, she was noted to have periods of unresponsiveness, followed by increasing levels of consciousness, and finally back to her baseline. This happened 2 or 3 times in total. When she was unresponsive, she was noted to withdraw to painful stimulus, but not respond to questions or commands. During these times she would forcefully resist attempts to open her eyes. There were no associated abnormal movements or incontinence during these periods. These events would last between 10 and 20 minutes, at which time she would then begin to answer yes/no questions, but still not reach a full level of consciousness for another 10 or 20 minutes. The patient also endorses hallucinations with these events, seeing a variety of bright colors. Unfortunately her son, Doug, is reported by her other brother, Louis, who is at bedside, to be prone to verbally attack both the patient and the brother. Louis believes that these attacks are only verbal when directed towards Ms. Hoffman, and have not included any physical attacks. However, Louis does report that his brother, Doug, has assaulted him physically in the past. Louis relates that, after one of these verbal attacks, Ms. Hoffman will become depressed for 2 or 3 days. During this time, she will suffer more frequent falls than is usual for her. Louis has not noticed any periods of decreased responsiveness for many years now, prior to today. He does note that, in the 1970s and 1980s, that she would fall to the ground and shake all 4 extremities when in high stress situations, for example, when she was being yelled at. He notes that her consciousness was preserved during these events. About 1 month ago or so, her son, Doug, yelled at her, which Louis believed caused her to fall and break her back (she sustained a L3 fracture). She was admitted to UWMC for an L3 fracture at that time. She was taking carbamazepine prior to this, but at the time of the fracture it was stopped as she was on a significant amount of oxycodone, and there was some concern that there might be polypharmacy or drug/drug interactions. Louis notes that, over the past month while she has been off the carbamazepine, she has seemed much sharper than usual, and has not had any periods of decreased responsiveness until today. When questioned, she denies any sick symptoms and claims that she is not depressed. She denies any head trauma, and is unsure why she is having these periods of decreased responsiveness today.

PAST MEDICAL HISTORY
1. DVT.
2. Possible history of seizure.
3. Osteoarthritis.

4. Osteoporosis.
5. Hypertension.
6. Hysterectomy with appendectomy.
7. L3 fracture.
8. Depression.

MEDICATIONS
1. Oxycodone.
2. Hydrochlorothiazide.
3. Methocarbamol.
4. Metformin.
5. Ranitidine.
6. Docusate.
7. Ferrous sulfate.
8. Warfarin.
9. Atorvastatin.

ALLERGIES
1. PENICILLIN CAUSING RASH.
2. SULFA CAUSING RASH.

FAMILY HISTORY
Mother died at 90. Father died of pneumonia.

PRIMARY CARE PHYSICIAN
Dr. Neighbor

SOCIAL HISTORY
Denies alcohol, tobacco, or IVDU, is retired. She lives on Bainbridge Island. Contacts: Son, name of Louis, contact number 206-855-0815.

REVIEW OF SYSTEMS
A 14-point review of systems was conducted and is negative, except as noted in HPI and the following pertinent positives: Easy bruising, depression, seizure, tremor.

PHYSICAL EXAMINATION
VITAL SIGNS: Blood pressure 129/62, heart rate 80, respirations 16.
GENERAL: No acute distress, pleasant.
HEENT: Nonicteric funduscopy, unable to visualize fundi bilaterally due to nondilated exam. Patient refuses attempts to shine a light in her eye.
NECK: Supple.
CHEST: Clear to auscultation bilaterally without wheezes, crackles, or rubs.

HEART: Regular rate and rhythm without murmurs, gallops, or rubs.
ABDOMEN: Positive bowel sounds.
INTEGUMENT: Decreased hair on lower extremities. Left shin with hyperpigmented skin.
NEUROLOGIC:
COGNITION: Alert and oriented times 3. Cannot spell "world" backwards or perform serial sevens. Patient with 2/3 immediate recall. Speech is fluent and nondysarthric.
CRANIAL NERVE EXAMINATION: Visual fields intact to confrontation bilaterally. Patient declines ocular exam, saying that she prefers not to have a light shined in her eyes. EOMI. Facial sensation is intact bilaterally. Face is symmetric in appearance bilaterally. Palate elevation is symmetric bilaterally. Shoulder shrug is symmetric bilaterally. Tongue is midline and of normal bulk.
SENSORY: Globally intact to light touch, pinprick, vibratory sensation, and temperature.
MOTOR: Bulk and tone are within normal limits globally. Strength is 5/5 at the biceps, triceps, deltoid, quadriceps, hip flexors, plantarflexion and dorsiflexion at the ankle.
REFLEXES: 2+ at the biceps bilaterally, 0 at the bilateral quadriceps and Achilles. Toes are equivocal to plantar stimulation bilaterally.
INTEGRATIVE: Coordination is within normal limits on finger-to-nose. The patient is able to ambulate with 1-person assist while leaning against a wall for several steps and then returns to the bed. Unable to assess Romberg.
MOVEMENTS: No abnormal movements noted.

LABORATORY STUDIES
CBC is within normal limits. Chem-7 is notable for a sodium of 146, chloride of 112, and glucose of 144. Coags are notable for an INR of 5.6 with a PTT of 43. Troponins are within normal limits.

STUDIES
CT of the head, 2/22/2013: No acute process. Specifically, no infarct, hemorrhage, or mass. There is a chronic 5 mm focus of calcification in the left periventricular white matter posteriorly, unchanged from previous.

ASSESSMENT AND PLAN
This is a very pleasant, 88-year-old, right-handed woman, presenting with transient episodes of decreased responsiveness. I was able to observe one of these episodes towards the end of my exam. During this time, she was unresponsive to sternal rub or commands. She was unresponsive to mild painful stimuli, but when more aggressive pain was applied to her ear, she turned her head away and said, "No, no, no." Her pupils were reactive at this time as well. I believe these transient alterations in level of consciousness are nonepileptic in nature. They are occurring in the setting of significant psychosocial stressors, as evidenced by her son, Doug's, aggressive verbal behavior. The episodes themselves are not consistent with seizure as there is no incontinence, she has no abnormal movements noted, and her pupils are reactive bilaterally, with a decreased level of consciousness, and she does withdraw to pain. The fact that she has had at least 3 of these episodes in the last several hours, and quickly returns to baseline, also speaks against seizures as, if she was having this many seizures, it is likely that she would have a prolonged postictal period, especially given her advanced age. I feel these episodes likely represent nonepileptiform events. It is not clear to me why she was previously on carbamazepine. The events that took place 20 or 30 years ago, in which she moved all her extremities in a shaking type manner with preserved consciousness, in the setting of significant stress, also speak to a possible diagnosis of nonepileptic event. Her

elevated INR is concerning. However, her normal head CT is reassuring against any CNS hemorrhage that may be responsible for any transient alterations in consciousness.

1. No further neurological workup is needed.
2. Recommend that she avoid contact with her son, Doug, as he seems to be a bad influence on her overall health.
3. Recommend following up with primary care physician, Dr. Neighbor, for further consideration of whether she needs to be on antiepileptic therapy. I do not have her complete history available to me. I wonder if she does, indeed, carry a diagnosis of epilepsy, though the events of today suggest that she more likely has nonepileptic events, which does not preclude seizures.
4. Please call the Neurology consult team with questions.

Electronically Reviewed/Signed On: 02/23/13 at 06:37

_____

Reynolds, MD, Adam Scott
Resident, Department of Neurology
Box 356465

Electronically Co-Signed On: 02/23/13 at 12:10

_____

Wang, MD, PhD, Leo Hong-Li
Attending, Department of Neurology
Box 356169

cc: Neighbor Jr, MD, William E
Attending, Hall Health
Box 354410

ASR/TUI
DD:02/22/13
TD:02/22/13

521333

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here Qualis Health at 1-877-290-4346.

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
    - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
    - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call_____

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative

Date/Time 2/22/13 1512

CMS-R-193 (approved 05/07)

PT.NO U8170135 BD:1/6/1925 88Y F
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 1 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:
    Qualis Health
    1-877-290-4346
  - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - Ask the hospital if you need help contacting the QIO.
  - The name of this hospital is:

☐ HMC: Medicare Provider Number: ☐ 50-0064 (acute care) ☐ 50-S064 (psych) ☐ 50-T064 (rehab)
☐ UWMC:Medicare Provider Number: ☐ 50-0008 (acute care) ☐ 50-S008 (psych) ☐ 50-T008 (rehab)

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Additional Information:

Print Physician Name:_____ NPI: ☐ HMC 1053359729 ☒ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

PT.NO U8170135 BD:1/6/1925 88YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 2 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

Patient Information for UW Medicine Inpatient Facility Directory

Inclusion in the Inpatient Facility Directory
Please Read this Statement Carefully

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

☑ **YES, please include me in the Inpatient Facility Directory**

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

has informed me that that my name, location, and general health condition will be included in its inpatient facility directory. This information will be made available to people who ask for me by name such as my relatives, friends, and fellow employees.

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

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

☐ **NO, please do not include me in the Inpatient Facility Directory**

I do not want my name, location and general health condition included in the UW Medicine entity's Inpatient Facility Directory. **If this is my choice, I understand it is my responsibility to notify family and friends of my location and phone number if I wish them to contact me. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items (for example, flowers and gifts) addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Reason:_____

Contact:_____

Phone:_____

Date	Signature (Patient or Person Authorized to Give Authorization)

If Signed by Person Other than Patient, provide: Reason, Relationship to patient, and their Desciption of Authority

PT.NO U8170135 BD:1/6/1925 88YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center - University of Washington Physicians
Seattle, Washington
PT INFORMATION FOR UW MEDICINE INPT DIRECTORY

U1868

UH1868 REV FEB 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

02 [redacted] 2013 11:11 79

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
[signature]	Louis Alloin	

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☒ ADULT CHILD ☐ ADULT BROTHER/SISTER

PT NO U8170135 BD:1/6/1925 88YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV DEC 10

WHITE – MEDICAL RECORD
YELLOW - PATIENT

02/22/2013 11:30

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital &Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), , Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA each bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

Signature (Patient or Person Authorized to Give Authorization)	Date

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian ☒ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☒ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child ☐ 3. Parent(s)

PT.NO U8170135 BD:1/6/1925 88Y F
NAME HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
DOB

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV APR 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

22-2-2013 11:10

Patient Information for UW Medicine Inpatient Facility Directory

Inclusion in the Inpatient Facility Directory
Please Read this Statement Carefully

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

☐ **YES, please include me in the Inpatient Facility Directory**

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

has informed me that that my name, location, and general health condition will be included in its inpatient facility directory. This information will be made available to people who ask for me by name such as my relatives, friends, and fellow employees.

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

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

☒ **NO, please do not include me in the Inpatient Facility Directory**

I do not want my name, location and general health condition included in the UW Medicine entity's Inpatient Facility Directory. **If this is my choice, I understand it is my responsibility to notify family and friends of my location and phone number if I wish them to contact me. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items (for example, flowers and gifts) addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Reason:_____

Contact:_____

Phone:_____

Date	Signature (Patient or Person Authorized to Give Authorization)
2-22-13	

If Signed by Person Other than Patient, provide: Reason, Relationship to patient, and their Desciption of Authority

PT.NO
U8170135 BD:1/6/1925 88Y F
NAME HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
DOB Enc:1762499436 RES:

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center - University of Washington Physicians
Seattle, Washington
PT INFORMATION FOR UW MEDICINE INPT DIRECTORY

U1868

UH1868 REV FEB 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

INITIAL ASSESSMENT TIME TO RM: 1045 RM # 46

Comments
DATE: 2/22/13
Intl: L TIME: 2315

RE-ASSESSMENT COMMENTS

LUNGS ☐NIBCC (not indicated by chief complaint)
Airway: ☑PATENT ☐trach/ETT PTA ☐home vent/C-PAP
Symptoms: ☑NONE ☐cough ☐hemoptysis
Breathing: ☑NORMAL EFFORT ☐SPEAKS FULL SENTENCES ☐retractions ☐labored ☐stridor ☐tri-pod posture
Lung Sounds: ☐NIBCC

	R	L
CLEAR	✓	✓
crackles		
rhonchi		
wheezes		
absent		

Not speaking

☐No change @ _____

CIRCULATION / HEART ☐NIBCC
Rhythm: NSR ☐MONITOR STRIPS POSTED
Distal Pulses: ☑STRONG ☐weak ☐bounding ☐absent
Cap Refill: ☑< 3 SEC ☐≥ 3 sec
Edema: ☑NONE ☐pedal ☐generalized
Heart Sounds: ☑NORMAL ☐abnormal
Devices: ☐pacemaker ☐AICD ☐LVAD

placed on monitor
HR ± 60

☐No change @ _____

NEURO / PSYCH LOC: ☐NIBCC
GCS: ☐NIBCC V E M
☐A/O x 3 ☐ORIENTED TO EVENT ☐disoriented ☑non-responsive
Behavior: ☐CALM ☐COOPERATIVE ☐anxious ☐combative
Pupils: ☐NIBCC

	R	L
size		
reactivity		

Brisk Sluggish Non-reactive
1 mm 2 mm 3 mm 4 mm 5 mm 6 mm 7 mm
Grips: ☐NIBCC

	R	L
STRONG		
weak		
absent		

Pt blinks eyes, but keeps them closed. Eyes have tears present. Voluntary purposeful movements. Pt not responding verbally.

☐No change @ _____

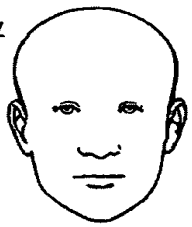
ABDOMEN ☑NIBCC
Bowel Sounds: ☑BS x 4 ☐hyperactive ☐hypoactive ☐not heard
Appearance: ☑SOFT ☐distended ☐firm/rigid ☐pregnant
Symptoms: ☑NONE ☐nausea ☐vomiting ☐diarrhea ☐melena
Devices: ☐NONE ☐g-tube ☐j-tube ☐ostomy ☐other

☐No change @ _____

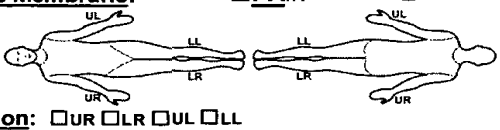
G/U ☐NIBCC
Symptoms: ☐NONE ☐burning ☐bleeding ☐incontinent ☐discharge
History: ☐UTI PTA ☐pre-existing Foley

☐No change @ _____

SKIN / MUSCLOSKELETAL
Appearance: ☑NORMAL FOR ETHNICITY ☑WARM ☑DRY ☐cool ☐pale/ashen ☐diaphoretic ☐jaundiced
Altered Skin Integrity ☐BRuising ☐LAcerated ☐BUrn(s) ☐WOund(s) ☐BLeeding controlled ☐DEformity ☐REdness ☐PRessure ulcer PTA ☐PAin



Mucous Membrane: ☑MOIST ☐dry
Turgor: ☑WNL ☐poor
Sensation: ☐UR ☐LR ☐UL ☐LL ☐INTACT ☐numb/tingling ☐parethesia
Movement: ☐UR ☐LR ☐UL ☐LL ☐ACTIVE ☐ passive



☐No change @ _____

ARRIVED FROM
☑Home ☐Homeless ☐Assisted Living ☐Group Home ☐SNF
Name of Facility: _____

BACKBOARD

TIME ON	CMS WNL	ROLL TIME	TIME OFF	CMS WNL
	☐			☐

INTL	SIGNATURE (legible)
JE	Edwards RN

SAFETY CHECKS
☑NAME & ALLERGY ARMBAND ☑DISROBED & GOWNED ☑BED IN LOW POSITION ☑CALL LIGHT IN REACH
Bedrails up: ☐NONE ☐ONE ☑BOTH ☐PT ORIENTED TO STAFF & ROOM

	TIME ON	TIME OFF		
C-COLLAR				

PT.NO U8170135 BD:1/6/1925 88Y F
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

EMERGENCY NURSING FLOWSHEET
PAGE 1 OF 2 – ASSESSMENT

U0433

WHITE - MEDICAL RECORD
CANARY - NURSING

UH0433 REV SEP 11

02-24-2013 11:31 10

PATIENT VITAL SIGNS (VS)

2/22/12

DATE / TIME / INTL	1057 MS	1130	1600
BP	106/63	140/61	148/68
PULSE	99 (ant)	77	73
RESP	22	18	16
TEMP	36.4	36.6	
SAT/O2	99 RA	99 RA	98 RA
PAIN SCALE	—		
HEART RHYTHM	—	NSR	
GCS E V M	4 5 6	15	

NURSING NOTES

DATE / TIME	
1100	MD in, pt opened eyes briefly + verbalized SOB. Very HOH. Pt then closed eyes. MS
1130	Pt returning from head CT MS
1135	EKG and then chest x-ray at bedside MS
1200	Pt remains verbally unresponsive MS
"	Opens eyes to look at me on occasion MS
1215	Gave one word answer to MA and nodded in answer to my speaking MS
1235	Pt answering residents questions completely and appropriately. OOB to BR c assist. Ambulates c slow careful gait. Urine obtained/sent MS 250 cc
1320	When attempting to get pt permission for son to come back Pt, again, not responding to questions - eyes closed MS

DISPOSITION

Huddle completion – Time: 0900 Provider Initial: RC

VS: BP: 107/66 HR: 73 RR: 16 T: 37 Sat: 99% Pain: 0

ADMITTED

Admitted TO: _____ Date/Time: _____

Report to: RN: _____ Time called: _____

Mode:	With:	Belongings:	
☐wheelchair	☐O_2	☐floor	☐Transfer form completed PRN
☐stretcher	☐monitor	☐family	
☐ALS	☐IV infusing	☐friend	
☐BLS	☐RN/MD Escort	☐safe	
		☐police	

DISCHARGE

Discharged TO: home Date/Time: 2/23/13 0510

Accompanied by: _____

Discharge Instructions reviewed w/ patient by _____

Mode: ☐Discharge assessment documented

☐AMBULATORY
☐Wheelchair
☐Crutches – Education by: _____ ☐Return Demo
☐Ambulance/Cabulance: _____ unit#: _____

VISUAL ACUITY

L: ___/___ R: ___/___ B: ___/___

☐ Uncorrected ☐ Corrected

INTL	SIGNATURE (Legible)

VASCULAR ACCESS

INSERTION DATE/TIME	INTL	# OF ATTEMPTS	SIZE/ SITE	SL	DISCONTINUE DATE/TIME	INTL	TIP INTACT
2/22/13 1115	PE	X1	20g L AC	☑			☐
				☐			☐
				☐			☐

LABS

☐Labs with IV ☐Blood draw Time/Site/Intl: _____

☐Bl Cx #1: Time/Site/Intl: _____

☐Bl Cx #2: Time/Site/Intl: _____

☐Breathalyzer/BAL: Time/Intl: _____

NURSING INTERVENTIONS

ED INTAKE: _____ ED OUTPUT: _____

☐12 lead #1 – Time/Intl: _____ ☐Attending Shown

☐12 lead #2 – Time/Intl: _____ ☐Attending Shown

☐Peak flow **pre** Tx: _____ ☐Peak flow **post** Tx: _____

☐Gastric Tube – Time/Size/Site/Intl: _____

☐Urine Catheter – Time/Size/Intl: _____

☐Radiology/CT with RN: _____

☐Isolation – Type/Reason: _____

☐Other – Care/Intl: _____

☐Other – Care/Intl: _____

INTL	SIGNATURE (Legible)
PE	Edwards RN

PT NO
U8170135 BD:1/6/1925 88YF
N HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
C

UW Medicine Heath System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

EMERGENCY NURSING FLOWSHEET
PAGE 2 OF 2 – INTERVENTIONS

U0433

WHITE - MEDICAL RECORD
CANARY - NURSING

UH0433 REV SEP 11

02/24/2013 11:01 1

UWMC EMERGENCY NURSING CONTINUATION NOTES

DATE: 2/22/13 — 2/23/13

PATIENT VITAL SIGNS (VS)

TIME	1515	1630	2000	2200	0100	0335	0500						
BLOOD PRESSURE	111/48	148/68	129/62	124/55	119/47	118/51	103/46						
PULSE	73	73	79	70	77	72	63						
RESPS	16	16	18	16	14	16	15						
TEMP					36.9	37.2	37						
O2 SAT	96%	98 RA	98 RA	96 RA	95% RA	98 RA	99 RA						
TELE	NSR	"	"	NSR		NSR	NSR						
PAIN	0	"	0	0	0	0/6	0						
INITIALS					SN								

UWMC Emergency Nursing Notes:

1500 - Son (DPA) at bedside. Pt fully communicating and reading newspaper
1630 - Son and MSW discussing DC plan
1945 - Nemo at bedside
2045 - Pt ambulatory to/from BR using own walker c slow steady gait. Pt determined to do it c/o assist
2215 - Pt sleeping quietly. VSS. Son remains at bedside. Awaits psych eval
2300 - Pt provided c chicken/rice plate, has not eaten since arrival. Alert and managing dinner by herself.
2/23/13 0100 Pt resting comfortably, denies pain, no distress noted. VSS - SN
0230 assumed care of pt. Right restraint, pt resting quietly. Resps even - non-labored.
0500 Reviewed D/C instructions c family verbalizes understanding. Pt nurse assist pt to toilet. Taxi called voucher given to take pt family to ferry for transport home SN

INITIALS	SIGNATURE / PRINT NAME & TITLE	DATE & TIME	INITIALS	SIGNATURE / PRINT NAME & TITLE	DATE & TIME
			JR	Flemmert RN	2/23/13 0100

PT.NO U8170135 BD:1/6/1925 88Y F
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

UWMC EMERGENCY NURSING CONTINUATION NOTES

U3105

UH3105 REV SEP 11

WHITE – MEDICAL RECORD
CANARY – NURSING

U8170135 BD:1/6/1925 88YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:2/22/2013
Enc:1762499436 RES:

02/24/2013 11:31 12

U2846

University of Washington Medical Center

Emergency Department
Discharge Instruction

1959 NE Pacific
Seattle, WA 98195

Name: JEANNE HOFFMAN **DOB:**01/06/1925 **Date/Time:**02/23/2013 05:03:32
MR#: U8170135 **Acct#:** 1762499436 **Visit Date:**02/22/2013 10:42:00

Patient Education Material(s)

Custom
SEIZURE: NEW ONSET [Unknown cause, Adult] (Custom)

I, JEANNE HOFFMAN, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given. Changing this template.

Patient/Guardian Signature — Power Attorney/Son — 2/23/2013
Relation to Patient — Date/Time

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

BAINBRIDGE ISLAND AMBULANCE ASSOCIATION, INC.
"A NON-PROFIT ORGANIZATION SERVING ALL OF BAINBRIDGE ISLAND"
1-206-842-2676

RUN # | SSN | ☒ CREW A ☐ CREW B ☐ CREW C | PT#/OF# 1/1 | UNIT A21 | DATE OF SERVICE 02/22/13

PATIENT INFORMATION

LAST NAME	FIRST	MI	SEX	DOB	AGE
HOFFMAN	JEANNE		☐ M ☒ F	1/6/25	88

MAILING ADDRESS	APT / LOT	PHONE
245 HIGH SCHOOL RD NW	2	

CITY	STATE	ZIP	WORK OR MESSAGE PHONE
BAINBRIDGE ISLAND	WA	98110	EXT.

EMPLOYER	EMPLOYER ADDRESS

CONTACT PERSON	RELATIONSHIP	PHONE
	POA? ☐	

ADDRESS	APT.	CITY	STATE	ZIP

INSURANCE

MEDICARE #	MEDICAID PIC #	HEALTHY OPTIONS? Y N	COMPANY NAME	L & I #	DATE OF L&I INJURY

PRIVATE INSURANCE	INSURED NAME	RELATIONSHIP

GROUP #	POLICY #	ENROLLMENT #

SIGNED PCS? Y ☐ N ☐	SIGNED BY MD ☐ RN ☐		DIRECT ADMIT? ☐ YES ☐ NO	PERSONAL PHYSICIAN

PICK UP LOCATION	START MILES	CLASS OF SERVICE	WORK RELATED Y ☐ N ☒	ATTENDING PHYSICIAN / MEDIC
ST. 21		BLS		

DESTINATION	END MILES		AUTO ACCIDENT Y ☐ N ☒	RECEIVING PHYSICIAN
UW				

REQUESTED BY	RESPONDED	ARRIVED AT SCENE	LEFT SCENE	ARRIVE FACILITY	BACK IN SERVICE	INCIDENT CODE MECHANISM	TYPE
BIFD						MD	2 9 9

CHIEF COMPLAINT	CODE
SYMPTOMS UE	
ADDITIONAL	
PT CONSCIOUS & ALERT	

REASON FOR AMBULANCE
- ☐ Emergency – Injury or Acute Illness.
- ☐ Restraints required.
- ☐ Pt. required O2 or other emergency treatment (explain in medical necessity).
- ☐ Permanently bed confined (explain in medical necessity).
- ☐ Stretcher required (explain in medical necessity).
- ☐ Pt unresponsive or decreased level of consciousness.
- ☐ Severe hemorrhaging.
- ☐ Fracture or possible fracture requiring immobilization.
- ☐ Symptoms of acute CVA or MI.
- ☐ Infectious disease, isolation required.
- ☐ Other (explain in medical necessity).

RECEIVING HOSPITAL CRITERIA
- ☐ Procedure: _____
- ☐ Closest appropriate facility
- ☐ Diverted by _____

OFFICE USE ONLY

PLAN	INS. CODE	MODIFIER	COS

CODE	#	TRANSPORTATION
101		**Base Rate**
102		Mileage
103		**Emergency Charge**
104		**Night Charge**
105		PickUp/Ret. Staff/Equip./Organs
106		Multiple Patient Transport
107		Waiting Time
108		Same Day Base Rate
109		Standby
110		**Ferry/Bridge Charges**
111		Ferry Waiting Time
112		Extra Attendant
113		Same Day Return Miles
		PROTECTIVE GEAR
201		Decontamination
202		Linens Changed
203		**Exam Gloves**
204		Protective Mask, Goggles
		AIRWAY
301		**Oxygen**
302		**Nasal Cannula**
303		**Oxygen Mask, Non-rebreather**
304		Oxygen Humidifier, Disposable
305		Airway, Oral
306		Oxygen Supply Tubing
307		Suction Catheter
308		Bag Valve Mask, Disposable
		MCC / ALS
401		EKG Monitor
402		Defibrillation
403		Electrodes, EKG

CODE	#	DESCRIPTION
501		IV Start Set
502		Chem Strip
503		Blood Draw
504		Blood Tubes and Supplies
505		IV Mini Tubing
506		IV Standard Tubing
107		IV Monitored
508		IV Fluids
509		IV
510		PROPAC O2 SAT
		TRAUMA
601		**Spinal Immobilization**
602		**Cerv. Immob. Device, Disposable**
603		**Cervical Collar**
604		Splint, Arm or Leg
605		Triangular Bandage
606		Dressing/Bandaging Material
607		King
609		Trauma Dressing
610		Cold Pack
611		Heat Pack
612		**Restraints**

Fuel level: F__ ¾__ ½__
Filled: Y__ N__

Supplies Replaced: N/A__ Y__ N__

Rig Clean to Start: Y__ N__
Rig Clean to Finish: Y__ N__

Notice of Privacy delivered: Pt.__ Facility__ POA__ Other__ Not Delivered__

HISTORY

PAST MEDICAL HISTORY	ALLERGIES	MEDICATIONS
HTN	UNK	WARFARIN
		RANITIDINE
		LOSARTAN
		ATVASTATIN
		PAROXETYK
		HYDROCHLOROT
		OXYCODONE

LAST MEAL: UNK

CHEM STRIP RESULTS: 140

FLOW SHEET

VITAL SIGNS & MONITOR								INDICATE			ECG		MEDS / PROCEDURES / RESPONSE / NOTES
TIME	B / P	PULSE	RESP	O2@	O2 SAT	GCS	TS	O~	♀	♀	RHYTHM	LEAD	
0925	149/80	88	18	[illegible]	98	8							
0950	146/72	82	18	RA	96	8							
1015	142/70	80	18	RA	97	8							
	/												
	/												
	/												

IV SITE	GAUGE	# OF ATMPTS	EMT IV #

NARRATIVE

PT RECEIVED FROM M21 IS AN 88 YO FEMALE C/C UNRESPONSIVE TO VERBAL COMMANDS. PT FOUND NOT RESPONDING TO SON THIS AM WHILE IN BED @ HOME. FIRE UNITS ATTEMPTED TO INSTIGATE A RESPONSE & FOUND ONLY W/ PAINFUL STIMULUS. PT APPEARS TO BE FLUCTUATING W/ CONSCIOUSNESS. PT RECEIVES HOME VISITS & OCCASIONALLY PECKS OPEN HER EYES TO SEE WHERE WE ARE. ARM-DROP CONFIRMED CONSCIOUSNESS. PT'S PUPILS ARE PINPOINT. PT SON STATES PT HAS BEEN UNDER A LOT OF STRESS LATELY. NO FOUL PLAY OR SIGNS OF EXCESSIVE INGESTION OF ANY SUBSTANCE FOUND. PT IS A POOR HISTORIAN AS PT REFUSES TO COMMUNICATE. INTACT GAG REFLEX

H: HOMEBOUND — C: CIGAR — A+Ox4
S: CIGAR — A: COAT OF CLOTHING x4 — GCS: 8
C: REGULAR — P: INTACT — BGL: 140
N: CIGAR — EY: CCMX2 — SKIN: P.W.D
T: MIDLINE — EV: CCMX2 — LUNGS: CLEAR BI-LAT.

A: PT ESTABLISHED UNRESPONSIVENESS. TOOK UNK NEUROLOGIC ISSUE

P: BSE. PT HX FROM EMT. FULL EXAM INCLUDING NEUROLOGIC. MONITOR VITALS. PT ON RA. PT TRANSPORTED BLS TO UW SUITES. INNUMEROUS ATTEMPTS TO INDUCE A HIGHER STATE OF CONSCIOUSNESS W/ TOOLS AT MY DISPOSAL.

MED. NEC.

MEDICAL CONTROL | CONTACT TIME | INFECTION CONTROL: ☒ GLOVES ☐ MASKS ☒ GOGGLES ☐ GOWNS

DRIVER	TECH	OTHER CREW	COMPLETED BY	ID NUMBER
☒A ☐B ☐C	☒A ☐B ☐C			
G NOLTA	489 STANTON		EMT-IV	489

I hereby acknowledge services rendered to me or my dependents. I authorize use of this original or a copy and permit payment for same via assignment of medical insurance benefits to Bainbridge Island Ambulance or its agents for this or any services provided to me by Bainbridge Island Ambulance. I authorize any holder of medical information or documentation about me to release to the Health Care Finance Adminstration and its agents or any other insurance agencies as well as to Bainbridge Island Ambulance any information or documentation needed to determine benefits payable for this service or any services provided to me by Bainbridge Island Ambulance now or in the future.

X _____ / DATE _____

Medicare will only pay for services that it determines to be "reasonable and necessary" under section 1862 (A)(1) of the Medicare law. If Medicare determines that a particular service is "not reasonable and necessary" under Medicare program standards, Medicare will deny payment for that service. In your case, Medicare may deny payment for the ambulance services about to be rendered because it may not be medically necessary for you to be transported by ambulance. I have been notified by Bainbridge Island Ambulance that, in my case, Medicare may deny payment for the ambulance service referenced above. If Medicare denies payment, I agree to be personally responsible for payment.

X _____ / DATE _____
BENEFICIARY SIGNATURE

I HEREBY CERTIFY BAINBRIDGE ISLAND AMBULANCE TRANSFERRED CARE AND GAVE A VERBAL REPORT CONCERNING THE ABOVE NAMED PATIENT.

FACILITY	SIGNATURE	TITLE	DATE	TIME

THIS PATIENT WAS UNABLE TO SIGN BECAUSE OF _____

HOSPITAL

02/24/2013 11:31 15

Dear Family Member,

Thank you for the Cards and interest to visit me.

I can no longer accept un-annouced drop-in and drop-in visits that have no purpose or prior communication to foster further interests in family affairs or interactions in subject of interest between us and other family members.

I request that you email me: jeanhoffman@usa.com or jeanalloin@usa.com.

Thereby providing Subject Communication and reason for your request to visit me. Please provide a "DATE & TIME" and DURATION of visit.

In the past, all your visits had no meaning, no comradery and lacked Subject of interests between me & Family. Each time you visited me, you promoted white Supremacy, Hatred Communication toward my family members and intolerance toward family unification. Including your distrust/mental behavior that is of Concern. Your have objected to family interactional photography and block family genology Communication. You have prevented all family reunions and divide family to family Comradery.

I no longer want 10min visit, 10min Holiday visits/etc.

I want to open Email Communication, that is prolific and meaningful Communication to develop Subject interest.

Louis my son is my power of attorney, medical caretaker and represents all my interest, schedules appointments and has my best interest. Thus you must open a viable dialog with him. This includes any Spouse to have a meaningful & respectful

behavior toward my family member choice Caregiver.

I no longer will tolerate behavior that berates, dehumanize, promotes hatre.

you and your spouse and family member must stop activities, communication of white supremacy and threads will not be tolerated. If you are unable to have respect and unable to communicate healthy dialog or unable to say good thoughts toward me — then do not visit —

I suggest that you join anger management or PHAG inorder to stop your aggressive and behavior to agitate. Including taking an educational course in Mental Health, aging and family Social Development, including firm understanding of geneology.

For Past 30+ years you and your family have practiced anti-family unity and white supremacy has been your justification to divide healthy family relations and deny existance of family heritage

I, Jean Leonie Callier Alloin Hoffman, hereby ~~by~~ direct you to open a positive dialog with Louis Charles Hoffman Alloin, as he is my representitive in all matters and has been given power of attorney to speak for me and speak on my behalf, as he has my best interest. If you refuse, then I have directed Louis to bar you from all visit. until all agreement can be attained.

Sincerly, Jean Leonie Callier Alloin Hoffman

Witness 12/28/12 10:05am
Louis Charles Hoffman Alloin

Date 12/28/12 10 am Jeanne L Hoffman

cc: Meigh Lowe, MD. Louis Alloin. Brooke & Chase Hill Hoffman

NEUROSURGERY CLINIC NOTE:

HISTORY:
This 88-year-old woman who had a witnessed fall on or about December 6, 2012, and was brought to the emergency room with a question of a new fracture along the superior endplate of L3. She is demineralized and had also noted abnormalities at L4-5 and 5-1. She was placed in a TLSO and arrives today in the TLSO, completely well. However, she tells me she has not really been wearing it at home.

RADIOGRAPHS:
Follow up imaging is perfectly stable, and I conclude that the fracture is almost certainly old.

PHYSICAL EXAMINATION:
She is neurologically well.

PLAN:
Will take her out of the TLSO and return to the capable care of Dr. William Neighbor. Follow up in the Neurosurgery Clinic p.r.n.

UW Medicine physicians included in this note can be reached by calling 206-744-3000. This note and other patient records are available online through U-Link. To enroll, go to uwmedicine.org/u-link or call 206-598-5693.

Electronically Reviewed/Signed On: 01/25/13 at 11:15

_____

Rapport II, MD, Richard L
Clinical Professor, Neurological Surgery Dept, UW School of Medicine
Box 359766

cc: Neighbor Jr, MD, William E
Attending, Hall Health
Box 354410

RLR/THO
DD:01/23/13
TD:01/24/13

1323861

01/23/201320:16 11

23

CLINIC NURSING ASSESSMENT

CLINIC 11:00

BP 137/73 PULSE 70 RESP ____ TEMP ____ WT 75 kg SpO2 98 %

TOBACCO USE:

☒ NEVER ☐ FORMER ☐ CURRENT IF CURRENT, ARE YOU INTERESTED IN QUITTING? ☐ YES ☐ NO

ALLERGIES (MEDICATION AND OTHERS; e.g. LATEX):

penicillin, Sulfa drugs

CHIEF COMPLAINT: s/p multiple Compression fracture

Pt. c/o left-side of lower back pain.

PAIN SCREEN:

Is pain part of the reason you came to clinic? ☐ YES ☐ NO

If **YES**

- Location: Where is your worst pain? _____
- Intensity: What number would you give your pain right now? ____

No Pain = 0 1 (2) 3 4 5 6 7 8 9 10 = The most pain you can imagine

Use other assessment tool if needed: Oucher, FLACC, Descriptive Scale _____

CLINIC SPECIFIC ASSESSMENTS:

JAN 23 2013 HEALTH INFORMATION MANAGEMENT

JAN 23 2013 HEALTH INFORMATION MANAGEMENT

NURSE / MEDICAL ASSISTANT SIGNATURE	PRINT NAME	DATE	TIME
		1/23/13	1110

PT.NO H0571976 BD:1/06/1925 88Y F

NAME HOFFMAN
JEANNE
LEONIE
HMC NEUROSURGERY CLINIC
DOS:1/23/13 H47 NEUROSURGERY RE*
Enc:1760822583 RES:20056927

DOB

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

CLINIC NURSING ASSESSMENT

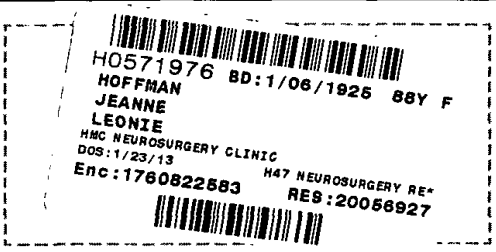
H1656

WHITE – MEDICAL RECORD

HMC1656 REV JUN 12

CLINIC SPECIFIC ASSESSMENTS: (continued)

PT.NO
NAME
DOB



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

CLINIC NURSING ASSESSMENT

HMC1656 REV JUN 12 (BACK)

Jan. 22. 2013 11:51AM 14NJ1426 Neurosurgery 744-9943 No. 1175 P. 6

ORTHO/SPINE OUTPATIENT DIAGNOSTIC IMAGING ORDER

SERVICE Neurosurgery	PT LOCATION NJB	ROOM # 23	
DATE OF REQUEST 1/22/13	Today ☐ or Date to be completed	1/23/13	

Outpatient Fax Number 744-8206

	Exam	Cast/Collar Brace	Diagnosis (Signs and Symptoms)
R ☐ L ☐	1) Lumbar Views: AP + Lat	IN ☐ OUT ☒	multiple compression fractures
R ☐ L ☐	2) Views:	IN ☐ OUT ☐	
R ☐ L ☐	3) Views:	IN ☐ OUT ☐	
R ☐ L ☐	4) Views:	IN ☐ OUT ☐	
R ☐ L ☐	5) Views:	IN ☐ OUT ☐	

JAN 23 2013 INFORMATION MANAGEMENT

Priority: ☒ Routine ☐ Expedite (Reason: _____)

Transportation: ☐ Wheelchair ☐ Stretcher

PRECAUTIONS: Risk of Fall? ☐ Yes ☐ No | Pregnant? ☐ Yes ☐ No | Contact Precautions? ☐ Yes ☐ No

☐ Interpreter Language:_____ ☐ > 350 lbs

☐ Allergies: _____ ☐ Other:_____

REQUESTING PROVIDER SIGNATURE	PRINT NAME Richard Rapport, MD Department of Neurological Surgery University of Washington School of Medicine 325 Ninth Avenue Seattle, WA 98104	PAGER	UWP # E94639	NPI	DATE 1/18
ATTENDING (IF DIFFERENT) SIGNATURE	PRINT NAME	PAGER	UWP #	NPI	DATE
PERSON FILLING OUT REQUEST (IF DIFFERENT FROM EITHER OF THE ABOVE)	PRINT NAME	PHONE		DATE	

PT.NO

NAME H0571976 BD:1/06/1925 88Y F
HOFFMAN
JEANNE
LEONIE
HMC NEUROSURGERY CLINIC
DOS:1/23/13 1147 NEUROSURGERY RE
Enc:1760822583 RES:20056927

DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

ORTHO/SPINE OUTPT DIAGNOSTIC IMAGING ORDER

"H2629"

WHITE - MEDICAL RECORD

HMC2629 REV MAY 11

JAN 23 2013 INFORMATION MANAGEMENT

01-29-201316:36 15
01-29-201316:51 15

NEUROSURGERY CLINIC ORDERS

☐ REVIEW ☐ OFFICE VISIT

Referring MD name:_____ **Primary Care MD name:**_____

Address:_____ **Address:**_____

Patient Address:_____

PLAN:
☐ **See In Office**
☐ **Resident Clinic**
☒ **PRN**
☐ **Review**

Follow-up In:_____ Months _____ Years

DIAGNOSTIC STUDIES : ☐ **Angiogram** ☐ **WADA** ☐ **Spect** ☐ **Carotid Duplex** ☐ **TCD** ☐ **EKG** ☐ **EEG**

☐ **MRA plain** Head	☐ **MRA +** Head	☐ **MRA+/-** Head	☐ **MRV Head plain**
☐ **MRA plain** Neck	☐ **MRA +** Neck	☐ **MRA+/-** Neck	☐ **MRI plain** L-spine
☐ **MRI plain** Brain	☐ **MRI plain** C-spine	☐ **MRI plain** T-spine	☐ **MRI +** L -spine
☐ **MRI +** Brain	☐ **MRI +**C-spine	☐ **MRI +**T-spine	☐ **MRI +/-** L spine
☐ **MRI+/-** Brain	☐ **MRI +/-** C-spine	☐ **MRI +/-** T-spine	☐ **CINE MRI**- *part of body*_____

☐ **Brain MRI +/- / MRA w/ Endovascular Coil Protocol**

☐ **CT plain** Head	☐ **CT plain** C-spine	☐ **CT** Neck	
☐ **CT+** Head	☐ **CT+**C-spine	☐ **CT plain** T-spine	☐ **CT plain** L-spine
☐ **CT+/-** Head	☐ **CT+/-** C-spine	☐ **CT+**T-spine	☐ **CT+** L-spine
☐ **CTA** Head	☐ **CTA** Neck	☐ **CT+/-** T-spine	☐ **CT+/-** L-spine

☐ **Myelo** fullspine ☐ **Myelo** C-spine ☐ **Myelo** T-spine ☐ **Myelo** L-spine

☐ **Shuntogram** ☐ **Shunt series : skull / neck / chest**

☐ **PLAIN FILMS:** AP / LAT / FLEX / EXT / OBL / SWIMMERS / ODONTOID / OPEN MOUTH
part of body: ☐ **C spine** ☐ **T spine** ☐ **L spine**

☐ **EMG** _____ # of extremities ☐ **SSEP** Upper ☐ **SSEP** Lower

CONSULTS: ☐ ENDO ☐ NEUROLOGY ☐ ORTHO ☐ OTO ☐ OPHTH ☐ REHAB ☐ PAIN ☐ TBI
☐ UROLOGY ☐ ADULT MED ☐ PSSSP ☐ SPINE CLINIC ☐ MEDICINE CONSULT
☐ GAMMA KNIFE ☐ STEROID INJECTION -*type:*_____ ☐ Other: _____
CONSULT REASON:_____

☐ **LABS**: CBC PT PTT CRP SED RATE DILANTIN NICOTINE BASIC METABOLIC PANEL (M7)
ENDO panel CREATININE
Comments / Surgery planned :_____

PHYSICIAN SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
[signature]	RAPPORT		83963	1/23	

PT.NO
NAME
DOB

H0571976 BD:1/06/1925 88Y F
HOFFMAN
JEANNE
LEONIE
HMC NEUROSURGERY CLINIC H47 NEUROSURGERY RE*
DOS:1/23/13 RES:20056927
Enc:1760822583

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

H2041

HMC2041 REV DEC 07 PMM Item #80009

RECEIVED
JAN 28 2013
HEALTH INFORMATION MANAGEMENT

Assessment

A&Ox4. Very HOH. Cont to c/o mod neck pains with movement, mostly stiffness. Relieved w/ combination oxy, methocarbamol. TLSO kept off overnoc to further relieve disconforts. Log roll done overnoc while assisting pt w/ turns between supine and lateral positions. Maintained on d5 1/2NS @ 75cc/hr via pump. Lungs remained failry clear. FC intact. Call bell w/in reach at all times. Bed alarm on. Frequent rounds done.

Electronically Reviewed/Signed On: 12/10/12 at 05:07

_____

Soingco, RN, Catharina B
Box 359812

CBS
DD:12/10/12

Nursing Progress Note - HMC

Discharge Summary

Date of Admission: 12/06/2012

Date of Discharge: 12/10/2012

PCP: William Neighbor

Discharge Diagnosis:
Compression fracture

Consults Completed:
Neurosurgery/spine

Operations/Procedures:
None (TLSO fitting)

Principal Diagnostic Studies/Results:
CT Lumbar Spine 12/6/2012
1. Age indeterminate although likely chronic mild compression deformity of the superior endplate of the L3 vertebral body. Chronic mild anterior wedge compression deformity of T12 and mild superior endplate compression deformity of the L2 vertebral body unchanged dating back to 2008.
2. Multilevel degenerative scoliosis and spondylosis of the lumbar spine with resultant moderate central (greatest at L3-4) and moderate to severe neural foraminal narrowing at multiple levels (L3-4, L4-5, L5-S1) of the lumbar spine as described above.

CT Lumbar Spine 12/7/2012
Mild appearing T12 compression deformity again noted. Also, a mild chronic appearing L1 superior endplate compression deformity is similar to the prior recent examination. Multiple bilateral mildly displaced rib fracture are present having the appearance of subacute to chronic fractures. No new fracture demonstrated. Diffuse osteopenia is present. Multi-level degenerative changes are visualized. Bony alignment is otherwise normal.
Dependent pulmonary opacity is present may represent atelectasis although nonspecific. Calcified arterial vessels are present. Hiatal hernia noted. Left thyroid nodule dictated separately needs follow-up ultrasound.

CT Cervical Spine 12/7/2012
Marked degenerative changes are present.
Anterior grade 1 C5-C6 spondylolisthesis without fracture demonstrated which appears degenerative in etiology.
Slightly exaggerated lordosis. No fracture detected. Indeterminate left thyroid nodule should be further evaluated with ultrasound.
No apical pneumothorax is detected.

CT Head 12/7/2012
Lacunar infarcts in the right basal ganglia and left centrum semiovale. No acute cortical infarction. No hemorrhage or focal mass lesion.

CXR 12/7/2012
The bilateral upper lungs are obscured by an overlying halo harness but no pneumothorax seen. Cardiac and mediastinal contours are normal. Interstitial coarse markings centrally. The lungs and pleural spaces are otherwise clear. Left 7th posterior rib fracture indeterminate aged and not seen on the recent CT T spine.

Reason for Admission:

From Dr. Thomas' admission note 12/7/2012:
The patient is a very functional 87y/o female with fairly benign PMH except for DVT for which she is on warfarin, who presents transferred from UW for admission following fall x 1 week ago. A week ago the patient fell in her kitchen when she tripped, landing on her buttocks. She saw her PCP for a scheduled visit today, who referred her to the ED for further evaluation. Xray and CT imaging of the lumbar spine revealed an L3 compression fracture of undeterminate age. Neurosurgery saw her in the ED, and recommended a TLSO brace, and discharge, with repeat imaging 6 months following. She was thought able to discharge home, when it was noted that her INR >6. Considering her high degree of fall risk in brace, and that she lives alone with son who can only abulate with a walker, it was thought prudent to admit her until INR was again therapeautic.

She was transferred to HMC ED and UW was at capacity. In HMC ER she had a head CT performed, which showed no acute intracranial processes. C Spine CT scan demonstrated no cerival fracture.

It is unclear why the pt's INR is so high.

Hospital Course:

Supratherapeutic INR. Admit INR of 6.2. Coumadin was held two days with INR improving to 2.7, then wafarin 5 mg given and 2.2 the day of discharge. Reviewing her coumadin regimen, she had some reported variability in how much she took (sometimes took an extra half pill, others a half) that may explain the change. It was unclear if she was taking 4x/week 10 mg and 3x/week 5mg as reported on admission, vs. 10 mg daily. At discharge we had her take the former regimen, with close follow-up with Dr. Neighbor

Compression fracture: acuity of these findings unclear on imaging. Neurosurgery saw her in the ED and recommended TLSO brace. The fit appeared appropriate on follow-up with prosthetics. There was some variability in follow-up recommendations - 6 months per the neurosurgery note.

Condition:

Good - pain controlled, hard of hearing at baseline, ambulating with assistance, lungs clear

Disposition:

Home

Clinical Follow-up, including appointments:
Dr. Neighbor in 5 days (Friday 12/14/2012)
Orthopedics in 6 months scheduled for UWMC Roosevelt
No scheduled f/u for fit w/ prosthetic, call 206-598-4026 if changes needed.

Diagnostic Studies Recommended:
Follow-up INR at time of follow-up with Dr. Neighbor

Pending Results (as of this summary):
None

Therapeutic Recommendations:
Per PT note: Currently needs the SBA/CGA of one person to mobilize safely OOB, and will need assist x 1 to don/doff TLSO. If pt's son (or someone else) able to provide this level of assist, then pt can d/c home. Otherwise will need SNF with lower intensity therapies upon d/c.

She should wear TLSO brace when out of bed, or if HOB > 30 degrees.

Discharge Medications:
atorvastatin (Lipitor 40 mg oral tablet) Dose: 40 mg by mouth Daily
carbamazepine (Tegretol 200 mg oral tablet) Dose: 200 mg by mouth Three times daily
docusate sodium 250 mg oral capsule Dose: 250 mg by mouth Twice daily
ferrous sulfate 325 mg oral tablet Dose: 325 mg by mouth Daily
hydrochlorothiazide 25 mg oral tablet Dose: 25 mg by mouth Daily
metformin 500 mg oral tablet Dose: 500 mg by mouth Twice daily
methocarbamol 500 mg oral tablet Dose: 500 mg by mouth Every 6 hours as needed Muscle Spasm
oxycodone 5 mg oral tablet Dose: 5 mg by mouth Every 4 hours as needed for pain
ranitidine 75 mg oral tablet Dose: 75 mg by mouth Twice daily for 14 day(s) prn
warfarin 10 mg oral tablet Dose: 10 mg by mouth Monday, Wednesday, Friday and Sunday
warfarin 10 mg oral tablet Dose: 5 mg by mouth Tuesday, Thursday and Saturday

UW Medicine physicians mentioned in this note can be reached by calling MedCon at 800-326-5300. This note and other patient records are available online through U-Link. To enroll, go to uwmedicine.org/u-link or call 206-598-5693.

Electronically Reviewed/Signed On: 12/11/12 at 07:18

_____

Fletcher, MD, Grant Selmer
Attending, General Internal Medicine
Box 359780

cc: Neighbor Jr, MD, William E
Attending, Hall Health
Box 354410

GSF
DD:12/10/12

Addendum by Fletcher, MD, Grant Selmer on December 11, 2012 07:18

I saw the patient and spent greater than 30 minutes personally providing discharge day management services. Date of service: 12/10/2012

Electronically Reviewed/Signed On: 12/11/12 at 07:18

_____

Fletcher, MD, Grant Selmer
Attending, General Internal Medicine
Box 359780

cc: Neighbor Jr, MD, William E
Attending, Hall Health
Box 354410

GSF
DD:12/11/12

ASSESSMENT:
Pt is 87 year old female that is medically ready to discharge home..
.
INTERVENTION:
SW met with the team and discussed the discharge plan. Pt does not qualify for Home Health services PT/OT or RN. Concerned about the patient's safety at home, SW completed an Adult Protective Service referral for the patient. SW provided the pt's information, phone number, and family information for APS.

SW will arrange for a Tri-Med CABulance when the pt is medically ready to discharge. SW will arrange for her and the pt's son to be transported. SW will arrange once the RN has decided on a time.

(15:30)
SW arranged for a Hopelink CABulance (pt has Medicaid pending per Epic) and arranged it for 15:00.
.
PLAN OR OUTCOME:
SW will continue to provide assistance with discharge planning as needed..
.

Quality Measures
Internal SW Data: K12, K28.

Electronically Reviewed/Signed On: 12/10/12 at 11:20

_____

Bollenbacher, MSW, Jared Brayton
Social Worker, box 359760
(206) 744-4358

Electronically Co-Signed On: 12/10/12 at 15:35

_____

Bollenbacher, MSW, Jared Brayton
Social Worker, box 359760
(206) 744-4358

JBB
DD:12/10/12

Social Work Progress Note

Patient Discharge Instructions
Harborview Medical Center
325 9th Ave, Seattle WA 98104
206-744-3000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE	**MRN:** H0571976	**Service:** H Medicine Hospitalist 1
Age: 87 Years	**Length of Stay:** 003 12:30	**Language:** English
Print Dt/Tm: 12/10/2012 12:17:35	**Diagnosis:** Compression fracture	**Weight:**
PCP Neighbor Jr, MD, William E	**PCP Phone:** (206) 598-4055	**Code Status:**

Fall Risk: 70 **(At Risk)**

Allergies: penicillin, sulfa drugs

Problem List: Supratherapeutic INR

Medication List:

It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.
Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.
Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

MEDICATIONS TO BE TAKEN AT HOME:

atorvastatin (Lipitor 40 mg oral tablet)	40 mg by mouth Daily
carbamazepine (Tegretol 200 mg oral tablet)	200 mg by mouth Three times daily
docusate sodium 250 mg oral capsule	250 mg by mouth Twice daily
ferrous sulfate 325 mg oral tablet	325 mg by mouth Daily
hydrochlorothiazide 25 mg oral tablet	25 mg by mouth Daily

metformin 500 mg oral tablet	500 mg by mouth Twice daily
methocarbamol 500 mg oral tablet	500 mg by mouth Every 6 hours as needed Muscle Spasm
oxycodone 5 mg oral tablet	5 mg by mouth Every 4 hours as needed for pain
ranitidine 75 mg oral tablet	75 mg by mouth Twice daily for 14 day(s) prn
warfarin 10 mg oral tablet	10 mg by mouth Monday, Wednesday, Friday and Sunday
warfarin 10 mg oral tablet	5 mg by mouth Tuesday, Thursday and Saturday

Comment:

Follow-up Information:

With:	Address:	When:
UWMC - Hall Health	4060 East Stevens Way, Univ. of WA Campus Seattle, WA 98195 (206) 616-2495 Business phone (1)	In 4 days 12/14/2012

Comments:

Per your PCP Dr William Neighbor, see in Friday Clinic

With:	Address:	When:
UW Roosevelt Orthopedics		In 25 weeks 06/03/2013

Comments:

follow-up lumbar compression fractures

Discharge Instructions:

Documentation:

Discharged to/Discharged how

Discharge to Home/Streets or Home with:	Home

Belongings_

Location of Valuables:	With patient
Location of Clothing:	With patient

Discharge Signs/Symptoms

Discharge - Call if Following S&S Appear:	Increased pain
Teaching Outcome - Signs and Symptoms:	Discussion with patient shows understanding

Discharge Risk

Discharge Risk Factors:	Do not drink alcohol. This includes beer, Proper diet and exercise will help condition or disease
Teaching Outcome - Risk Factors:	Discussion with patient shows understanding

FIS (Functional Independence Score)

FIS - Communicates:	Independent (4)
FIS - Feeds Self:	With assistance (2)
FIS - Ambulation:	With assistance (2)
FIS TOTAL Score:	8

Discharge Activity Instr

Discharge Activity/Instructions: Other: Ambulate with assistance

Teaching Outcome - Activity Instructions: Discussion with patient shows understanding

Additional Nutrition Instr

Discharge Special Diet Instructions: ADA diet

Teaching Outcome - Diet/Swallowing: Discussion with patient shows understanding

U3104

Patient Discharge Instructions
Harborview Medical Center
325 9th Ave, Seattle WA 98104
206-744-3000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE
MRN: H0571976
Gender: Female
Address: 245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110
Date of Birth: 01/06/1925
Age: 87 Years
Phone: 206 855-0815
Admit Dt/Tm: 12/06/2012 11:47 PM
Med Service: H Medicine Hospitalist 1
PCP: Neighbor Jr, MD, William E
PCP Phone: (206) 598-4055
Allergies:penicillin, sulfa drugs

Reason For Admit: Compression FX L3-L5, L 7th costal Fx, INR >6 at OSH

Discharge Diagnosis: Compression fracture

Medication List:

It is important to know what medicines you are taking.

Update your list if your medicines or dosages change.

Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.

Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

MEDICATIONS TO BE TAKEN AT HOME:

atorvastatin (Lipitor 40 mg oral tablet)	40 mg by mouth Daily
carbamazepine (Tegretol 200 mg oral tablet)	200 mg by mouth Three times daily
docusate sodium 250 mg oral capsule	250 mg by mouth Twice daily

ferrous sulfate 325 mg oral tablet	325 mg by mouth Daily
hydrochlorothiazide 25 mg oral tablet	25 mg by mouth Daily
metformin 500 mg oral tablet	500 mg by mouth Twice daily
methocarbamol 500 mg oral tablet	500 mg by mouth Every 6 hours as needed Muscle Spasm
oxycodone 5 mg oral tablet	5 mg by mouth Every 4 hours as needed for pain
ranitidine 75 mg oral tablet	75 mg by mouth Twice daily for 14 day(s) prn
warfarin 10 mg oral tablet	10 mg by mouth Monday, Wednesday, Friday and Sunday
warfarin 10 mg oral tablet	5 mg by mouth Tuesday, Thursday and Saturday

Comment:

Follow-up:

With:	Address:	When:
UWMC - Hall Health	4060 East Stevens Way, Univ. of WA Campus Seattle, WA 98195 (206) 616-2495 Business phone (1)	In 4 days 12/14/2012

Comments:

Per your PCP Dr William Neighbor, see in Friday Clinic

With:	Address:	When:
UW Roosevelt Orthopedics		In 25 weeks 06/03/2013

Comments:

follow-up lumbar compression fractures

Patient Instructions:

Belongings_

Location of Valuables:	With patient
Location of Clothing:	With patient

Signs/Symptoms

Discharge - Call if Following S&S Appear:	Increased pain

Risk Factors

Discharge Risk Factors:	Do not drink alcohol. This includes beer, Proper diet and exercise will help condition or disease

Activity Instructions

Discharge Activity/Instructions:	Other: Ambulate with assistance

Nutrition Instructions

Discharge Special Diet Instructions:	ADA diet

Medical Questions
For MEDICAL QUESTIONS please call the Discharge RN at (206) 744-DCRN or (206) 744-3276.
For APPOINTMENT SCHEDULING QUESTIONS please call the Patient Access Center at (206) 744-8845.
For MEDICATION REFILLS please call (206) 744-3218.

For HEALTH INFORMATION CLASSES please call Patient Family Resource Center (206) 744-2000.
For questions regarding your bill please call (206) 744-3084.

Quit Smoking
Quitting smoking or other tobacco use is the most important thing a person can do for their health. If you or a family member smokes, call the National Tobacco Quitline toll-free at 1-800-QUIT-NOW (1-800-784-8669) & talk to your primary care provider (PCP).

Weight Monitoring
If you have heart failure, weigh yourself daily. Call your doctor if you have a weight gain of more than 2 pounds in 48 hours.

Patient/Caregiver Signature: _____

Assessment
Assessment Foley dc'd and pt just voided. VSS. A&O x3. Neck and back pain managed by prn Oxycodone. TLSO care done and pt's son who claims to be pt's care giver stated that he already knows about TLSO and its care. TLSO on pt and she will be dc'd to home via cabulance. Skin intact with redened perineal area and pt repositioned q2hrs. SW to arrange cabulance ride to home. Pt has all her belongings and valuables with her..
No restraints indicated.

Plan
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 12/10/2012 14:47 - 12/10/2012 14:47).

Evaluation
Pt progressing towards discharge: already voided after foley taken out.

Electronically Reviewed/Signed On: 12/10/12 at 15:08

_____

Essleman, RN, Teyba S
Box 359812

TSE
DD:12/10/12

Nursing Progress Note - HMC

Assessment

Assessment Discharge instructions and prescriptions given to pt and her son. Questions answered. IV discontinued intact. Personal belongings with son. Cabulance came at 1700 and picked up pt. .

Electronically Reviewed/Signed On: 12/10/12 at 17:49

_____

Truong, RN, Trinh
Registered Nurse
Box 359735

TT
DD:12/10/12

Nursing Progress Note - HMC

Pt was seen in her room on 3E for routine f/u of TLSO fit 12/7/12.

Pt was sitting up in bed with device in place. Pt reports no discomfort at this time. Fit appears to be appropriate but was tightened slightly to decrease the chance of migration when sitting up further and provide proper support. Pt understands the need for device to be tight and reported increased comfort with the tightness. All the pt's and family's questions were answered regarding fit of the device.

PLAN: f/u prn

Electronically Reviewed/Signed On: 12/09/12 at 11:56

_____

Schlatter, LCPO, Kristan R
HMC, Dept of Prosthetic/Orthotic Services
Box 359110

KRS
DD:12/09/12

f/u TLSO

ASSESSMENT:
Pt. is an 87 y.o. Caucasion female who was admitted w/ a spine fx. s/p a fall at home. SW working w/ pt. this weekend on dispo planning and assessment. Continuing today.
.
.
INTERVENTION:
Met w/ pt.'s son Doug, and his dtr. Karen, along w/ pt.. Pt. had a sort of hearing aid today and much better able to participate. She has a hard time keeping this on, and providers may need to hold it. Explained that PT recommending SB and CG when pt. gets up to go to the BR. RN able to come and demonstrate brace care, recommends that this is much better done by two people. Doug says that he would be willing to come every morning to asst. w/ brace care and would do his best not to argue w/ his brother Louis. He also says that he will use his dtr.'s lower to the ground car (as opposed to pick up truck), to transport pt. home. SW discussed HH PT/OT and bath aide. Pt. says she'd be okay w/ this.
Spoke w/ pt.'s son Louis on the phone. He states that he is DPOA for pt., will bring in ppwk. tomorrow. SW explained pt.'s needs, pt.'s need to have two people to help her w/ brace care each morning, brother's plan for discharge transport, plan for HH. He says he think pt. would be more comfortable in cabulance, as his dtr.'s car is too small for himself and pt.. Other than this, Louis is agreeable w/ discharge plan. He will be at HMC in the a.m. between 9 and 10.

Of note, both Louis and Don spend a great deal of time criticizing each other's character. Louis says that Don is verbally abusive, that he snaps and gets mad and yells at pt. and that this makes her depressed. Louis says that Don is schizophrenic. SW did not notice any usual schizophrenic sx.s in Don's presentation, he was engaged and alert. Don claims Louis has a criminal background. Don says that Louis did not let him know of pt.'s hosp., that he did not find out till yesterday. Given the animosity between them, SW should keep each informed -- pt. has given her verbal permission for this -- so all are on the same page, as much as possible.

Talked to Dr. Fletcher about discharge plan: for pt. to take cabulance home, for brothers to be in agreement w/ brace care (both have been shown how to do it), for HH PT OT and bath aide to be set up, and for APS report to be made w/ reports that son Don verbally abusive of pt.. .
.
PLAN OR OUTCOME:
Leave sign-off for floor SW..
.

Electronically Reviewed/Signed On: 12/09/12 at 15:26

_____

Drake, LICSW, Caroline
Social Worker, Box 359760
(206) 744-1504

CD
DD:12/09/12

Social Work Progress Note

MEDICINE INPATIENT PROGRESS NOTE

Hospital Day: 0

IDENTIFICATION/CHIEF CONCERN
supratherapeutic INR in setting of fall 1 week ago with lumbar fracture

INTERVAL HISTORY
-- INR 2.7 today
-- discussed needs after discharge with sons Louis by phone and Doug at bedside. See SW note today for full discussion. They each seemed open to providing for Ms. Hoffman's home needs, although details need to be worked on
-- Back pain controlled, denies chest pain, dyspnea, or other concerns.

PE
NAD, sitting up in bed with hearing aid device on ear
RRR without m/r/g across center opening of brace
Lung CTA bilaterally above brace
Abdomen exam limited with brace
Ext without edema

Assessment/Plan
L3 anterior compression fx: TLSO brace placed
-- will need to verify able to manage at home (HH referral tomorrow)
-- pain control adequate w/ oxycodone 5 q3; change to prn
-- stop morphine to enable transition to oral regimen for home
-- continue bowel regimen (docusate, prn senna)

INR elevation: unclear etiology; improved now in range w/ holding coumadin for 2 doses, to 2.7
-- warfarin 5mg po qday today
-- f/u w/ PCP tomorrow for arrange monitoring hereafter

DM: glucose in good range on metformin
HTN: in control on home HCTZ
FEN: continue low sodium diet
DVT px: therapeutic warfarin
Full code

Disposition: Seems like home may be viable for discharge, to be confirmed with HH tomorrow. Medically ready for DC when arrangements can be made

Grant Fletcher MD MPH
Attending Physician
Harborview Hospital Medicine/HMS
P: 540-0458

ALLERGIES
penicillin
sulfa drugs

Scheduled Medications
Atorvastatin 40mg tab Dose: 40 mg = 1 tab PO QDay
Carbamazepine 200mg tab Dose: 200 mg = 1 tab PO TID
Docusate 100mg cap Dose: 200 mg = 2 cap PO BID
Ferrous sulfate EC 324mg tab (65mg elem) Dose: 325 mg = 1 tab PO QDay
Hydrochlorothiazide 25mg tab Dose: 25 mg = 1 tab PO QDay
MetFORMin 500mg tab Dose: 500 mg = 1 tab PO BID
Oxycodone 5mg tab Dose: 5 mg = 1 tab PO Q3 Hours
Ranitidine 75mg tab Dose: 75 mg = 1 tab PO BID

Infusions
Dextrose 5%/0.45% NaCl 1,000 mL Dose: 1,000 mL IV Infusion

PRN Medications
Bisacodyl EC 5mg tab Dose: 10 mg = 2 tab PO Daily PRN
Methocarbamol 500mg tab Dose: 500 mg = 1 tab PO Q6 Hours PRN
Morphine 4mg/mL inj Dose: 2-4mg IV Q5 Minutes PRN
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID PRN
Sodium chloride 0.9% inj 5mL FLUSH (syringe) Dose: 5 mL IV On Call PRN

PHYSICAL EXAM
VS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
12/09/12 15:28	Temp C:	37.2	36.1	-	37.2
12/09/12 15:28	HR:	94	81	-	94
12/09/12 15:28	RR:	16	16	-	16
12/09/12 15:28	SBP Non-Inv:	130	118	-	130
12/09/12 15:28	DBP Non-Inv:	69	45	-	69
12/09/12 15:28	MAP Non-Inv:	86	75	-	86

–

I&O
Height: Height (cm): No Results Found.
Admit Wt:Admit Wt: No Results Found.
Last Daily Wt: No Results Found.
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	12/06/2012	12/07/2012	12/08/2012	12/09/2012	12/10/2012	Total
Intake Total	0	2	340	1225	450	2017

(0600)						
Output Total (0600)	0	0	400	550	600	1550
Net I&O Total (0600)	0	2	-60	675	-150	467

LABS *(Most recent results in 24 hour range.)*

No CHEM 7 Results Found.

RESULTS FROM TODAY
12/09/12 06:50

- - -
- - -]----------[- - -
- - -

|- PT 26.5
|- INR 2.7
|- PTT - - -

RESULTS FROM YESTERDAY
12/08/12 06:05

- - -
- - -]----------[- - -
- - -

|- PT 35.4
|- INR 4.0
|- PTT - - -

MICRO

_

IMAGING

_

ASSESSMENT & PLAN

_
Fluids/electrolytes/nutrition: _
Prophylaxis: _
Tubes/Lines: _
Disposition:_
Code Status: _
Contacts: _

Electronically Reviewed/Signed On: 12/09/12 at 16:40

_____

Fletcher, MD, Grant Selmer
Attending, General Internal Medicine
Box 359780

GSF
DD:12/09/12

Medicine progress note

Assessment
Assessment TLSO brace on most of shift, teaching/demonstration on brace with her son who lives 5 mins from her house. SW in to speak with pt/family to assist with DC planning. Pt's son Louis to come in tomorrow. 2 person assist to bedside chair for nursing today. C/o pain/spasms, giving scheduled & PRN meds. Forgetful at times, thinking she is at home etc. Will cotinue to monitor. .
No restraints indicated.

Plan
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 12/09/2012 08:00 - 12/09/2012 09:00).

Evaluation
Pt progressing towards discharge: Progressing towards DC .

Electronically Reviewed/Signed On: 12/09/12 at 18:48

_____

Laughlin, Rebecca
Box 359812

RL
DD:12/09/12

Nursing Progress Note - HMC

Assessment
Assessment A/OX3, very HOH. Pt. slightly somnolent during shift, although easily arousable. VSS. Room air. Pt. complaining of constipation, although refuses stool softeners. Foley in place, draining clear yellow urine. Head of bed >10 degrees, TLSO brace not in place at this time, to be worn when Head of bed> 30 or OOB. Pt. complaining of severe lower back spasms with movement, scheduled oxycodone given with adequate results. Pt. resting comfortably in bed at this time. Will continue with plan of care. .
No restraints indicated.

Plan
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 12/07/2012 06:39 - 12/07/2012 19:45).

Evaluation
Pt NOT progressing in these areas: Pain, brace.

Electronically Reviewed/Signed On: 12/08/12 at 04:53

_____

Dahl, Carissa A
Box 359812

CAD
DD:12/08/12

Nursing Progress Note - HMC

Report Summary
Pt at or near baseline, but TLSO provides a small barrier to her independence. Currently needs the SBA/CGA of one person to mobilize safely OOB, and will need assist x 1 to don/doff TLSO. If pt's son (or someone else) able to provide this level of assist, then pt can d/c home. Otherwise will need SNF with lower intensity therapies upon d/c.Barriers: orthotic/brace, hearing deficit.Patient's potential for improvement: good.
Discharge Recommendations:
Home with 24 hr supervision and intermittent assist for mobility and brace management.

Physical Therapy Note
Note type: Initial evaluation.
Time spent:
Session 1: Start Time: 0950, End Time: 1025, Duration: 35 minutes.
Two patient identifiers checked? Yes.

Pertinent Patient Information
Diagnosis: 87 yo F admitted 12/6 s/p mechanical fall approximately one week ago. She has been ambulating with the assitance of her walkers but notes increased pain and spasms in her lower back. Xray and CT imaging of the lumbar spine revealed an L3 compression fracture of undeterminate age. Neurosurgery saw her in the ED, and recommended a TLSO brace..
Past Medical History: h/o DVT
Osteoporosis
OA of hands
HL
HTN
DM 2
Femur fx.
Precautions
TLSO >30 deg.
Activity: OOB as tolerated.
Prior functional status: independent, used 4WW to ambulate in- and outdoors.
Individuals present during session: pt and PT only.

Home Environment
Lives in single level home, on Bainbridge Island. One STE, which pt reports is difficult for her. She has fallen there at times.
Lives with her son, who pt reports does the cleaning and other assistance to her. But he uses a walker (?).
Family/caregiver able to provide unclear. Need to determine if pt's son can provide necessary LOA needed.
Equipment owned: 4-wheeled walker.

Pain
Description
Location: spine, minimal pain w/ mvmt.

Behavior
Alert and oriented x 4.
Alertness: eyes open.
Command following: following commands.
Safety/Precautions: Patient following all precautions safely.

Musculoskeletal
Posture
Brace: TLSO.
Range of Motion
Date: 12/8/2012.
Left upper extremity: WNL.
Right upper extremity: WNL (initially pt not able to lift R shldr >45 deg,, but after assist, able to demonstrate full ROM. "Just needed to loosen up.").
Left lower extremity: WNL.
Right lower extremity: WNL.
Strength
12/8/2012.
.
5/5 strength throughout to select MMT

Sensation

Intact sensation throughout

Cardiopulmonary
Oxygen requirements
Room air.

Mobility
Bed Mobility Assessment
Supine to sit: surface flat bed, patient requires contact guard assistance, Pt performs 75% of activity, using bed rail.
Transfers
Sit to stand: using a front wheel walker, CGA, Pt performs 100% of activity.
Ambulation
Distance: x ~150 ft.
Device utilized: front wheel walker.
Level of assist: with contact guard assist, progressing to SBA. No LOB noted, but pt needed cues for upright posture.

Balance
Static sitting: the patient requires modified independence, Pt performs 100% of activity, surface: bed, lower

extremity support: bilateral lower extremities.
Static standing: surface: firm, device: front wheel walker, the patient needs stand by assistance, Pt performs 100% of activity.

Equipment

pt has own 4WW. loaner FWW in room

Treatment Provided
Physical Therapy Evaluation:.

Patient Education
Topics: Home exercise program (simple AROM ex (2)).

Assessment
Pt at or near baseline, but TLSO provides a small barrier to her independence. Currently needs the SBA/CGA of one person to mobilize safely OOB, and will need assist x 1 to don/doff TLSO. If pt's son (or someone else) able to provide this level of assist, then pt can d/c home. Otherwise will need SNF with lower intensity therapies upon d/c.
Barriers: orthotic/brace, hearing deficit.
Patient's potential for improvement: good.

Daily Recommendations
Encourage bed exercises including UE elevation and deep breathing.
Activity transfer status: out of bed for all meals.
Transfers level of assistance: one person assist.
Device: none.
Ambulation activity status: ambulate in room, ambulate in hallways.
Ambulation level of assistance: with family assist, one person assist.
Ambulation device: walker.

Plan/Recommendations
Plan
  Patient will be seen: 2-3x/wk, if doesn't d/c this weekend.
Discharge Recommendations:
  Home with 24 hr supervision and intermittent assist for mobility and brace management.

Signature

Marie Fritzberg, PT

Electronically Reviewed/Signed On: 12/08/12 at 13:31

_____

Fritzberg, PT, Marie C
HMC Physical Therapy Dept
Box 359827

MCF
DD:12/08/12

Physical Therapy Note - HMC

Report Summary
At this time, pt requires contact guard assistance for functional mobility and min assist for lower body ADL secondary to decreased balance and endurance. Pt will be dependent for brace care. Anticipate if pt's family able to provide the appropriate level of assistance at home, pt would be appropriate to return home with 24hr assistance, if not pt would require a facility that could provide 24hr assistance and on-going therapy.
Discharge Recommendations:.

Occupational Therapy Note
Note type: Initial evaluation, Initial evaluation completed at 12/08/2012 10:50:00 , Discharge report.
Time Spent:
Session 1: Start Time: 1025, End Time: 1050, Duration: 25 minutes.
Two patient identifiers checked: Yes.

Pertinent Patient Information
Diagnosis/PMH
Diagnosis: 87 yo F admitted 12/6 s/p mechanical fall approximately one week ago. She has been ambulating with the assitance of her walkers but notes increased pain and spasms in her lower back. Xray and CT imaging of the lumbar spine revealed an L3 compression fracture of undeterminate age. Neurosurgery saw her in the ED, and recommended a TLSO brace..
Past Medical History: h/o DVT
Osteoporosis
OA of hands
HL
HTN
DM 2
Femur fx.
Precautions
TLSO >30 deg.
Activity: OOB as tolerated.
Prior functional status: independent, used 4WW to ambulate in- and outdoors.
Individuals present during session: pt and OT.

Home Environment
Lives in single level home, on Bainbridge Island. One STE, which pt reports is difficult for her. She has fallen there at times.
Lives with her son, who pt reports does the cleaning and other assistance to her. But he uses a walker (?).
Family/caregiver able to provide unclear. Need to determine if pt's son can provide necessary LOA needed.
Equipment owned: 4-wheeled walker.

Pain

Pt having intermittent bouts of muscle spasms in her back which increase pain to 8-9/10

Musculoskeletal
Strength
.
Pt with active, against gravity movement of all extremities

Functional Mobility
Bed mobility:
.
Pt up ambulating with PT upon OT arrival
Sitting balance:
Chair patient is independent.
Chair transfer:
Sit to stand patient needs contact guard, assistive device Front wheeled walker.
Toilet transfer: patient needs contact guard, using grab bars.
Standing: patient needs stand by assist, assistive device Front wheeled walker.
Functional Ambulation
Ambulation to sink patient needs contact guard, assistive device Front wheeled walker.
Ambulation to bathroom patient needs contact guard, assistive device Front wheeled walker.

Self Care
Basic Activities of Daily Living
Upper body dressing: Pt will be dependent for brace care.
Lower body dressing: patient needs minimal assistance.
Toileting: patient is independent.

Cognition
Behavior: alert, cooperative.
Command following: pt consistently follows verbal commands.
Orientation: Patient is oriented to person, place, situation.

Equipment

Pt reports she has grab bars in bathroom around toilet and in tub. Pt plans to sponge bathe at home

Treatment Provided
OTHER
OT evaluation

Patient Education
Topics: Role of OT, recommendation for assistance at home.
Teaching method: verbal, demonstration.

Primary Learner patient.
Patient challenges to learning: decreased activity tolerance, pain.
Patient teaching outcome: discussion w/pt shows understanding.

Assessment
At this time, pt requires contact guard assistance for functional mobility and min assist for lower body ADL secondary to decreased balance and endurance. Pt will be dependent for brace care. Anticipate if pt's family able to provide the appropriate level of assistance at home, pt would be appropriate to return home with 24hr assistance, if not pt would require a facility that could provide 24hr assistance and on-going therapy.

Daily Recommendations
Activity status
Activity: to bathroom w/ contact guard assist.
Device: front wheeled walker.

Plan/Recommendations
Plan
Treatment plan: no further plans for acute OT treatment.
Discharge Recommendations: Home with 24 hr supervision and intermittent assist for mobility, lower body ADL, and brace management.
.

Signature

Jenny Askevold, OTR/L

Electronically Reviewed/Signed On: 12/08/12 at 13:53

_____

Askevold, OT, Jennifer L
Harborview Occupational Therapy
Box 359827

JLA
DD:12/08/12

Occupational Therapy Note - HMC

Assessment
Assessment Recieved from night shift in NAD, VSS, RRR on RA, A&0x4, tele NSR, CMS intact, pain adequately controlled. Up to chair with P.T. in TLSO. Pending safe dispo plan, UDF involved in discharge planning.Plan to continue to monitor..
No restraints indicated.

Plan
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 12/08/2012 04:53 - 12/08/2012 08:00).

Evaluation
Pt progressing towards discharge: participating in self care. Pt NOT progressing in these areas: requires monitoring for safety and stabilization.

Electronically Reviewed/Signed On: 12/08/12 at 15:08

_____

Krikorian, RN, Karen Elaine
Registered Nurse
Box 359735

KEK
DD:12/08/12

Nursing Progress Note - HMC

Visit Information

Unit:
Service:
Reason for Admission No Reason for Admission found.
Current Attending *(REG):*
Admit Date:

General Information
SOCIAL WORKER: Pt. is an 87 y.o. Caucasion female who was admitted w/ a spine fx. s/p a fall at home. W/e SW asked to see her re: dispo planning, also possible verbal abuse by son Doug..
CURRENT SITUATION:
Pt. is extremely hard of hearing, you need to speak a few inches from her ear or face. She is also pretty chatty, so it is difficult to have a full conversation..
LANGUAGE: English.
INTERPRETER: No.
INFORMATION OBTAINED FROM: patient, medical personnel, medical record.

Social History
LIVING SITUATION / ADDRESS PRIOR TO ADMIT:
Pt. lives in an apt. w/ her son Louis. Her son Douglas lives 4 - 5 miles away on Bainbridge. Pt. states tht she fell b/c of a crack in the lino in her apt.. Says she's asked the landlord to fix it several times..
PHYSICAL AND COGNITIVE FUNCTIONING PRIOR TO ADMIT:
Per chart, pt. getting along pretty well w/ asst. of 4WW prior to fall..
FAMILY HISTORY:
Pt.'s spouse died in '73. She states that he was a "gigolo," and that the marriage was painful for her. She has just the two boys. She says the sons do argue w/ each other. Louis is gay, and Doug is not happy about this. Doug is married.
SW did seem to be able to get pt. to pay close attention when SW asked her whether the boys yelled at her, scared her, threatened her, or hit her. She denies abuse, but says that all sometimes argue, but "that's what families do." .
PATIENT / FAMILY COPING AND ADJUSTMENT:
Pt. not adjusting to care issues -- that she is likely to need more than Louis can provide. .

Health Care Decision Making
LEGAL NEXT OF KIN:
Two sons.
CONTACT IN FOLLOWING ORDER FOR LEGAL NEXT OF KIN DECISION MAKING:
1 : Louis Hoffman , son , 206-855-0815 .
1 : Douglas Hoffman , son , 842-8360 .

Substance Use History
TOBACCO: None.
ALCOHOL:
None..
DRUGS:
None..

Providers/Community Agencies
PCP: Dr. Neighbor.

Income/Insurance Coverage
MEDICAL COVERAGE HISTORY:
Medicare: Yes, TYPE: A, B.

Social Work Summary
ASSESSMENT:
Pt. is an 87 y.o. Caucasion female who was admitted w/ a spine fx. s/p a fall at home. W/e SW asked to see her re: dispo planning, also possible verbal abuse by son Doug.
.
INTERVENTION:
Met w/ pt., tried to talk about dispo planning, and about who will be able to help her at home. She says that both sons could asst. w/ brace care. She dismisses SW's statements that PT recommending much more CG and SBA than before. She talks about Louis and her taking the bus to the ferry, walking up the ferry ramp. Mentioned cabulance to her and she did not seem interested. Suggested that we cont. to talk about it.
Also talked to pt. about any verbal/physical abuse, pl. see family section for more.

RN said she had gotten a call from pt.'s son Doug expressing doubts about Louis being able to take care of pt. at home. Dr. Fletcher has placed call to Louis. SW should f/u w/ family re: dispo planning tomorrow..
PLAN OR OUTCOME:
Cont. to work w/ pt. on dispo plan..

Electronically Reviewed/Signed On: 12/08/12 at 16:17

_____

Drake, LICSW, Caroline
Social Worker, Box 359760
(206) 744-1504

CD
DD:12/08/12

Social Work Assessment

MEDICINE INPATIENT PROGRESS NOTE

Hospital Day: 0

IDENTIFICATION/CHIEF CONCERN
supratherapeutic INR in setting of fall 1 week ago with lumbar fracture

INTERVAL HISTORY
-- INR 4.0
-- PT/OT evaluated needs with brace. Will need help w/ brace management, some with ADLs
-- attempted to discuss with son, unable to reach him.

PE
NAD, sitting up in chair with brace, poor hearing
RRR withotu m/r/g around brace
Lung CTA bilaterally above brace
Abdomen exam limited with brace
Ext without edema

Assessment/Plan
L3 burst fx: TLSO brac placed
-- will need placement w/ management of brace available.
-- pain control adequate w/ oxycodoen 5 q3, morphine 1 - 2mg IV q2 prn (3 dose last 24 hrs)
-- continue bowel regimen

INR elevation: unclear etiology.
-- Holding coumading
-- INR imrpoved to 4 today

DM: glucose in good range on metformin
HTN: in control on home HCTZ
FEN: continue low sodium diet
DVT px: therapeutic warfarin
Full code

Disposition: need to discuss with son Louis, who lives with her, what able to manage at home - he requires walker, but does take care of home needs. I've not been able to reach him after trying several times the # listed. SW assistance appreciated. From what I can tell discussing with Ms. Hoffman, she does not express concerns about abuse, and we do not have corroborating evidence to date. I will discuss as well w/ Loius. I talked with son Doug as well.

ALLERGIES
penicillin
sulfa drugs

Scheduled Medications

Atorvastatin 40mg tab Dose: 40 mg = 1 tab PO QDay
Carbamazepine 200mg tab Dose: 200 mg = 1 tab PO TID
Docusate 100mg cap Dose: 200 mg = 2 cap PO BID
Ferrous sulfate EC 324mg tab (65mg elem) Dose: 325 mg = 1 tab PO QDay
Hydrochlorothiazide 25mg tab Dose: 25 mg = 1 tab PO QDay
Influenza virus vacc *PF* 0.5mL inj (syr) Dose: 0.5 mL IM Once
MetFORMin 500mg tab Dose: 500 mg = 1 tab PO BID
Oxycodone 5mg tab Dose: 5 mg = 1 tab PO Q3 Hours
Pneumococcal vaccine 0.5mL inj Dose: 0.5 mL IM Once
Ranitidine 75mg tab Dose: 75 mg = 1 tab PO BID

Infusions

Dextrose 5%/0.45% NaCl 1,000 mL Dose: 1,000 mL IV Infusion

PRN Medications

Bisacodyl EC 5mg tab Dose: 10 mg = 2 tab PO Daily PRN
Methocarbamol 500mg tab Dose: 500 mg = 1 tab PO Q6 Hours PRN
Morphine 4mg/mL inj Dose: 2-4mg IV Q5 Minutes PRN
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID PRN
Sodium chloride 0.9% inj 5mL FLUSH (syringe) Dose: 5 mL IV On Call PRN

PHYSICAL EXAM

VS: *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
12/08/12 15:56	Temp C:	36.7	36.7	-	37.1
12/08/12 15:56	HR:	88	76	-	89
12/08/12 15:56	RR:	18	14	-	18
12/08/12 15:56	SBP Non-Inv:	116	97	-	125
12/08/12 15:56	DBP Non-Inv:	66	53	-	71
12/08/12 15:56	MAP Non-Inv:	86	73	-	91

—

I&O

Height: Height (cm): No Results Found.
Admit Wt:Admit Wt: No Results Found.
Last Daily Wt: No Results Found.
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	12/05/2012	12/06/2012	12/07/2012	12/08/2012	12/09/2012	Total
Intake Total (0600)	0	0	2	340	0	342
Output Total (0600)	0	0	0	400	0	400
Net I&O Total (0600)	0	0	2	-60	0	-58

LABS *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY

- - - - - - - - - |- ICa - - -
|- Ca - - -
---------|----------|----------< - - - |- Mg - - -
- - - - - - - - - |- Phos - - -

RESULTS FROM YESTERDAY
12/07/12 01:00

|- ICa - - -
140 104 16 |- Ca 9.1
---------|----------|----------< 108 |- Mg - - -
4.0 25 0.82 |- Phos - - -

RESULTS FROM TODAY
12/08/12 06:05

- - - |- PT 35.4
- - -]----------[- - - |- INR 4.0
- - - |- PTT - - -

RESULTS FROM YESTERDAY
12/07/12 08:30

12.9 |- PT 43.1
7.04]----------[304 |- INR 5.1
39 |- PTT 49

Electronically Reviewed/Signed On: 12/08/12 at 17:29

_____

Fletcher, MD, Grant Selmer
Attending, General Internal Medicine
Box 359780

GSF
DD:12/08/12

Medicine Progress Note

Assessment
Alert, oriented x3. Reported spasm pain at back. Oxycodone and Methocarbamol given, with adequate relief. Up in chair for several hours. CMS intact, except chronic decreased sensation at left leg. Visiting with son Loius. Son said he would again on Monday. Tolerated TLSO brace. Off brace while in bed, with head of bed <30 degree.

Plan
Reviewed Results: PLAN OF CARE Interventions/Outcomes(Date Range: 12/08/2012 04:53 - 12/08/2012 17:21).

Evaluation
Pt progressing towards discharge: stable.

Electronically Reviewed/Signed On: 12/08/12 at 22:45

_____

Pham, RN, Sara Doanh
Box 359812

SDP
DD:12/08/12

Nursing Progress Note - HMC

University of Washington Medical Center
Emergency Department
Clinical Summary

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: U8170135

ED Arrival Time: 12/06/2012 10:14

Sex: Female

DOB: 01/06/1925

Age: 87 Years

Visit Reason: Back pain

Acuity: 3 Urgent

Disposition: Transfer to Another Facility

Address:
245 HIGH SCHOOL RD NW
BAINBRIDGE ISLAND WA 98110

Phone: 206 855-0815

Provider Contact Time:
12/06/2012 10:32

Decision to Admit:
Not entered

ED Departure Time:
12/07/2012 00:03

DIAGNOSIS: L3-L5 compression fractures

Attending Provider:
Jason Heiner, MD

Primary Nurse(s):
Brandi; Cezanne; Corrine; Rosemary

Fill New Prescriptions:
docusate (docusate sodium 100 mg oral capsule) 100 mg by mouth Twice daily

oxycodone (oxycodone 5 mg oral tablet) 5 mg by mouth Every 6 hours as needed for for pain
ranitidine (ranitidine 75 mg oral tablet) 75 mg by mouth Twice daily 14 day(s) prn

Allergies:
penicillin, sulfa drugs

Patient Education and Follow-up Information

Instructions:

VERTEBRAL COMPRESSION FRACTURE (Custom)

Follow up:

With:	Address:	When:
Wear TLSO brace at all times. May remove for simple bathing and if sleeping flat in bed		

Comments:

With:	Address:	When:
HMC - Bone & Joint Center	4245 Roosevelt Way NE, 2nd Floor (206) 598-4288 Business phone (1)	

Comments:

Spine Clinic in 6 weeks for follow up. Wear brace until revisit.

Category: Emergency/Code/Rapid Response
Date of Service: 12/07/2012 00:03
Document Status: Modified
Title: ED Clinical Summary
Document Version : 4

Encounter Number: 1760547276
Facility: UWMC
Encounter Type: Emergency
Admit Date Time: 12/06/2012 10:14:00
Discharge Date Time: 12/06/2012 23:00:00

Performed By: Lund, Corrine
Performed Date Time: 12/07/2012 00:03:42
Verified By: Lund, Corrine
Verified Date Time: 12/07/2012 00:03:42

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

University of Washington Medical Center

Emergency Department

Discharge Instructions

1959 NE Pacific, Seattle, WA 98195
Phone: (206) 598-4000

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 87 Years

MRN: U8170135 **Printed at:** 12/07/2012 00:03:43

Arrival Date/Time: 12/06/2012 10:14 AM

Attending Provider:
J. Heiner, MD

Other Providers:
T. Erskine, ARNP; S. Walker, ARNP

Primary Nurse(s):
Brandi; Cezanne; Corrine; Rosemary

Diagnosis: L3-L5 compression fractures

Comment:

Fill New Prescriptions:
docusate (docusate sodium 100 mg oral capsule) 100 mg by mouth Twice daily
oxycodone (oxycodone 5 mg oral tablet) 5 mg by mouth Every 6 hours as needed for for pain
ranitidine (ranitidine 75 mg oral tablet) 75 mg by mouth Twice daily 14 day(s) prn

Allergies:
penicillin, sulfa drugs

Comment:

Follow-up Instructions:

With:	Address:	When:
Wear TLSO brace at all times. May remove for simple bathing and if sleeping flat in bed		

Comments:

With:	Address:	When:
HMC - Bone & Joint Center	4245 Roosevelt Way NE, 2nd Floor (206) 598-4288 Business phone (1)	

Comments:

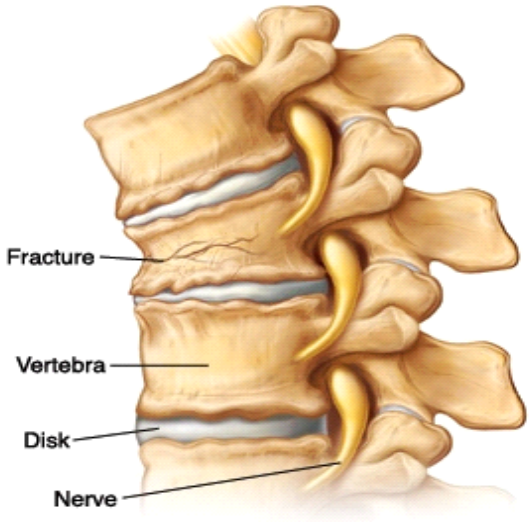
Spine Clinic in 6 weeks for follow up. Wear brace until revisit.

University of Washington Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

115884en

VERTEBRAL COMPRESSION FRACTURE



You have a compression fracture of one of the bones in your spine. This fracture usually occurs in older persons with osteoporosis (thinning of the bones). It may occur after a ground level fall, a car accident, or even with a very minor force (bending forward, getting up from a seated position, coughing or sneezing).

It may also occur in young healthy persons after a severe trauma (car accident or fall from a height). This is a stable fracture and does not cause any injury to the spinal cord or nerves. This injury will take 4-6 weeks to heal and can be treated at home with bed rest and pain medicine.

XRays often detect compression fractures, but a CT is sometimes ordered to determine if the fracture is displaced, and to determine if fracture fragments are affecting your spinal cord.

Pain medicine and anti-inflammatory medicine (such as ibuprofen) can be used for a short term, but long-term use increases the risk of side effects. These include GI bleeding and narcotic dependence. If pain medicine is needed for more than 1-2 months, you should talk to your doctor about surgical treatment to re-align the compressed bones.

Bed rest is fine during the first week, as needed for pain, but it is best to get out of bed as soon as

possible. This avoids the risk of blood clots forming in the legs and weakening of your muscles from prolonged bed rest.

A back brace (called TSLO) or abdominal binder may be prescribed to reduce pain by limiting motion at the fracture site. If you have osteoporosis, talk to your doctor about using calcium and Vitamin D supplements to prevent further bone loss. An exercise program (such as Pilates) to strengthen spine strength is a very important part of the treatment plan and should begin once the pain comes under control.

HOME CARE:

You may need to stay in bed the first few days. But, as soon as possible, begin sitting or walking to avoid problems with prolonged bed rest (muscle weakness, worsening back stiffness and pain, blood clots in the legs).

When in bed, try to find a position of comfort. A firm mattress is best. Try lying flat on your back with pillows under your knees. You can also try lying on your side with your knees bent up towards your chest and a pillow between your knees.

Avoid prolonged sitting. This puts more stress on the lower back than standing or walking.

During the first two days after injury, apply an ICE PACK to the painful area for 20 minutes every 2-4 hours. This will reduce swelling and pain. HEAT (hot shower, hot bath or heating pad) works well for muscle spasm. You can start with ice, then switch to heat after two days. Some patients feel best alternating ice and heat treatments. Use the one method that feels the best to you.

Take pain medicine as directed. Call your doctor if your pain is not well controlled. A dose change or stronger medicine may be needed.

Be aware of safe lifting methods and do not lift anything over 15 pounds until all the pain is gone.

FOLLOW UP with your doctor in one week, or as advised by our staff, to be sure the bone is healing properly.

[NOTE: A radiologist will review any X-rays or CTs that were taken. We will notify you of any new findings that may affect your care.]

GET PROMPT MEDICAL ATTENTION if any of the following occur:

Pain becomes worse or spreads to your arms or legs

Weakness or numbness in one or both legs

Loss of control over bowels or bladder, or numbness in the groin area

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U2846

Patient Label

University of Washington Medical Center

Emergency Department
Discharge Instruction

1959 NE Pacific
Seattle, WA 98195

Name: JEANNE HOFFMAN **DOB:**01/06/1925 **Date/Time:**12/07/2012 00:03:43
MR#: U8170135 **Acct#:** 1760547276 **Visit Date:**12/06/2012 10:14:00

Patient Education Material(s)

Custom
VERTEBRAL COMPRESSION FRACTURE (Custom)

I, JEANNE HOFFMAN, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given. Changing this template.

_____

Patient/Guardian Signature Relation to Patient Date/Time

_____

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

ID/CC
High INR

History of Present Illness
Pt transferred from OSH for INR of > 6. Pt had a mechanical fall at home few days ago, with back pain immediately afterward, rested on couch at home, son visited today and was concerned so took her to UWMC, where was diagnosed with L-spine compression fx. INR was checked (pt on lifelong Coumadin for DVT) and found to be supratherapeutic. No medicine beds at UW, so transferred here. Pt denies CP, HA, didn't hit head, no N/V, no focal weakness/numbness. Has back pain.

Past Medical History
DVT
Osteoporosis
OA of hands
HL
HTN
DM 2
Femur fx
B12 deficiency
FTT

Problem List

No Problems Found.

Medications

Scheduled Medications
atorvastatin 40 mg PO QDay (Lipitor 40 mg oral tablet)
carbamazepine 200 mg PO TID (Tegretol 200 mg oral tablet)
docusate 100 mg PO BID (docusate sodium 100 mg oral capsule)
docusate 250 mg PO BID (docusate sodium 250 mg oral capsule)
enoxaparin 70 mg Subcutaneous BID (Lovenox)
ferrous sulfate 325 mg PO QDay (ferrous sulfate 325 mg oral tablet)
hydrochlorothiazide 12.5 mg PO QDay (hydrochlorothiazide 25 mg oral tablet)
metformin 500 mg PO BID (metformin 500 mg oral tablet)
potassium chloride 10 mEq PO QDay (potassium chloride 10 mEq oral tablet, extended release)
ranitidine 75 mg PO BID : (prn)(ranitidine 75 mg oral tablet)
ranitidine 150 mg PO BID (ranitidine 150 mg oral tablet)
warfarin 5 mg PO QTuThSa (warfarin 10 mg oral tablet)
warfarin 10 mg PO QMWFSu (warfarin 10 mg oral tablet)

PRN Medications

oxycodone 5 mg PO Q6 Hours PRN (for pain) (oxycodone 5 mg oral tablet)
oxycodone 5 mg PO Q4 Hours PRN (as needed for pain) (oxycodone 5 mg oral tablet)

Allergies

penicillin
sulfa drugs

Social History

Residence:
Private residence.
Living situation:
Lives alone.

Review of Systems

Constitutional:
Denies fevers.
Eye:
No acute changes in vision.
ENMT:
Denies rhinorrhea. Denies sore throat.
Respiratory:
Denies shortness of breath.
Cardiovascular:
Denies chest pain.
Gastrointestinal:
Denies abdominal pain. Denies diarrhea. Denies vomiting.
Genitourinary:
Denies dysuria.
Neurologic:
Denies focal weakness.
Musculoskeletal:
No red or swollen joints.
Skin:
Denies rash.

Physical Examination

Constitutional:

Well developed/well nourished.
Vital Signs : ED Sheet.

12/06/2012 23:53	Temperature - C	36.6 degC	
	Heart Rate	78 bpm	
	Respiratory Rate	16 br/min	
	SBP - Noninvasive	**145 mmHg**	**High**
	DBP - Noninvasive	68 mmHg	
	SpO2	98 %	
12/06/2012 10:17	Temperature - C	36.5 degC	
	Heart Rate	69 bpm	
	Respiratory Rate	**12 br/min**	**Low**
	SBP - Noninvasive	128 mmHg	
	DBP - Noninvasive	79 mmHg	
	SpO2	98 %	
	O2 Delivery Device	Room air	

HENT:
Normocephalic/atraumatic.
Cardiovascular:
Regular rate and rhythm, no murmur, rub or gallop.
Respiratory/Chest:
Clear to auscultation bilaterally.
Gastrointestinal:
Soft.
Abdomen non-tender.
Musculoskeletal:
No gross deformities.
Neurologic:
Cranial nerves II - XII intact.
Moves all extremities symmetrically with grossly normal and equal strength.
Skin:
W/D, NL color.

Results Review
Results
Laboratory.

12/07/2012 01:00	Na	140 mEq/L	
	K	4.0 mEq/L	
	Cl	104 mEq/L	
	CO2	25 mEq/L	
	Anion Gap	11	
	Glucose Level	108 mg/dL	
	BUN	16 mg/dL	
	Creatinine	0.82 mg/dL	
	GFR, Calculated, African American	>60 mL/min	
	GFR, Calculated, European American	>60 mL/min	
	GFR, Additional Information	Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html	
	Ca	9.1 mg/dL	
	Troponin-I	0.01 ng/mL	
	Troponin-I Interpretation	Troponin I of 0.40 ng/ml or greater: probable myocardial infarction.	
	WBC	7.04 thousand/microL	
	RBC	4.01 million/microL	

	Hb	12.9 g/dL
	HCT	39 %
	MCV	98 fL
	MCH	32.2 pg
	MCHC	33.0 g/dL
	PLT	304 thousand/microL
	RDW-CV	13.1 %
	Prothrombin Time Patient	**46.8 sec High**
	Prothrombin Time INR	**5.7 Critical**
	PTT Patient	**47 sec High**
12/06/2012 23:24	Glucose Level (POC), UWMC	106 mg/dL
12/06/2012 16:43	**Prothrombin Time Patient**	**49.5 sec High**
	Prothrombin Time INR	**6.2 Critical**
	PTT Patient	**45 sec High**

Radiological Studies
Radiology Results.
XR Chest (12/07/2012 01:56)
FINDINGS:
The bilateral upper lungs are obscured by an overlying medical device but no pneumothorax seen.
Cardiac and mediastinal contours are normal. Interstitial coarse markings centrally likely due to during. The lungs and pleural spaces are otherwise clear. Left 7th posterior rib fracture indeterminate aged and not seen on the recent CT T spine.

CT Cervical Spine (12/07/2012 01:55)
FINDINGS:
Marked degenerative changes are present.
Anterior grade 1 C5-C6 spondylolisthesis without fracture demonstrated may be posttraumatic or degenerative in etiology.
Exaggerated lordosis. No fracture detected. Indeterminate left thyroid nodule should be further evaluated with ultrasound.
No apical pneumothorax is detected.

CT Head (12/07/2012 01:55)
Preliminary findings:
No acute intracranial abnormalities. No definite fracture visualized.
Scattered BG lacunar infarcts.

CT Thoracic Spine (12/07/2012 01:55)
FINDINGS AND
IMPRESSION:
Mild appearing T12 compression deformity again noted. Also, a mild chronic appearing L1 superior endplate compression deformity is similar to the prior recent examination. Multiple bilateral mildly displaced rib fracture are present having the appearance of subacute to chronic fractures. No new fracture demonstrated. Diffuse osteopenia is present. Multi-level degenerative changes are visualized.

Bony alignment is otherwise normal.
Dependent pulmonary opacity is present may represent atelectasis although nonspecific. Calcified arterial vessels are present. Hiatal hernia noted.
Left thyroid nodule dictated separately needs follow-up ultrasound.

XR Lumbar Spine (12/06/2012 17:11)
Findings:
Interval placement of TLSO brace seen on the lateral projection. Generalized bony demineralization is again noted. Alignment of the lumbar spine is unchanged with mild left convexity degenerative scoliosis and prominent marginal osteophyte formation again seen at multiple levels of the lumbar spine. Mild compression deformity superior endplate of the L2 and L3 vertebral body is again noted. Mild wedge type compression deformity of the T12 vertebral body is again noted and appears unchanged. Degenerative osteoarthrosis of bilateral hip joints is seen.

CT Lumbar Spine (12/06/2012 12:41)
Impression:
1. Age indeterminate although likely chronic mild compression deformity of the superior endplate of the L3 vertebral body. Chronic mild anterior wedge compression deformity of T12 and mild superior endplate compression deformity of the L2 vertebral body unchanged dating back to 2008.
2. Multilevel degenerative scoliosis and spondylosis of the lumbar spine with resultant moderate central (greatest at L3-4) and moderate to severe neural foraminal narrowing at multiple levels (L3-4, L4-5, L5-S1) of the lumbar spine as described above.
Critical Results
Communication
A critical finding was noted on 12/06/2012 1:26 PM.

XR Lumbar Spine (12/06/2012 11:13)
Findings:
Alignment demonstrates convex left curvature centered at L3. There is a suggestion of retrolisthesis of L3 on L4, and evaluation is complicated by obliquity.
There are compression deformities of multiple vertebral bodies. Wedging of T12, L1, and L2 is similar to the 2008 thoracic spine radiograph, consistent with remote injuries.
Mild anterior wedging (approximately 20 percent) of L3 is consistent with compression injury of indeterminate age.
There is also mild height loss of the L5 vertebral body which is poorly visualized due to scoliosis and of indeterminate age.
There is disc space loss at multiple levels, worst at L4-5.
Findings discussed with Teresa Erskine at 11:30 on December 6, 2012

XR Pelvis (12/06/2012 11:13)

Findings:
No acute fracture. As before, the patient has undergone right hip dynamic hip screw placement for intertrochanteric fracture. No periprosthetic fracture. Hardware is intact and in unchanged position. There is mild bilateral hip joint osteoarthritis. There is advanced disc height loss in the imaged portion of the lower lumbar spine.

ED Course & Medical Decision Making
Pt had been accepted by Medicine here for admission. Given spinal fracture, I completed imaging of her C and T spine; also CT'd head given her c/o photosensitivity and high INR with recent fall. No additional injuries identified. Pt comfortable in her ED. All fx appear to be chronic/subacute based on reads. No e/o bleeding, therefore aggressive reversal not indicated.

Disposition/Plan
Final disposition
Admit to med/surg bed.

Impression/Diagnosis
Subacute multilevel spinal compression fractures
Supratherapeutic INR

Electronically Reviewed/Signed On: 12/07/12 at 03:46

_____

Backlund, MD, Brandon Heath
Attending, ER Harborview
Box 359702

BHB

ED Note

Hospital Day: 0

ID & Chief Concern/Problem *(required for all billing levels)*
_ supratherapeutic INR in setting of fall 1 week ago with lumbar fracture

History of Present Illness
_ The patient is a very functional 87y/o female with fairly benign PMH except for DVT for which she is on warfarin, who presents transferred from UW for admission following fall x 1 week ago. A week ago the patient fell in her kitchen when she tripped, landing on her buttocks. She saw her PCP for a scheduled visit today, who referred her to the ED for further evaluation. Xray and CT imaging of the lumbar spine revealed an L3 compression fracture of undeterminate age. Neurosurgery saw her in the ED, and recommended a TLSO brace, and discharge, with repeat imaging 6 months following. She was thought able to discharge home, when it was noted that her INR >6. Considering her high degree of fall risk in brace, and that she lives alone with son who can only abulate with a walker, it was thought prudent to admit her until INR was again therapeautic.

She was transferred to HMC ED and UW was at capacity. In HMC ER she had a head CT performed, which showed no acute intracranial processes. C Spine CT scan demonstrated no cerival fracture.

It is unclear why the pt's INR is so high.

Allergies
penicillin
sulfa drugs

Home Medications
atorvastatin 40 mg PO QDay (Lipitor 40 mg oral tablet)
carbamazepine 200 mg PO TID (Tegretol 200 mg oral tablet)
docusate 100 mg PO BID (docusate sodium 100 mg oral capsule)
docusate 250 mg PO BID (docusate sodium 250 mg oral capsule)
enoxaparin 70 mg Subcutaneous BID (Lovenox)
ferrous sulfate 325 mg PO QDay (ferrous sulfate 325 mg oral tablet)
hydrochlorothiazide 12.5 mg PO QDay (hydrochlorothiazide 25 mg oral tablet)
metformin 500 mg PO BID (metformin 500 mg oral tablet)
potassium chloride 10 mEq PO QDay (potassium chloride 10 mEq oral tablet, extended release)
ranitidine 75 mg PO BID : (prn)(ranitidine 75 mg oral tablet)
ranitidine 150 mg PO BID (ranitidine 150 mg oral tablet)
warfarin 5 mg PO QTuThSa (warfarin 10 mg oral tablet)
warfarin 10 mg PO QMWFSu (warfarin 10 mg oral tablet)

Scheduled Medications
Acetaminophen 500mg tab Dose: 1,000 mg = 2 tab PO Once

Infusions
No Infusion Medications Found.

PRN Medications
Morphine 4mg/mL inj Dose: 2-4mg IV Q5 Minutes PRN
Sodium chloride 0.9% inj 5mL FLUSH (syringe) Dose: 5 mL IV On Call PRN

[_] Patient unable to communicate and provide ROS or details of past medical, family, or social history

Past Medical History
1. _Osteoarthritis.
2. Osteoporosis.
3. Hypertension.
4. History of DVT.

Status post abdominal hysterectomy with appendectomy.

Family History
mother died in 90's, father died from PNA

Social History
[_] Tobacco Use none [_] Alcohol Use none [_] Drug Use none [_] Residence lives with adult son on Bainbridge island, son ambulates with assistance of walker

Review of Systems *(please include 2 or more systems)*
CONSTITUTIONAL [x] Negative _ EYES [x] Negative _ ENMT [_] Negative hard of hearing, has right hearing aid
CARDIOVASCULAR [x] Negative _ RESPIRATORY [x] Negative _ GI [x] Negative _ GENITOURINARY [x] Negative _ NEURO [x] Negative _ MUSCULOSKELETAL [_] Negative lower back pain SKIN [x] Negative _ ENDOCRINE [x] Negative _ ALLERGY/IMMUNOLOGY [x] Negative _
HEME/LYMPH [x] Negative _ PSYCHIATRIC [x] Negative _

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
12/06/12 23:53	Temp C:	36.6	36.5	-	36.6
12/06/12 23:53	HR:	78	69	-	78
12/06/12 23:53	RR:	16	12	-	16
12/06/12 23:53	SBP Non-Inv:	145	128	-	145
12/06/12 23:53	DBP Non-Inv:	68	68	-	79

I&O Data
Height: Height (cm): No Results Found.
Admit Wt:Admit Wt: No Results Found.
Last Daily Wt: No Results Found.
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	12/04/2012	12/05/2012	12/06/2012	12/07/2012	12/08/2012	Total

Intake Total (0600)	0	0	0	2	0	2
Output Total (0600)	0	0	0	0	0	0
Net I&O Total (0600)	0	0	0	2	0	2

Respiratory Data *(Most recent and 24 hour range.)*

Date 12/06/12 23:53
O2 Sat: 98
O2 Delivery Device: Room air

Physical Exam *(include 8 or 2 with one in detail)*

CONSTITUTIONAL/GENERAL APPEARANCE: _in TLSO brace, conversant, oriented, pleasant
MENTAL STATUS/PSYCH: _appropriate
NEURO: _no focal deficits noted, could move all extremeties equally against ristatnce, but difficult to fully assess secondary to TLSO
EYES: _would not let me assess pupil relfex as she is sensitive to light, EOMI
EARS, NOSE, THROAT: _oral mucosa moist
RESPIRATORY: _CTA bilaterally anteriorly, limited exam
CARDIOVASCULAR (heart, pulses, edema): _s1/s2 regular, no murmur, gallop, rub
ABDOMEN/GI: _soft, nontender, nondistended, +bs
MUSCULOSKELETAL: _no lower extremety edema
SKIN: _no focal lesions noted, warm, well-perfused

Laboratory Studies *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY
12/07/12 01:00

```
                                  |- ICa - - -
140       104       16            |- Ca 9.1
---------|-------------|----------< 108
4.0       25        0.82          |- Mg - - -
                                  |- Phos - - -
```

RESULTS FROM YESTERDAY

```
                                  |- ICa - - -
- - -       - - -       - - -     |- Ca - - -
---------|-------------|----------< - - -
- - -       - - -       - - -     |- Mg - - -
                                  |- Phos - - -
```

RESULTS FROM TODAY
12/07/12 01:00

```
              12.9                |- PT 46.8
   7.04 ]----------------------[ 304
              39                  |- INR 5.7
                                  |- PTT 47
```

RESULTS FROM YESTERDAY
12/06/12 16:43

```
              - - -               |- PT 49.5
   - - - ]----------------------[ - - -
              - - -               |- INR 6.2
                                  |- PTT 45
```

Other Laboratory Studies *(Most recent and 24 hour range.)*

Date 12/07/12 01:00
Troponin-I: 0.01

Last 6 Hematocrits in Preceding 24 Hours

(NOTE: Comments/notes for Labs are viewable on Flowsheet)

12/07/12
01:00
39

Last 6 Point of Care Glucose Values in Preceding 24 Hours

(NOTE: Comments/notes for Labs are viewable on Flowsheet)
12/06/12
23:24
106

Problems / Assessment / Plan

_Pt is a very pleasant 87y/o woman with evidence of L3-5 compression fractures of spine after fall, admitted for management of supratherapeutic INR

- Spine trauma - indeterminate whether these findings are new or old, there seems little radiographic evidence for acuity as per NS note. Concern regarding patient's saftey at home and ability to care for self in this condition. Historically, as per note dating back to 2007 a similar question was raised at the time. Considering all of this, I think she would benefit from inpatietnmanagment for pain control and SW involvement to determine discharge safety.
  - continue TLSO brace
  - will speak with NS in the morning to ask them to stop by to see if there are any further recs besides consulation note from UW ED visit
  - pain control with oxycodone 5mg po q3 hours standing with Morphine 1-2mg IV for breakthrough pain
  - docusate and senna for bowel regimen as we are dosing narcotics

- INR - unclear why she ws supratherapeutic, or when the DVT occurred that the warfarin is treating. Will contact pcp today to get answers in regards to perspectie length of treatment
  - for now, INR in downtrending, will hold this evening's dose while confirming dose and length of treatment

- Diabetes - continue Metformin

- HTN - continue HCTZ, monitor electrolytes

- FEN - 2gram sodium diet, pt will need assistance with feedings, gentle fluid hydration as her mobility is limited with 1/2NS at 75cc/hr

- DVT proph -systemic AC

- DIspo - as per social work. Pt is full code.

Electronically Reviewed/Signed On: 12/07/12 at 06:26

_____

Thomas, MD, Bernadette Ambrose
Attending, Department of Nephrology
Box 356521

BAT
DD:12/07/12

Harborview Medical Center
Emergency Department
Clinical Summary

325 9th Ave, Seattle, WA 98104
Phone: (206) 744-3074

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE

MRN: H0571976

ED Arrival Time: 12/06/2012 23:47

Sex: Female

DOB: 01/06/1925

Age: 87 Years

Visit Reason: high INR

Acuity: 3 Urgent

Disposition: Admit as Inpatient

Address:
245 HIGH SCHOOL RD NW
BAINBRIDGE ISLAND WA 98110

Phone: 206 855-0815

Provider Contact Time:
12/07/2012 00:28

Decision to Admit:
Not entered

ED Departure Time:
12/07/2012 05:32

DIAGNOSIS:

Attending Provider:
Brandon Backlund, MD

Allergies:
penicillin, sulfa drugs

Patient Education and Follow-up Information

Instructions:

Follow up:

Harborview Medical Center
Emergency Department
Discharge Instructions

325 9th Ave, Seattle, WA 98104
Phone: (206) 744-3074

Name: HOFFMAN, JEANNE LEONIE **DOB:** 01/06/1925 **Age:** 87 Years

MRN: H0571976 **Printed at:** 12/07/2012 05:32:33

Arrival Date/Time: 12/06/2012 11:47 PM

Attending Provider:
B. Backlund, MD

Other Providers:
A. Moshiri

Diagnosis:

Comment:

Allergies:
penicillin, sulfa drugs

Comment:

Follow-up Instructions:

Harborview Medical Center would like to thank you for allowing us to assist you with your healthcare needs.

It is important to see your doctor or primary care provider. Emergency Care may be incomplete without

proper follow-up. If you become worse in any way, it is important that you call your doctor, or return to the Emergency Department. Please remember to take these instructions to your next doctor's appointment.

EM Medicine Discharge - Signature Page

Harborview Medical Center

Emergency Department
Discharge Instruction
325 9th Ave
Seattle, WA 98104

Name: JEANNE HOFFMAN **DOB:**01/06/1925 **Date/Time:**12/07/2012 05:32:33
MR#: H0571976 **Acct#:** 1760571704 **Visit Date:**12/06/2012 23:47:00

Patient Education Material(s)

No instructions were provided.

I, JEANNE HOFFMAN, have received printed and personalized patient education materials/instructions and have verbalized understanding of instructions given.

_____

Patient/Guardian Signature Relation to Patient Date/Time

_____

Discharging Staff Member

UW Medicine
Harborview Medical Center – UW Medical Center

Assessment

Assessment pt is a/o x 3 to 4, very HOH, has hearing aids on night stand but prefers not to wear them, MAEs, CMS intact. VSs, afebrile. Satting high 90's on RA, no cough noted except whenever pt drinks liquids-pt stated she has been choking on any type of liquids for a while at home-notified MD. pt has good appetite, 1:1 feeding as pt is on Jewitt brace and is not able to see food items on tray, on stool softners, no BM thus far. Foley in place draining clear yellow urine. pt currently is wearing Jewitt brace but is supposed to wear TLSO when HOB>30 degrees or OOB, Orhtotics has been in measuring size, until TLSO is avail, pt should not be mobilized per Dr. Yoon. pt is gettingscheduled oxycodone for pain, pt reported she has no pain if lying still, but severe low back spasm whenever repositioning is done. MD is aware. PT/OT pending post TLSO. Con to monitor progress..

Electronically Reviewed/Signed On: 12/07/12 at 13:52

_____

Song, RN, Yuezhen
RN, 3EH Medicine/Telemetry
Box 359735

YS
DD:12/07/12

Nursing Progress Note - HMC

87 y/o female s/p L3-L5 ant. compression fx's. Provided pt with a bivalved TLSO in pts room with son present. Log rolled pt, did not sit her upright. Pt is terribly hard of hearing and son is care giver. Discussed donning, doffing, hygiene with pt and her son. Log rolled pt into stockinette T-shirt, donned TLSO. Provided 2nd set of lining pads for bathing. Plan f/u Monday.

Electronically Reviewed/Signed On: 12/07/12 at 15:36

_____

Tweedy, CPO, David G
Prosthetic and Orthotic Services
Box 359110

DGT
DD:12/07/12

TLSO

Report Summary

Discharge Recommendations:
Consult received, chart reviewed. Pt with orders for TLSO but is wearing Jewett brace. Paged MD who reports pt needs TLSO and consulted P & O. Will follow up for evaluation when pt in appropriate brace..

Physical Therapy Note

Time spent:
Session 1: Start Time: 0, End Time: 0, Duration: 0 minutes.

Plan/Recommendations

Discharge Recommendations:
Consult received, chart reviewed. Pt with orders for TLSO but is wearing Jewett brace. Paged MD who reports pt needs TLSO and consulted P & O. Will follow up for evaluation when pt in appropriate brace..

Signature

Allison Fetchero, PT

Electronically Reviewed/Signed On: 12/07/12 at 15:54

_____

Fetchero, DPT, Allison J
Physical Therapist/HMC Rehabilitation Services
Box 359827

AJF
DD:12/07/12

Physical Therapy Note - acknowledgement

Report Summary

Discharge Recommendations:
Consult received, chart reviewed. Pt with orders for TLSO but is wearing Jewett brace. Paged MD who reports pt needs TLSO and consulted P & O. Will follow up for evaluation when pt in appropriate brace
.

Occupational Therapy Note

Time Spent:
Session 1: Duration: 0 minutes.

Plan/Recommendations

Discharge Recommendations: Consult received, chart reviewed. Pt with orders for TLSO but is wearing Jewett brace. Paged MD who reports pt needs TLSO and consulted P & O. Will follow up for evaluation when pt in appropriate brace
.

Signature

Jody Sabel MS, OTR/L
pager: 626-4865

Electronically Reviewed/Signed On: 12/07/12 at 16:10

_____

Sabel, OTR/L, Jody Ilana
HMC Acute Rehab Therapies
Box 359827

JIS
DD:12/07/12

Occupational Therapy Note - HMC

ASSESSMENT:
87 y.o. admitted with spine fx after sustaining a fall. Per UDF, there was an incidental finding of supratherapeutic INR..
.
INTERVENTION:
UDF reports that pt. lives with her son (Louis), who also uses a FWW, and pt. currently is a fall risk. Louis is STB pt's caregiver, and there is concern that pt's other son, Doug, visits the pt. at home and is verbally abusive, which is very upsetting to the patient. UDF reports that pt's PCP, Dr Neighbor, knows the pt. very well and they have been talking about what to do about Doug and his tx of the patient. Another concern is that the pt. and Louis may overestimate her mobility and they expect that the pt. will just get on the metro bus and go home. PT/OT consults are pending.

D/t late hour, SW referred to weekend SW for safety assessment, clarification of whether an APS report is indicated, and clarification of discharge plan. She is currently OBS status and cannot access her Medicare for SNF placement..
.
PLAN OR OUTCOME:
Clarify whether APS referral is indicated and work with pt. to develop a safe discharge plan..
.

Quality Measures
Internal SW Data: M13.

Electronically Reviewed/Signed On: 12/07/12 at 16:26

_____

Schofield, LICSW, Christine L
Social Worker, Box 359760
(206) 744-4178

CLS
DD:12/07/12

Social Work Progress Note

Transfer Accept Note

This patient was admitted by Dr. Thomas and I have discussed the clinically relevant issues related to the care of this patient with that provider. Please refer to the initial inpatient notes for further details.

I, Dr. Yoon, have accepted this patient onto my service, HMS 2 and will take over as the primary inpatient provider.

CC/ID: 87yF with h/o multiple DVTs since age 30, admitted s/p fall with L3 compression fracture and supratherapeutic INR. transferred from UW ED to here since UW was full.

Interval Events:
- Repeat INR 5.1, down from 6.0
- patient reports lower back muscle spasms. denies other symptoms like dyspnea, chest pain, bleeding anywhere
- reviewed patient's PCP records -- she is on coumadin for h/o multiple DVTs since age 30, records mention a left iliac DVT, LUE DVT, also prior duplex with L femoral vein wall thickening suggesting prior DVT there.
- patient was actually placed in a Jewitt brace at UW, instead of a TLSO as the notes say. I spoke with neurosurgery consult here who say that patient needs full TLSO instead
- patient reports she has been taking coumadin 10mg a qday at home

Plan: Continue plan as outlined in the prior notes.

Changes or additions to that plan are as follows:
- ordered TLSO brace, also PT/OT for after patient is fitted with brace
- start methocarbamol prn, in addition to prn opiates
- holding coumadin, restart when INR < 3. pharmacy recommends starting coumadin 10 alternating with 5.
- ordered TLSO brace for patient
- patient will need f/u in Neurosurgery Resident Clinic in 6 weeks. Until then she should keep the TLSO brace on whenever HOB > 30 degrees or OOB.
- dispo pending PT/OT evals. patient wants to go home, says that her adult son can take care of her, but he himself is disabled and needs to use a walker to get around. i'm thinking pt will need SNF placement.

Hospital Day: 0

Allergies
penicillin
sulfa drugs

Scheduled Medications
Atorvastatin 40mg tab Dose: 40 mg = 1 tab PO QDay
Carbamazepine 200mg tab Dose: 200 mg = 1 tab PO TID

Docusate 100mg cap Dose: 200 mg = 2 cap PO BID
Ferrous sulfate EC 324mg tab (65mg elem) Dose: 325 mg = 1 tab PO QDay
Hydrochlorothiazide 25mg tab Dose: 25 mg = 1 tab PO QDay
MetFORMin 500mg tab Dose: 500 mg = 1 tab PO BID
Oxycodone 5mg tab Dose: 5 mg = 1 tab PO Q3 Hours
Ranitidine 75mg tab Dose: 75 mg = 1 tab PO BID

Infusions
Dextrose 5%/0.45% NaCl 1,000 mL Dose: 1,000 mL IV Infusion

PRN Medications
Bisacodyl EC 5mg tab Dose: 10 mg = 2 tab PO Daily PRN
Morphine 4mg/mL inj Dose: 2-4mg IV Q5 Minutes PRN
Senna 8.6mg tab Dose: 17.2 mg = 2 tab PO BID PRN
Sodium chloride 0.9% inj 5mL FLUSH (syringe) Dose: 5 mL IV On Call PRN

Vitals *(Most recent and 24 hour range.)*

Date	Result	Last	MIN	-	MAX
12/07/12 15:45	Temp C:	36.7	36.5	-	36.7
12/07/12 15:45	HR:	74	71	-	85
12/07/12 15:45	RR:	16	16	-	16
12/07/12 15:45	SBP Non-Inv:	111	110	-	156
12/07/12 15:45	DBP Non-Inv:	59	59	-	77
12/07/12 15:45	MAP Non-Inv:	78	78	-	112

Respiratory Data *(Most recent and 24 hour range.)*

Date	12/07/12 15:45
O2 Sat:	98
O2 Delivery Device:	Room air

I&O Data
Height: Height (cm): No Results Found.
Admit Wt:Admit Wt: No Results Found.
Last Daily Wt: No Results Found.
Previous Daily Wt: No Results Found.

(24 Hour IO Total = from 06:00 the prior day to 05:59 listed day)

Result	12/04/2012	12/05/2012	12/06/2012	12/07/2012	12/08/2012	Total
Intake Total (0600)	0	0	0	2	240	242
Output Total (0600)	0	0	0	0	0	0
Net I&O Total (0600)	0	0	0	2	240	242

Neurophysiology Data *(Most recent, lowest and highest for 24 hour range)*

Date	Result	Last	MIN	-	MAX
12/07/12 11:01	GCS Total	15	15	-	15

Physical Exam

–

Laboratory Studies *(Most recent results in 24 hour range.)*

RESULTS FROM TODAY
12/07/12 01:00

140 104 16
---|---|---< 108
4.0 25 0.82

|- ICa - - -
|- Ca 9.1
|- Mg - - -
|- Phos - - -

RESULTS FROM YESTERDAY

- - - - - - - - -
- - - - - - - - -
- - - - - - - - -

|- ICa - - -
|- Ca - - -
|- Mg - - -
|- Phos - - -

RESULTS FROM TODAY
12/07/12 08:30

12.9
7.04]---[304
39

|- PT 43.1
|- INR 5.1
|- PTT 49

RESULTS FROM YESTERDAY
12/06/12 16:43

- - -
- - -]---[- - -
- - -

|- PT 49.5
|- INR 6.2
|- PTT 45

Last 6 Hematocrits in Preceding 24 Hours

(NOTE: Comments/notes for Labs are viewable on Flowsheet)

12/07/12
01:00
39

Last 6 Point of Care Glucose Values in Preceding 24 Hours

(NOTE: Comments/notes for Labs are viewable on Flowsheet)

12/06/12
23:24
106

Other Laboratory Studies *(Most recent and 24 hour range.)*

Date 12/07/12 01:00
Troponin-I: 0.01

Electronically Reviewed/Signed On: 12/07/12 at 17:43

_____

Yoon, MD, Jeanie Christina
Acting Instructor, General Internal Medicine, HMC
Box 359780

JCY
DD:12/07/12

Discharge Plan

Unmet Discharge Milestones: 87y/o woman with evidence of L3-5 compression fractures of spine after fall, admitted for management of supratherapeutic INR.

Target Discharge Date/Destination:

Home if cleared by PT/OT. Not eligible for SNFplacement under Medicare at this time dt OBS status. Pt lives w/son Louis on Bainbridge..

Contacts & Other Relevant info:

Medicare

Fills meds @ Safeway on Bainbridge

Transport TBD: usually takes city bus w/son to appts

Has been followed by PCP Dr William Neighbor @ UW Hall Health x30yrs.

Pt lives on Bainbridge w/son Louis who is DPOA (206-855-0815) & caregiver. At baseline, pt uses a walker & gets around on the bus w/Louis. Louis also uses a walker, but is able to cook & provide assistance for pt. If pt discharges to home, Louis states he can assist w/TLSO care. Pt has 3STE her home.

SW notified that son Louis states that they are trying to keep son Douglas out of the picture since he has been verbally threatening at times - Louis is addressing this w/pt's PCP, no referral has been made to APS.

.

Electronically Reviewed/Signed On: 12/07/12 at 18:47

_____

Nakamura, RN, Lois M
Unit Discharge Facilitator
Box 359812

LMN
DD:12/07/12

Discharge Planning Note

ID/CC
U8170135 87 yo female CC: Lumbar and right hip pain

History of Present Illness
87 yo female reports lumbar and right hip pain s/p mechanical fall approximately one week ago. She tripped in her kitchen over some new linoleum that had been placed. She slipped and fell on her buttocks. She has been caring for herself in her home. She has been ambulating with the assitance of her walkers but notes increased pain and spasms in her lower back. Denies loss of bowel or bladder function. Denies numbness or radiculopathy.

She did not seek medical care at the time of injury. She was scheduled to see her PCP today and was instructed to go to the ED. She lives on Bainbridge Island in her home independently with her son.

Past Medical History
Diagnoses

- CONVULSIONS, OTHER
- ESOPHAGEAL REFLUX
- SENSORNEUR HEAR LOSS NOS
- DEEP VENOUS PHLEBITIS-LEG NEC
- UTERINE LEIOMYOMA NOS
- HYPERLIPIDEMIA NEC/NOS
- CARPAL TUNNEL SYNDROME
- CATARACT NOS

ALLERGIC RHINITIS NOS

- GENERAL OSTEOARTHROSIS
- BENIGN HYPERTENSION
- DIAPHRAGMATIC HERNIA
- GLAUCOMA NOS
- ROUTINE MEDICAL EXAM
- DIABETES UNCOMPL ADULT-TYPE II
- FX FEMUR INTRCAPS NOS-CLOSE
- VITAMIN B DEFICIENCY NOS
- TREMOR NEC
- ADULT FAILURE TO THRIVE
- AFTERCARE LONG TERM ANTICOAG USE
- OSTEOPOROSIS NOS
- SKIN SENSATION DISTURB

Medications

Scheduled Medications

atorvastatin 40 mg PO QDay (Lipitor 40 mg oral tablet)
carbamazepine 200 mg PO TID (Tegretol 200 mg oral tablet)
docusate 100 mg PO BID (docusate sodium 100 mg oral capsule)
docusate 250 mg PO BID (docusate sodium 250 mg oral capsule)
enoxaparin 70 mg Subcutaneous BID (Lovenox)
ferrous sulfate 325 mg PO QDay (ferrous sulfate 325 mg oral tablet)
hydrochlorothiazide 12.5 mg PO QDay (hydrochlorothiazide 25 mg oral tablet)
metformin 500 mg PO BID (metformin 500 mg oral tablet)
potassium chloride 10 mEq PO QDay (potassium chloride 10 mEq oral tablet, extended release)
ranitidine 75 mg PO BID : (prn)(ranitidine 75 mg oral tablet)
ranitidine 150 mg PO BID (ranitidine 150 mg oral tablet)
warfarin 5 mg PO QTuThSa (warfarin 10 mg oral tablet)
warfarin 10 mg PO QMWFSu (warfarin 10 mg oral tablet)

PRN Medications

oxycodone 5 mg PO Q6 Hours PRN (for pain) (oxycodone 5 mg oral tablet)
oxycodone 5 mg PO Q4 Hours PRN (as needed for pain) (oxycodone 5 mg oral tablet)

Allergies

penicillin
sulfa drugs

Social History
Residence:
Private residence.
Living situation:
Lives with others.
Employment:
Retired.
Denies history of tobacco, alcohol, and drug use.

Review of Systems
Constitutional:

Denies symptoms.
Cardiovascular:
Denies symptoms.
Gastrointestinal:
Denies symptoms.
Genitourinary:
Denies incontinence.
Neurologic:
Denies symptoms.
Musculoskeletal:
Joint pain.
Back pain.

Physical Examination
Constitutional:
Well developed/well nourished.
Vital Signs : ED Sheet.

12/06/2012 10:17	Pain Intensity 0 - 10 Scale	5	
	Temperature - C	36.5 degC	
	Heart Rate	69 bpm	
	Respiratory Rate	**12 br/min**	**Low**
	SBP - Noninvasive	128 mmHg	
	DBP - Noninvasive	79 mmHg	
	SpO2	98 %	
	O2 Delivery Device	Room air	

Distress: The patient appears to be in mild distress.
HENT:
Moist mucous membranes.
Normocephalic/atraumatic.
Eyes:
Normal conjuctiva.
Normal sclera.
Cardiovascular:
Regular rate and rhythm, no murmur, rub or gallop.
Respiratory/Chest:
Clear to auscultation bilaterally.
Gastrointestinal:
Soft.
Abdomen non-tender.
Musculoskeletal:
No joint erythema/edema/warmth.
No gross deformities.
Pelvis non-tender.
Pelvis stable.
Spine: vertebral tenderness:, paraspinal tenderness: right side right paraspinous tenderness
.
Able to ambulate, experiences spasms during ambulation. Flexion/extension and abduction/adduction intact. Bilateral lower extremity strength equal, sensation intact to light and deep touch.
.

Neurologic:
No focal deficits.
Alert and oriented to person, place, and time.
Cranial nerves II - XII intact.
Strength testing reveals full, symmetric strength in both upper and lower extremities.
Grossly normal sensation present and equal in all 4 extremities.
Reflexes normal and symmetric.
Normal gait.
Skin:
No rash, bruises or ulcers.
Psychiatric:
Appropriate.
Normal mood.

Radiological Studies
Radiology Results.
CT Lumbar Spine (12/06/2012 12:41)
~Examination:
CT L SPINE WO CONT
Indication:
compression fx l3-l5, pain
Comparison:
Lumbar spine plain films obtained earlier the same day; prior lumbar spine plain films of 04/05/2005. Thoracic spine plain films of 02/25/2008.
Technique:
Non-contrast axial 0.625 mm spiral sections were obtained through the lumbar spine from the T12 through S1. Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure.
Findings:
Note is made of a moderate hiatal hernia. Diffuse moderate to severe calcific atherosclerotic vascular disease of the abdominal aorta and iliofemoral vasculature is noted. Generalized bony demineralization is seen. Mild left convexity scoliosis of the lumbar spine is identified which appears slightly progressed compared with prior examination of 2005. There is mild straightening of the normal lumbar lordosis.
Mild anterior wedge/central compression deformity involving the T12 vertebral body and mild compression deformity of the superior endplate of the L2 vertebral body are again noted and appear unchanged dating back to 2008. Age indeterminate mild compression deformity involving the superior endplate of the L3 vertebral body is noted. The L4 and L5 vertebral bodies are within normal limits for size. No posterior bony retropulsion is identified. No fracture of the the middle or posterior column is noted. No paraspinous hematoma is identified.
Multilevel degenerative loss of intervertebral disc space is noted with associated vacuum disc phenomenon. Marginal osteophyte formation is seen along

the right lateral aspect of the vertebral bodies at L2, L3, and L4.
Mild-to-moderate multilevel facet joint hypertrophy is also seen.
At T12-L1 there is no significant central canal or neural foraminal narrowing.
At L1-2 there is a mild broad-based disc bulge along facet joint hypertrophy and ligamentum flavum thickening resulting in mild central and mild bilateral neural foraminal narrowing.
At L2-3 there is a mild broad-based disc bulge, eccentrically greater on the right along with facet joint hypertrophy and ligamentum flavum thickening resulting in moderate narrowing of the right lateral recess and right neural foramen.
At L3-4 there is broad-based disk bulge, asymmetrically greater on the right volume left lamina flavum thickening and facet hypertrophy result in moderate right lateral recess/central canal narrowing and moderate to severe right neural foraminal narrowing.
At L4-5 there is severe degenerative loss of intervertebral disk material with associated endplate bony sclerosis and moderate to severe facet joint hypertrophy and ligamentum flavum thickening. constellation of findings results in mild to moderate trefoil tight central spinal stenosis, and moderate to severe bilateral neural foraminal narrowing.
At L5-S1 there is a broad-based disc bulge along with moderate facet joint hypertrophy resulting in moderate central canal and moderate to severe bilateral neural foraminal narrowing.
Impression:
1. Age indeterminate although likely chronic mild compression deformity of the superior endplate of the L3 vertebral body. Chronic mild anterior wedge compression deformity of T12 and mild superior endplate compression deformity of the L2 vertebral body unchanged dating back to 2008.
2. Multilevel degenerative scoliosis and spondylosis of the lumbar spine with resultant moderate central (greatest at L3-4) and moderate to severe neural foraminal narrowing at multiple levels (L3-4, L4-5, L5-S1) of the lumbar spine as described above.
Critical Results
Communication
A critical finding was noted on 12/06/2012 1:26 PM.
Findings were communicated by Culbertson, Scott D, MD to Erskine, Teresa Myers, ARNP on 12/06/2012 1:26 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007718 Dalley Roberta W. MD
(206)991-3475
RESULT DETAIL
Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:compression fx l3-l5, pain
History:
Comment:
Assisting Radiologist(s):Scott Culbertson 502389

XR Lumbar Spine (12/06/2012 11:13)
~Examination:
XR L SPINE 2-3 VIEWS
Indication:
fall, pain
Comparison:
Thoracic spine radiographs on February 25, 2008
Findings:
Alignment demonstrates convex left curvature centered at L3. There is a suggestion of retrolisthesis of L3 on L4, and evaluation is complicated by obliquity.
There are compression deformities of multiple vertebral bodies. Wedging of T12, L1, and L2 is similar to the 2008 thoracic spine radiograph, consistent with remote injuries.
Mild anterior wedging (approximately 20 percent) of L3 is consistent with compression injury of indeterminate age.
There is also mild height loss of the L5 vertebral body which is poorly visualized due to scoliosis and of indeterminate age.
There is disc space loss at multiple levels, worst at L4-5.
Findings discussed with Teresa Erskine at 11:30 on December 6, 2012
ATTENDING RADIOLOGIST AND PAGER NUMBER
005279 Haynor David R. MD
(206)991-4263
RESULT DETAIL
Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:fall, pain
History:
Comment:
Assisting Radiologist(s):Brendan McCullough 244640

XR Pelvis (12/06/2012 11:13)
~EXAMINATION:
XR PELVIS 2 W 1 VIEW HIP RIGHT
RIGHT
Indication:
fall, pain right hip, lspine
Comparison:
12/29/2009
Findings:
No acute fracture. As before, the patient has undergone right hip dynamic hip screw placement for intertrochanteric fracture. No periprosthetic fracture. Hardware is intact and in unchanged position. There is mild bilateral hip joint osteoarthritis. There is advanced disc height loss in the imaged portion of the lower lumbar spine.
ATTENDING RADIOLOGIST AND PAGER NUMBER
401310 Ha Alice S MD

RESULT DETAIL
Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:fall, pain right hip, lspine
History:
Comment:
Assisting Radiologist(s):Nicholas Bodmer 392850

ED Course & Medical Decision Making
xray and CT ordered to evaluate L3-L5 compression fractures. Neurosurgery evaluated pt. and recommended TLSO. TLSO placed and post brace xrays ordered. Ed attending Heiner consulted. Care turned over to Sandy Walker, ARNP for discharge and completion of care. Pt in stable and satisfactory condition. TLSO brace applied.

Neuro surgery resident evaluated her follow-up x-ray, and stated the patient could be discharged. However, Ms. Hoffman's current INR is 6.2, with her fall risk and elevated INR the patient needs to be admitted. She is unable to be admitted here at the UWMC due to no available bed, she will be transfered to HMC through the ED, admitting physician is Dr. Thomas. Ms. Hoffman is in stable condition at the time of transfer.

Sandra Walker ARNP
UWMC Emergency Department
1959 NE Pacific Street Box 356123
Seattle, Washington 98195
(206) 598-4000

ED Consults
ED attending Dr. Heiner
Neurosurgery on call for spine

Disposition/Plan
Final disposition
Discharge private residence, self care.
Theraputic plan:
RX: Oxycodone, Docusate, Ranitidine

.
Strict return precautions were given.
Follow-up:
HMC Spine Clinic in 6 weeks. Referral sent.
.

Impression/Diagnosis
L3-L5 Compression fractures

Attending Statement

I have personally examined this patient and discussed the history, clinical exam, diagnositic studies, and treatment plan with the midlevel provider. I concur with the documentation as presented, and where necessary for the purpose of clarification or accuracy, I have added to or modified the above note directly or with additional comments below.

Well appearing s/p mechanical fall with apparent isolated injury, NV intact, evaluated by NS in the ED. Given concern for worsening fall risk in light of supertheraputic INR indicated for thrombotic disease will pursue admission for observation, managment of INR and consideration for PT/OT prior to d/c home.

Jason Heiner, MD
Staff Emergency Physician

Electronically Reviewed/Signed On: 12/06/12 at 16:57

_____

Erskine, ARNP, Teresa Myers
UWMC Emergency Department
Box 356123, 206-598-4000

Electronically Co-Signed On: 12/06/12 at 20:41

_____

Walker, ARNP, Sandra Kay
UWMC Emergency Medicine
Box 356123

Electronically Co-Signed On: 12/07/12 at 10:19

_____

Heiner, MD, Jason Daniel
Attending Physician, Emergency Medicine
Box 359702

cc: Heiner, MD, Jason Daniel
Attending Physician, Emergency Medicine
Box 359702

TME
DD:12/06/12

ED Note

Discharge Medications

Status: Received.

Electronically Reviewed/Signed On: 12/06/12 at 16:29

_____

Henderson, Megan
Box 356015

MH
DD:12/06/12

Discharge Medication Status Note

Patient was seen at the UWMC Emergency Department for fitting of a Jewett brace per order. Patient was log rolled for application of the size medium/short Otto Bock Jewett style brace. Patient and care giver were instructed on the use and care of the brace both verbally and in written form. Patient will keep in place at all times until instructed by the medical staff prior to discharge. Plan to follow as needed for any fit or function concerns 206-598-4026.

Electronically Reviewed/Signed On: 12/06/12 at 17:00

_____

Nakatsu, CO, LO, John M
UW Medicine P&O at Harborview Medical Center
Box 359110

JMN
DD:12/06/12

Orthotic Note Jewett Delivery

NEUROSURGERY EMERGENCY DEPARTMENT CONSULT NOTE

IDENTIFYING INFORMATION AND REASON FOR CONSULT
Ms. Hoffman is an 87-year-old woman presenting with low back pain and right hip pain after a mechanical ground level fall one week ago. Neurosurgery has been consulted for an age-indeterminate L3 compression fracture.

HISTORY OF PRESENT ILLNESS
Approximately one week ago, Ms. Hoffman tripped over some linoleum in her kitchen. She fell back and slid against the walls, eventually landing on her bottom. She was able to get herself up, but since then has had ongoing low back pain and right hip pain. She was scheduled to see her primary care physician anyway today so she did not seek any medical attention until now. However, when seen by her primary care physician, she was advised to come to the Emergency Department for evaluation instead. Therefore she presents today for her ongoing back pain. Her workup so far in the Emergency Department has included a x-ray of the lumbar spine and a CT of the lumbar spine. These images show an L3 compression fracture of indeterminate age and Neurosurgery Spine has been consulted for evaluation.

REVIEW OF SYSTEMS
Ms. Hoffman reports low back pain primarily when she ambulates. If she is not moving around she does not experience pain. She denies any fevers, chills, or bladder or bowel issues. However, although she has been voiding normally she does not remember when her last bowel movement was. She states that she was stooling normally until she started taking codeine for the back pain, and since then has not had a bowel movement. She does not know the exact day, but thinks it has been a few days. The remainder of the review of systems was negative, including headache, lightheadedness or dizziness, nausea, vomiting, change in appetite, numbness, weakness, tingling, burning, or other concerning symptoms.

PAST MEDICAL AND SURGICAL
1. Osteoarthritis.
2. Osteoporosis.
3. Hypertension.
4. History of DVT.
5. Status post abdominal hysterectomy with appendectomy.

MEDICATIONS
1. Calcium.
2. Vitamin D.
3. Atorvastatin.
4. Hydrochlorothiazide.
5. Losartan.
6. Timolol eye drops.
7. Codeine recently for pain.
8. Aspirin recently for pain.

9. Warfarin.

ALLERGIES
PENICILLINS and SULFA DRUGS.

SOCIAL HISTORY
Ms. Hoffman lives with her son on Bainbridge Island. She is a relatively active woman and recently came back from a bus tour around the country. She normally ambulates with a rolling seated walker, and is still able to do so; however, has been limited by pain.

FAMILY HISTORY
Noncontributory to this particular encounter.

PHYSICAL EXAMINATION
VITAL SIGNS: Temperature 36.5, heart rate 69, blood pressure 128/79, respirations 12, O2 saturation 98% on room air. Pain 5/10.
GENERAL APPEARANCE: An elderly thin woman in no apparent distress, lying comfortably on the stretcher. However, she grimaces in pain with certain exaggerated movements.
HEENT: Normocephalic, atraumatic. Sunglasses in place as she is sensitive to light. Pupils are equally round and reactive to light. Extraocular movements intact. No facial asymmetry. Tongue midline. Full range of motion of the neck in all directions without significant discomfort.
BACK: No obvious traumatic deformities or recent lesions. No palpable step-off. Tenderness in the lumbar area in the right paraspinous region with palpable muscle spasm. There is no point tenderness over the spine itself.
RECTAL: Perineal sensation intact. Normal tone. Voluntary control present.
NEUROLOGIC: GCS 15. Awake, alert, and oriented times four. Cranial nerves II to XII intact bilaterally except for VIII, which cannot assessed as the patient is hard of hearing at baseline even with her hearing aids in place. Sensation intact to light touch throughout. Strength 5/5 in bilateral upper extremities, 5/5 in bilateral lower extremities including hip flexors, knee flexors, knee extensors, dorsiflexors, plantar flexors, EHL. Deep tendon reflexes 2+ of the biceps, triceps, and brachioradialis tendons, 1+ deep tendon reflexes at patellar and Achilles tendons bilaterally. No Hoffmann's, downgoing toes. Notable for a very slight left-sided pronator drift.

LABORATORY DATA
None to review. Postvoid residual is measured at 22 mL by bladder scan.

IMAGING STUDIES
X-ray of the lumbar spine as well as a CT of the lumbar spine demonstrate significant degenerative disk disease and arthritic changes of the spine including multiple compression fractures consistent with osteoporosis. In comparison to a CT done in 2005, several of these compression fractures are present and appear chronic in nature. However, there is a compression fracture, a 1.1 type at L3 with approximately 15% to 20% height loss compared to the adjacent levels. There is no definitive evidence of an acute injury; specifically there is no obvious paraspinal swelling.

ASSESSMENT AND PLAN
Ms. Hoffman has a clinical picture concerning for an acute compression fracture, and does have a compression fracture at L3 which cannot be clearly determined to be chronic versus acute. My plan is to arrange for a TLSO brace to be fitted and then to have Ms. Hoffman have upright x-rays of her lumbar spine and AP and lateral views. Assuming that she is stable in her brace without any further height loss, she can be discharged from the ED today. We will have her followup in the Neurosurgery Residents Clinic at Harborview in six months with repeat uprights of her lumbar spine.

Thank you very much for consulting Neurosurgery regarding the care of this patient.

This case was discussed with Dr. Rohan Ramakrishna, Chief Resident of Neurosurgery, and he is in agreement with the above-stated plan. This has also been discussed with Dr. Fangyi Zhang, spine attending at Harborview, as there is no available spine attending here today.

Addendum:
Labs have now been drawn, and INR is 6.2. ED is requesting admission given her fall risk; however 1. Neurosurgery does not have a spine attending available tonight and 2. our service is not equipped to deal with her hematologic issues. I have recommended either admission to a medical service or transfer to HMC under Dr. Zhang's care if a spine attending is needed. The medicine service is capped, however, and both UWMC and HMC are at capacity, so Ms. Hoffman will most likely be transferred to NW Hospital.

Electronically Reviewed/Signed On: 12/06/12 at 18:29

_____

Montoya, MD, Simone Patalinghug
Resident, Department of Neurological Surgery
Box 356410

cc: Zhang, MD, Fangyi
Assistant Professor, Neurological Surgery
Box 359924

SPM/TUI
DD:12/06/12
TD:12/06/12

1298539

P. Ralph, RN

12/07/201207:27 31

ROOM #	Medic1/Trauma MD/HCS	Nurse (Printed Name)	Chief Complaint
G5	Backlund	Dawn F	↑INR, L3-5 compressions

Allergies	Weight/Broselow Color	Current Meds
SULFA, PCN		metformin, warfarin

PAST MEDICAL HISTORY: DM, HTN, DVT

Time	T	0100	0200	0300	0400	0500									
BP	166/87	153/87	149/65	145/64	139/65	131/60									
PULSE	84	78	72	77	87	75									
RESP	17	16	16		20	18									
TEMP	36.7	/	/		39.4	—									
HEART RHYTHM	/	/	/		/	—									
PAIN SCALE		3	Sleep		/	0/10									
SAT/O2	99% RA	99% RA	99% RA		100% RA	96% RA									
V / E / M	4/5/6	4/5/6	4/5/6		4/5/6	4/5/6									
PUPILS R/L						+/+									
OTHER															
OTHER															

TEACHING: POC Procedures

START TIME									
STOP TIME									
MEDICINE									
DOSE									
ROUTE									
SITE									
NURSE									
V.O.R.B.V.									
RESPONSE									

TIME: 12/7/12 DATE: 0017 S/O: Transferred from UW, pt had a fall 1 wk ago c compression fx of L3, L4, L5. Pt stayed on her couch for 1 week c ice packs to back. Pt seen @ UW for INR of 6.2. Pt refusing all pain meds + IV. HOH No back brace on arrival. IND: Attend comfort (PLAN): MD eval, labs. - DF 0100 Pt to radiology - DF. Back from scans @ 0145. P. Ralph, RN. Pt resting in TLSO, in bed, declining any pain meds. offer. P. Ralph, RN. Pt awaiting orders & bed @ 0300. P. Ralph, RN. Orders in, awaiting bed @ 0400 - accepted PRN pain meds - reports relief. P. Ralph, RN. RN to RN report called @ 0500. Awaiting transport to floor @ 0515. P. Ralph, RN.

PT.NO H0571976 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760571704 RES:
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

EMERGENCY INITIAL CARE FLOWSHEET-- Page 1 of 3

H0016

WHITE – MEDICAL RECORD
CANARY – EMER. DEPT. FILE

HMC0016 REV DEC 10

12/07/201207:27 32

IV CATHETERS

☑ 22 G X 1 SITE RW TIME 0100 ☐ DISCONTINUE/INTACT ☐ 16 G X_____ SITE_____ TIME_____ ☐ DISCONTINUE/INTACT
☐ 20 G X_____ SITE _____TIME_____ ☐ DISCONTINUE/INTACT ☐ 14 G X_____ SITE_____ TIME_____ ☐ DISCONTINUE/INTACT
☐ 18 G X_____ SITE _____TIME_____ ☐ DISCONTINUE/INTACT ☐ CENTRAL LINE X_____ SITE_____ TIME____ ☐ DISCONTINUE / INTACT

IV FLUIDS INTAKE

PTA VOLUME INFUSED

TIME	SITE	#	VOL	TYPE	ADDITIVE	TIME FINISH	VOL INF.

BLOOD PRODUCTS INTAKE

PTA VOLUME INFUSED

TIME	SITE	#	TYPE	STICKER#	VOL	TIME FINISH	VOL INF

INPUT TOTALS	IV FLUIDS	FFP	BLOOD	PLT	CRYO	OUTPUT TOTALS	URINE	CHEST TUBES	NG TUBE

SUSPECTED FINDINGS

1. ↑ INR
2. L3-L5 Compression fx
3. ⓛ 7th rib fx - indeterminate age
4.

PATIENT ADMIT

SERVICE	FLOOR	TIME
Medicine	3E	

REPORT CALLED AT 0500 SPOKE TO Grace
PATIENT RELEASE ☐ HOME ☐ DETOX ☒ TRANSFER TIME_____
FAMILY ☐ NOTIFIED ☐ AT BEDSIDE ☒ NO FAMILY PRESENT ☐ LIMITED INFO.
PT.CONDITION ☐ SATISFACTORY ☐ UNSATISFACTORY ☐ SERIOUS ☐ CRITICAL ☐ EXPIRED
DISCHARGE INSTRUCTIONS ☐ GIVEN W/VERBAL UNDERSTANDING
OTHER ☒ VALUABLES SHEET ☐ CLINICAL PATHWAY (SPECIFY) _____

☐ **OVER 30 MINUTES OF CRITICAL CARE NURSING TIME PROVIDED**

Consult Board	Called	Arrived
TRAUMA/General Surgery		
SEPSIS/MICU		
STEMI/Cardiology		
STROKE/Neurology		
Pediatrics		

FALL SCREENING Positive ☐ Negative ☐ MD Notified ☐
DV SCREENING Positive ☐ Negative ☐ SW notified ☐ MD Notified ☐
SCREEN FOR NUTRITION ☐

Swallow eval requested at _____

PT.NO
NAME
DOB

H0571976 BD:1/6/1925 87YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
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EMERGENCY INITIAL CARE FLOWSHEET-- Page 2 of 3

H0016

WHITE – MEDICAL RECORD
CANARY – EMER. DEPT. FILE

HMC0016 REV DEC 10

12/07/201207:27 53

ABG
ANGIO
ART LINE
BB/C-COLLAR
BAIR HUGGER
CAMINO
CHEST TUBES ☐ L ☐ R
SIZE
CPR
X_____
CT W/RN
☑ EKG 12-LD
time 0119
☑ EKG MONITOR
ET TUBE
SIZE
FETAL MONITOR
FOLEY
Fr
GASTRIC LAV.
IN
OUT
INHALATION TX
LEVEL 1
LUMBAR PUNCTURE
NG TUBE
Fr
0_2 Lper
OB GYN
OPEN CHEST
ORTHO STATICS
PERITONEAL LAVAGE
SPLINT
Type
STEINMAN PIN
SUTURE
ULTRA SOUND
XRAYS

LABS	TIME		CBC	BMP (M7)	PT / PTT (Coags)	HEPATIC PANEL		BILI	AMY	CHEST PAIN REFLEX TESTING
0100	TRAUMA	EHP	ETOH	OD	HCG (PG)	UA	UTOX	TXC	units	BC X time
	OTHER							DPL	Time	LP time

LAB	RESULT

BASELINE BMP

140 NA	CL 104	BUN 16	
4.0 K+	CO2 25	GLU 106	
		CREA 0.82	

CBC

7.0 WBC	HB 12.9	304 PLT
	HCT 39	

HGB	TIME	RESULT	FLUIDS
FIELD			
H1			
H2			
H3			
H4			

CARDIAC ENZ

	TROP	CK-MB	CK
OHR	0.01		
3HR			
6HR			

EHP RESULT

TIME	FIB.	PT	INR	HCT	PLT	FLUIDS/UNITS
1643		49.5	6.2			
0100		46.8	5.7			

VENT SETTINGS

TIME	FIO2	RATE	VT	PEEP

ABG RESULTS

TIME	SAT	PH	PCO2	PO2	HC03	HCT	LACT	BD

HEENT

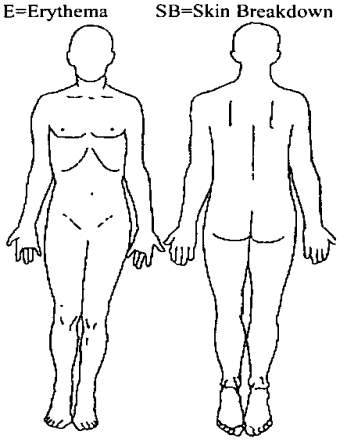
PUPILS: ☑ PERRL ☐ DILATED ☐ FIXED
UNEQUAL R:_____ L:_____
TMs:
R ☑CLEAR ☐HEMOTYMP ☐OCCLUDED ☐N/A
L ☑CLEAR ☐HEMOTYMP ☐OCCLUDED ☐N/A
LOC:
☐ ALERT ☐ UNRESPONSIVE
☐ RESPONDS to VOICE ☐ RESPONDS to PAIN
☐ N/A

THORAX

CHEST
☑ NRML ☐ OPEN WOUND ☐ N/A
☐ CREPITUS ☐ BRUISING
BREATH SOUNDS ☐ EQUAL ☐ CLEAR
☐ CRACKLES ☐ WHEEZES
☐ DIMINISHED ☐ R ☐ L
☐ ABSENT ☐ R ☐ L
☐ N/A
Peak Flow: _____

ALTERED SKIN INTEGRITY

X=Abrasion ☐=Burn
OF=Open Fracture F=Fracture
L=Laceration S=Stab Wound
G=Gun Shot Wound B=Bruise
E=Erythema SB=Skin Breakdown



ABDOMEN

☑ SOFT ☐ RIGID ☐ DISTENDED ☐ TENDER
☐ PALPABLE MASS ☐ SEATBELT SIGN
☐ N/A
BOWEL TONES:
☐ NRML ☐ INCREASED ☐DECREASED
☐ ABSENT
☐ N/A
RECTAL: ☐ NRML ☐ DIMINISHED ☐ABSENT
☐ STOOL GUAIC +_____-
☐ N/A

EXTREMITIES

☑ NRML ☐ DEFORMED
☐ BRUISED ☐N/A
MOTOR:
☑MAE ☐DIMINISHED ☐ABSENT
☐ N/A
☐ LUE ☐ RUE ☐ LLE ☐ RLE
SENSORY:
☑NRML ☐DIMINISHED ☐ABSENT
☐ N/A
☐ LUE ☐ RUE ☐ LLE ☐ RLE
PELVIS
☑ STABLE ☐ UNSTABLE ☐ N/A

SKIN

☑ WARM ☐ COOL ☑ DRY ☐ CLAMMY
☐ DIAPHORETIC ☐ N/A
COLOR: ☑ NRML ☐ PALE ☐ FLUSHED
☐ JAUNDICED ☐ CYANOTIC ☐ N/A
CAPILLARY REFILL:
☐ >3 sec. ☐ <3 sec. ☐ N/A

OTHER

TLSO device on.

BACKBOARD

TIME ON	LOG TIME	PAD TIME	TIME OFF	SKIN COND.

PT.NO H0571976 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760571704 RES:
DOB

UW Medicine Health System
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Seattle, Washington

EMERGENCY INITIAL CARE FLOWSHEET-- Page 3 of 3

H0016

WHITE – MEDICAL RECORD
CANARY – EMER. DEPT. FILE

HMC0016 REV DEC 10

ADMIT ED / ADMITTING (circle one) Date 12/7/12 Time 0424		Date/Time Dept/Room	Date/Time Dept/Room	Date/Time Dept/Room	Date/Time Dept/Room	Date/Time Dept/Room
VALUABLES	*					
# of envelopes: 1 2 3	Ø					
✔ **MEDICAL DEVICES**						
☐ Dentures/partials	P					
☑ Hearing Aid	P					
☑ Eyeglasses/contacts	P					
☐						
Verified by: GiC						
Delivered by:						
CLOTHING/OTHER	*					
# of bags: 1 2 3	Ø					
✔ **OTHER**						
☐ Wheelchair	Ø					
☑ Walker/cane	P					
☑ Blue Bag	P					
Verified by: GiC		Verified by:	Verified by:	Verified by:	Verified by:	Verified by:
Transporter's Signature:						
Patient/PAR Signature: *(for returned property)*						

BIOHAZARDOUS

Clothing Disposal

Date _____

Reason:

Searched by: _____

Witnessed by: _____

PATIENT REFUSES TO SECURE VALUABLES

Items Not Secured

Patient/PAR Signature _____ Date _____

Staff Signature _____ Date _____

Staff Signature witnessing verbal refusal _____ Date _____

* Legend: A = Admitting C + Clothing Room F = Family Ø = Not with Patient P = Patient S = ED/OR Safe

PT. NO.

NAME

DOB

H0571976 BD:1/6/1925 87YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760571704 RES:

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

PATIENT PROPERTY TRACKING

H0796

HMC0796 REV DEC 05

12/07/2012 2:22 AM AMR → HARBORVIEW MEDICAL CTR D 2

AMR SEATTLE OPERATIONS
Pre-Hospital Care Report

AMR

12/07/201208:25 61

PCRID: 2012120622575653568 **Case #:** 2694813 **Pt #:** 1 of 1 **Unit ID:** 911D **Date:** 12/6/2012

Dispatch Information 2694813

Time Call Received:	21:15:45			**From Location:**	ED		
Time Dispatched:	22:42:17	**Time Transporting:**	23:30:51	1959 NE PACIFIC ST, SEATTLE WA 98195		**MCI Declaration:**	
Time Enroute:	22:43:23	**Time Transport Arrived:**	23:46:21			**Initial Response Mode:**	No Lights and Siren
Time at Scene:	22:52:49	**Time Available:**	00:28:25			**Final Response Mode:**	No Lights and Siren
Time at Pt Side:	22:54:00	**Time Cancelled:**		**To Location:**	HARBORVIEW MEDICAL CTR ED 325 9TH AVE, SEATTLE WA 98104		
Responder On Scene:						**Late Reason:**	
Nature of Call:	Urgent BLS					**Dispatch 2:**	
ALS Assessment:	None			**Caller Name:**			

Patient Demographics 2694813

Age Estimated: No
Age: 87 years **Months:** **Days:**

Name:	HOFFMAN, JEANNE L	**DOB:**	1/6/1925		
Address:	245 HIGH SCHOOL RD NW UNIT 2	**Ethnicity:**	Caucasian	**Gender:**	Female **Weight:** 59.0 Kg
City, State, Zip:	BAINBRIDGE IS, WA 98110	**Physician:**	WILLIAM NIGHBOR		
Phone:	(206)855-0815 **Cell:**	**Name of Employer:**		**Employer Phone:**	
SSN:		**Responsible Party:**	HOFFMAN, JEANNE	**Phone:**	(206)855-0815

Hospital Visit Number:

Physical Findings 2694813

Head:	Normal
Neck:	Normal
Chest:	Normal
Abdomen:	Normal
Pelvis:	Normal
Back:	Normal
Extremities:	Normal

H0571976 DOB:1/6/1925 87YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012
Enc:1760571704 RES:

History Of Present Illness 2694813

Chief Complaint:
Secondary Complaint:
Patient's Complaint:
HPI:
Primary Symptom:
Mechanism of Injury:
Safety Equipment:
Contributing Factors:
Environmental Factors:
Factors Affecting Delivery Of Care:

Past Medical History 2694813

History: , Arthritis, Diabetes, Hypertension
Allergies: Medication ,, PCN SULFA
Medications: METFORMIN HYDROCHLORIDE , COUMADIN , OXYCODONE 5/APAP 500 , DOCUSATE , RANITIDINE , HCTZ , KCL , ATORVASTATIN , CARBAMAZEPINE , ENOXAPARIN , FERROUS SULFATE
Immunizations:
Advanced Directives:
Allergy Band:

12/07/2012 2:22 AM | AMR | → HARBORVIEW MEDICAL CTR | D 3

Impression 2694813

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Primary Impression: Other Non-Emergency Impression
Secondary Impression: Trauma - Frac/Disl ,
Other Impression:

Narrative 2694813

☐ Special Study

87 Year old female who had ground level fall and then laid on her sofa for a week before asking to be seen for the pain. She was found to have 3 compression FX in her back and her INR levels are very high. She is being TX to the trauma center for further care. She has a great deal of pain esp. on any movement or TX but she strongly refuses to take any pain medicine. She has no other obv. injuries.

Find the pt. A+O 4/4, Skin warm and dry with good color, breathing normally on RA. She has a back brace on. She is in care of the ED staff. There are no other obv. injuries.

Assist the pt. to the gurney, V/S, P.E. TX routine with no changes en route. The pt. went to ED GREEN bed 5 and report was given to staff.

Treatment and Response 2694813

PTA	Time	Medic	Procedure
	23:30:00	Rocks, Tamara,AMR	Glasgow Coma Scale - Eyes: 4 , Verbal: 5 , Motor: 6 . Total : 15 . .
	23:30:00	Rocks, Tamara,AMR	Lung Sounds - Upper Right Lung: Normal , Upper Left Lung: Normal , Lower Right Lung: Normal , Lower Left Lung: Normal . .
	23:30:00	Rocks, Tamara,AMR	Pain Scale - 8 on a scale of 10..
	23:30:00	Rocks, Tamara,AMR	Pulse Oximetry - 00 % on Room Air .
	23:30:00	Rocks, Tamara,AMR	Pupils - Normal (PERL) . .
	23:30:00	Rocks, Tamara,AMR	Skin Assessment - Normal color, Warm temperature, Normal moisture, <2 seconds capillary refill. .
	23:30:00	Rocks, Tamara,AMR	Temperature - Oral , .
	23:30:00	Rocks, Tamara,AMR	Vital Signs - Blood Pressure Method: Manual Cuff , BP: 146 / 68 , Pulse at: Radial , Pulse Rate: 78 , Pulse Regularity: Regular , Pulse Strength: Normal , Respirations: 16 , Respiration Depth: Normal , Respiration Effort: Normal , .
	23:46:00	Rocks, Tamara,AMR	Vital Signs - Blood Pressure Method: Manual Cuff , BP: 150 / 90 , Patient Position: Semi-Fowlers . Pulse at: Radial , Pulse Rate: 78 , Pulse Regularity: Regular , Pulse Strength: Normal , Respirations: 14 , Respiration Depth: Normal , Respiration Effort: Normal , .

Patient Disposition 2694813

Disposition:	Hospital to Hospital Transport	**Receiving Hospital:**	HARBORVIEW MEDICAL CTR	**Patient Record#:**	
Est. Time Death:		**Other Hospital:**		**MD Consult:**	☐
Mode of Transport:	2B	**Personal Items:**		**Base Physician:**	
Air Request By:		**First Respond Assist:**	☐	**Transport Priority:**	No Lights and Siren
Reason For Air:		**Base Hospital:**		**Change In Priority:**	No Lights and Siren
Destination Decis:	Trauma Services Not Available	**Base Hosp Contact:**	☐	**Mileage Scene:**	0.0
Hosp Divert From:		**Base Contact Time:**		**Mileage Hospital:**	4.4
Physician Order:				**Total Mileage:**	4.4
Consult Sign Name:		**Consult Signature:**			
Consult Sign Title:					
Consult Sign Date:					
Transfer Reason:		**Transfer Time:**		**Transporting Agency:**	
Transporting Unit Number:		**Transporting Case Number:**		**New Primary Caregiver:**	

Patient Medical Insurances 2694813

MEDICARE	PO BOX 6700, ATTN CLAIMS, FARGO, 58108, Policy#:131149826D6,
WA MEDICAID (DSHS or PROVIDER ONE)	PO BOX 9248, OLYMPIA, WA 98507, Policy#:100675002WA, Group Number#:018A03181555,

1st Attendant: Rocks, Tamara,AMR	2nd Attendant: Barbee, Aaron,AMR	3rd Attendant:
Number: 1166428	Number: 60030432	Number:
Certification: EMT	Certification: EMT	Certification:
Caregiver Name:	Hospital Signature:	

12/07/2012 2:22 AM AMR → HARBORVIEW MEDICAL CTR 4

12/07/201208:25 63

Agency:
Certification:

1025 12/07/2012 09:25 44

INITIAL ASSESSMENT TIME TO RM: ___ RM #: 13

LUNGS ☐NIBCC (not indicated by chief complaint)
Airway: ☑PATENT ☐trach/ETT PTA ☐home vent/C-PAP
Symptoms: ☑NONE ☐cough ☐hemoptysis
Breathing: ☑NORMAL EFFORT ☑SPEAKS FULL SENTENCES ☐retractions ☐labored ☐stridor ☐tri-pod posture
Lung Sounds: ☐NIBCC

	R	L
CLEAR	—	—
crackles		
rhonchi		
wheezes		
absent		

CIRCULATION / HEART ☑NIBCC
Rhythm: _____ ☐MONITOR STRIPS POSTED
Distal Pulses: ☐STRONG ☐weak ☐bounding ☐absent
Cap Refill: ☐< 3 SEC ☐≥ 3 sec
Edema: ☐NONE ☐pedal ☐generalized
Heart Sounds: ☐NORMAL ☐abnormal
Devices: ☐pacemaker ☐AICD ☐LVAD

NEURO / PSYCH LOC: ☐NIBCC
GCS: ☐NIBCC V 4 E M 6
☑A/O x 3 ☐ORIENTED TO EVENT ☐disoriented ☐non-responsive
Behavior: ☑CALM ☐COOPERATIVE ☐anxious ☐combative
Pupils: ☐NIBCC 1 mm 2 mm 3 mm 4 mm 5 mm 6 mm 7 mm

	R	L
size		
reactivity		

Brisk Sluggish Non-reactive
Grips: ☐NIBCC

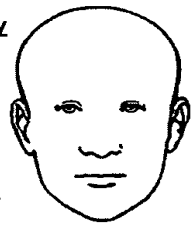
	R	L
STRONG	—	—
weak		
absent		

HOG

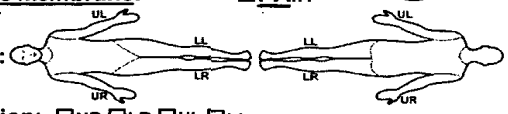
ABDOMEN ☑NIBCC
Bowel Sounds: ☐BS x 4 ☐hyperactive ☐hypoactive ☐not heard
Appearance: ☐SOFT ☐distended ☐firm/rigid ☐pregnant
Symptoms: ☐NONE ☐nausea ☐vomiting ☐diarrhea ☐melena
Devices: ☐NONE ☐g-tube ☐j-tube ☐ostomy ☐other

G/U ☐NIBCC
Symptoms: ☑NONE ☐burning ☐bleeding ☐incontinent ☐discharge
History: ☐UTI PTA ☐pre-existing Foley

SKIN / MUSCLOSKELETAL
Appearance: ☑NORMAL FOR ETHNICITY ☑WARM ☑DRY ☐cool ☐pale/ashen ☐diaphoretic ☐jaundiced
Altered Skin Integrity: ☐BRuising ☐LAcerated ☐BUrn(s) ☐WOund(s) ☐BLeeding controlled ☐DEformity ☐REdness ☐PRessure ulcer PTA ☐PAin



Mucous Membrane: ☑MOIST ☐dry
Turgor: ☑WNL ☐poor
Sensation: ☐UR ☐LR ☐UL ☐LL ☑INTACT ☐numb/tingling ☐parethesia
Movement: ☐UR ☐LR ☐UL ☐LL ☐ACTIVE ☐passive



MAE.

SAFETY CHECKS
☑NAME & ALLERGY ARMBAND ☑DISROBED & GOWNED ☑BED IN LOW POSITION ☑CALL LIGHT IN REACH
Bedrails up: ☐NONE ☐ONE ☑BOTH ☐PT ORIENTED TO STAFF & ROOM

C-COLLAR

	TIME ON	TIME OFF

Comments
DATE: _____
Intl: ___ TIME: _____

RE-ASSESSMENT COMMENTS
☐No change @ _____
☐No change @ _____
☐No change @ _____
☐No change @ _____
☐No change @ _____
☐No change @ _____

ARRIVED FROM
☑Home ☐Homeless ☐Assisted Living ☐Group Home ☐SNF
Name of Facility: _____

BACKBOARD

TIME ON	CMS WNL	ROLL TIME	TIME OFF	CMS WNL	INTL	SIGNATURE (legible)
	☐			☐		

PT.NO U8170135 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276 RES:
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

EMERGENCY NURSING FLOWSHEET
PAGE 1 OF 2 – ASSESSMENT

U0433

WHITE - MEDICAL RECORD
CANARY - NURSING

UH0433 REV SEP 11

12/07/2012 09:28 45

PATIENT VITAL SIGNS (VS)

DATE / TIME / INTL	1149	12/6/12 1220	12/6/12 1330	1425 DH	12/6/12 1650	1920	12/6/12 2110		
BP	131/66	125/76	140/62	129/54	131/59	135/58	124/50		
PULSE	70	70	72	72	72	78	91		
RESP	16	16	16	18	18	18	16		
TEMP	36.2	36.2	36.4	36.4	36.5		36.5		
SAT/O_2	96% RA	98% RA	100 RA	100 RA	100 RA	100% RA	97 RA		
PAIN SCALE	4/10	4/10	4/10	5/10	5/10	0	6/10		
HEART RHYTHM	—								
GCS E V M	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6	4 5 6		

NURSING NOTES

DATE / TIME	
12/6/12 1100	Room #13 By ANK
12/6/12 1130	Assumed pt care from Rosemary RN, pt c/o (R) hip pain s/p controlled fall last week. A+Ox4 in NAD. Resp even/unlabored. Awaiting MD eval
12/6/12 1200	Awaiting CT
12/6/12 1330	Family @ BS, pt resting quietly in bed awaiting CT results
12/6/12 1345	Pt ambulatory to BR x 1 assist, steady gait c walker
1428	Bladder scan post void residual by 032 mL
12/6/12 1450	Neurosurg evaluating pt @ BS
12/6/12 1645	TLSO fitted to pt by orthotist. Pt for rpt x-rays, in NAD
12/6/12 1750	Sandy Kent notified of critical Protime/INR
1920	Pt reports 5 complaint dense need for pain meds
12/6/12 2115	ANK called for pt transport to HMC, transfer form faxed to HMC

DISPOSITION
Huddle completion – Time: ~~1745~~ error cc Provider Initial: _____
VS: BP: _____ HR: _____ RR: _____ T: _____ Sat: _____ Pain: __

ADMITTED
Admitted TO: _____ Date/Time: _____
Report to: RN: _____ Time called: _____

Mode:	With:	Belongings:	
☐wheelchair	☐O_2	☐floor	☐Transfer form completed PRN
☐stretcher	☐monitor	☐family	
☐ALS	☐IV infusing	☐friend	
☐BLS	☐RN/MD Escort	☐safe	
		☐police	

DISCHARGE
Discharged TO: HM 6 Date/Time: 12/6/12
Accompanied by: ANK / family
Discharge Instructions reviewed w/ patient by: _____
Mode: ☐Discharge assessment documented
☐AMBULATORY
☐Wheelchair
☐Crutches – Education by: _____ ☐Return Demo
☐Ambulance/Cabulance: ANK unit#: _____

VISUAL ACUITY L: / R: / B: /
☐ Uncorrected ☐ Corrected

INTL	SIGNATURE (Legible)

VASCULAR ACCESS VSS as noted, pt A+Ox4 in NAD

INSERTION DATE/TIME	INTL	# OF ATTEMPTS	SIZE/ SITE	SL	DISCONTINUE DATE/TIME	INTL	TIP INTACT
				☐			☐
				☐			☐
				☐			☐

LABS
☐Labs with IV ☐Blood draw Time/Site/Intl: _____
☐BI Cx #1: Time/Site/Intl: _____
☐BI Cx #2: Time/Site/Intl: _____
☐Breathalyzer/BAL: Time/Intl: _____

NURSING INTERVENTIONS
ED INTAKE: _____ ED OUTPUT: _____
☐12 lead #1 – Time/Intl: _____ ☐Attending Shown
☐12 lead #2 – Time/Intl: _____ ☐Attending Shown
☐Peak flow pre Tx: _____ ☐Peak flow post Tx: _____
☐Gastric Tube – Time/Size/Site/Intl: _____
☐Urine Catheter – Time/Size/Intl: _____
☐Radiology/CT with RN: _____
☐Isolation – Type/Reason: _____
☐Other – Care/Intl: _____
☐Other – Care/Intl: _____

INTL	SIGNATURE (Legible)

PT NO
U8170135 BD:1/6/1925 87YF
NAM HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276 RES:
DOE

UW Medicine Heath System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

EMERGENCY NURSING FLOWSHEET
PAGE 2 OF 2 – INTERVENTIONS

U0433

WHITE - MEDICAL RECORD
CANARY - NURSING

UH0433 REV SEP 11

12/07/2012 09:28 46

UW MEDICINE Referral Request

UW Medicine

Thank you for referring your patient to UW Medicine. This form is to be completed by the outside referring provider or designee. For information about making referrals and/or to complete this form online and print it out go to: http://uwmedicine.org/referrals. A list of UW Medicine clinics and providers can also be accessed on the same web page. Note: UWP Physicians use UH2460.

Patient Name (Last Name, First Name, Middle Initial) Hoffman Jeanne		Date 12/6/12
Gender ☐ Male ☒ Female	Patient preferred language for healthcare communication	
Date of Birth	Patient Home Telephone	Patient Alternative Telephone
Patient Home Address		
Patient insurance company and plan(s)		

Referral From:

Referring Provider Name (Last Name, First Name, Middle Initial) Erskine	NPI 313500
Referring Provider Contact Telephone	Referring Provider Fax
Referring Provider Address UWMC - ED	
Patient's Primary Care Provider (Last Name, First Name, Middle Initial)	

Referral To:

Specialty Clinic Name HMC Spine	Clinic Location
Provider Name	
Referral/Urgency ~~☐ Routine~~ ☐ Urgent --- See within _____ days Asap Next Fri ~~☐ Emergent: referring Provider must call consulting Provider for emergent referrals~~	

Reason for Referral:

☐ **Consultation** *(Diagnosis/Treatment/Surgical Opinion)*
☒ **Transfer of Care** *(Indicate condition or problem the specialist is being asked to manage)*

Reason for request; include diagnosis:
L3-L5 compression fx
Seen @ UWMC ED by neurosurgery

Provider Signature Erskine APRN 12/6/12

PT.NO U8170135 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276 RES:
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
UW MEDICINE REFERRAL REQUEST

U2394

UH2394 REV NOV 11

ENTERED 12/6/12

WHITE – MEDICAL RECORD

AMR SEATTLE OPERATIONS
Pre-Hospital Care Report

AMR

PCRID: 20121206100441533316 **Case #:** 2694450 **Pt #:** 1 of 1 **Unit ID:** 905C **Date:** 12/6/2012

Dispatch Information 2694450

Time Call Received:	09:40:13			**From Location:**	
Time Dispatched:	09:41:00	**Time Transporting:**	09:59:13	801 Alaskan Way, SEATTLE WA 98104	**MCI Declaration:**
Time Enroute:	09:41:04	**Time Transport Arrived:**	10:11:00		**Initial Response Mode:** 2B
Time at Scene:	09:44:29	**Time Available:**	10:56:00		**Final Response Mode:** Lights and Siren
Time at Pt Side:	09:50:00	**Time Cancelled:**		**To Location:** UNIVERSITY OF WA MED CTR er 1959 NE PACIFIC ST, SEATTLE WA 98195	
Responder On Scene:	Seattle Fire ,				**Late Reason:**
Nature of Call:	Fire BLS Priority				**Dispatch 2:**
ALS Assessment:	None			**Caller Name:**	

Patient Demographics 2694450

Age Estimated: No
Age: 87 years **Months:** **Days:**

Name:	HOFFMAN, JEANNIE	**DOB:**	1/6/1925		
Address:	245 Highschool Rd NW	**Ethnicity:**	Caucasian	**Gender:** Female	**Weight:** 0.0 Kg
City, State, Zip:	BAINBRIDGE IS, WA 98110	**Physician:**			
Phone:	(206)855-0815 **Cell:**	**Name of Employer:**		**Employer Phone:**	
SSN:	4736	**Responsible Party:**	HOFFMAN, JEANNIE	**Phone:**	(206)855-0815

Hospital Visit Number:

Physical Findings 2694450

Head:	Normal
Remarks:	No pain on palp
Neck:	Normal
Remarks:	No pain on palp, no step-offs palped
Chest:	Normal
Remarks:	No pain on palp, Equal chest rise/fall
Abdomen:	Normal
Remarks:	No pain on palp, soft, non-tender x4 quadrants
Pelvis:	Normal
Remarks:	No pain on palp, weight bearing
Back:	Pain
Remarks:	Extreme lower back pain
Extremities:	Normal
Remarks:	No pain on palp

History Of Present Illness 2694450

Chief Complaint: Acute onset Cramping Back pain Lower Back provoked by Movement with severity 10 on scale of 10 since 1 Weeks . 0 history of similar symptoms.
Secondary Complaint: None
Patient's Complaint:
HPI:
Primary Symptom:
Mechanism of Injury: Unintentional Fall . 5 Feet from Standing to Floor Slid down wall to floor. .
Safety Equipment:
Contributing Factors:
Environmental Factors:
Factors Affecting Delivery Of Care:

Received Time Dec. 6. 2012 11:19AM No. 1327

12/06/2012 11:22 AM AMR → UNIVERSITY OF WA MED CTR 12/07/2012 09:28 D38

Past Medical History 2694450

History: Hip Pins, Clotting issues, Deep Vein Thrombosis ,, Hearing Impaired, Hypertension, Seizure History
Allergies: Chemical ,, Medication ,, Sulfa, PCN
Medications: Poly-RX HTN
Immunizations:
Advanced Directives:
Allergy Band:

Impression 2694450

Primary Impression: Pain - Traumatic
Secondary Impression: No Secondary Impression ,
Other Impression:

Narrative 2694450

☐ Special Study

87 Y/O F pt complaining of extreme Lower Back pain s/p a fall from a week ago. Pt sts she was walking, caught part of the floorboards with her toe and fell down, sliding against the wall. She crawled to her couch and was able to bring herself up and sat on it. She did not want to go to the hospital then, but the back pain has increased since then. She had an appointment today at 10 at the clinic, but the pain was too bad on the ferry. Pt sts hx of seizures and blood clotting, as well deep vein thrombosis. Pt sts the pain "grips and then she cannon move until it releases." Pt sts the pain is 5/10 normally, but a 10/10 when it grips her. Per Fire: pt is poly med for HTN and blood thinners.

Pt found in wheelchair at terminal, ICO SFD
Neuro - A/Ox4 GCS 4/5/6, very hard of hearing
Skin - Warm/Dry/Normal
HEENT - No pain on palp
Chest - No pain on palp, equal chest rise/fall
Abdomen - No pain on palp, non-tender and soft x4 quadrants
Extremities - No pain on palp, good cms all 4 extremities.

Lower back pain

Pt stood and sat on gurney, refusing assistance from anyone. Pt vitals and exam done en route to UWMC, transported without incident. Pt transferred to room 13.

Treatment and Response 2694450

PTA	Time	Medic	Procedure
	09:59:00	Dvorsky, Alex 2595	Pain Scale - 5 on a scale of 10.. 5/10, when moving, 10/10
	09:59:00	Dvorsky, Alex 2595	Vital Signs - Blood Pressure Method: Manual Cuff , BP: 134 / 78 , Patient Position: Semi-Fowlers . Pulse at: Radial , Pulse Rate: 54 , Pulse Regularity: Regular , Pulse Strength: Normal , Respirations: 12 , Respiration Depth: Normal , Respiration Effort: Normal ,
	09:59:00	Dvorsky, Alex 2595	Vital Signs - Blood Pressure Method: Automated Cuff , BP: 122 / 79 , Patient Position: Semi-Fowlers . Pulse at: Brachial , Pulse Rate: 69 , Pulse Regularity: Regular , Pulse Strength: Normal , Respirations: 12 , Respiration Depth: Normal , Respiration Effort: Normal ,

Patient Disposition 2694450

Disposition: Transported-To Hospital ER/ED
Est. Time Death:
Mode of Transport: 2B
Air Request By:
Reason For Air:
Destination Decis: Patient/Family Request
Hosp Divert From:
Physician Order:
Receiving Hospital: UNIVERSITY OF WA MED CTR
Other Hospital:
Personal Items:
First Respond Assist: ☐
Base Hospital:
Base Hosp Contact: ☐
Base Contact Time:
Patient Record#:
MD Consult: ☐
Base Physician:
Transport Priority: No Lights and Siren
Change In Priority: No Lights and Siren
Mileage Scene: 0.0
Mileage Hospital: 4.6
Total Mileage: 4.6

Consult Sign Name:
Consult Sign Title:
Consult Sign Date:
Consult Signature:

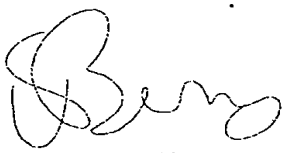
Transfer Reason:
Transfer Time:
Transporting Agency:
Transporting Unit Number:
Transporting Case Number:
New Primary Caregiver:

Patient Medical Insurances 2694450

MEDICARE PO BOX 6700, ATTN CLAIMS, FARGO, 58108,
WA MEDICAID (DSHS or PROVIDER ONE) PO BOX 9248, OLYMPIA, 98507,

1st Attendant: Berry, Dennis,AMR **2nd Attendant:** Wilson, Whitney,AMR **3rd Attendant:**

Received Time Dec. 6. 2012 11:19AM No. 1327



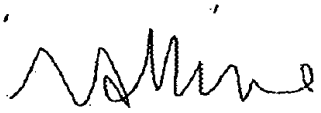
Number: 130999
Certification: EMT

Number: 60064620
Certification: EMT

Number:
Certification:

Caregiver Name: Dvorsky, Alex 2595

Hospital Signature:



Agency: Other Crew
Certification: EMT

Received Time Dec. 6. 2012 11:19AM No. 1327

12/07/2012 09:28 59

Seattle Fire Dept. Medical Incident Report

8037015

INCIDENT NUMBER | PT.# | STAPLE HERE | STUDY # | MO. / DAY / YEAR

INCIDENT ADDRESS: 801 ALASKAN WY

LOCATION ○ Home ○ Other Res. ○ Pub. Indoors ○ Pub. Outdoors ○ Nursing Home ○ Clinic.MD Off. ○ Other

SPECIAL LOCATION/EVENT
○ Bridge ○ Freeway ○ Puget Sound ○ Freshwater ○ Safeco ○ C. Link ○ UW Sports ○ Other

PATIENT INFO

PATIENT NAME (LAST, FIRST): HOFFMAN, JEAN ○ No Patient

DOB MDY: 11 26 25

PATIENT HOME ADDRESS (Include City, State, Zip if not in Seattle): 245 H.S. Road. Bainbridge ○ Seattle

PATIENT'S PHONE NO.: ( )

AGE: 88

SEX: ○ M ⊘ F

RACE ○ Cauc. ○ Afr. Am ○ Nat. Am ○ Asian ○ Hispanic ⊘ Unk./Other ○ Bariatric Patient

NEAREST RELATIVE NAME | ADDRESS | PHONE

RELATION | PHYSICIAN NAME: Neighbors, William Hall Heath | OFFICE OR HOSPITAL: UW ○ Group Health

INITIAL VITAL SIGNS

Time: 0942 Pulse: 64 BP: 134 / 80 Resp: 14

POSTURAL VITAL SIGNS

HR | BP / | HR | BP / | HR | BP /

GLASGOW

EYE	VERBAL	MOTOR	RESPIRATORY RATE	SYSTOLIC BP
Init / Hosp	Init / Hosp	Init / Hosp	Init / Hosp	Init / Hosp
○ 1. None ○	○ 1. None ○	○ 1. None ○	○ 0. None ○	○ 0. AT CAROTID ○
○ 2. To Pain ○	○ 2. Incomprehen ○	○ 2. Extension ○	○ 1. 1-5 Min. ○	○ 1. 1-49mm Hg. ○
○ 3. To Voice ○	○ 3. Inappropriate ○	○ 3. Flexion ○	○ 2. 6-9 Min. ○	○ 2. 50-75mm Hg ○
⊘ 4. Spontaneous ○	○ 4. Confused ○	○ 4. Withdrawal ○	○ 3. > 29 Min. ○	○ 3. 76-89mm Hg ○
	⊘ 5. Oriented ○	○ 5. Purposeful ○	⊘ 4. 10-29 Min ○	⊘ 4. > 89mm Hg ○
		⊘ 6. Obey Cmnd ○		

INITIAL (Init) GLASGOW COMA SCORE (A) (SUM CODES ABOVE)
○ 0. (3) ○ 1. (4-5) ○ 2. (6-8) ○ 3. (9-12) ⊘ 4. (13-15)

INITIAL TRAUMA CODE TOTAL (B) (SUM CODES ABOVE): 8

HOSPITAL ARRIVAL (Hosp) GLASGOW COMA SCORE
○ 0. (3) ○ 1. (4-5) ○ 2. (6-8) ○ 3. (9-12) ○ 4. (13-15)

HOSP ARRIVAL TRAUMA CODE TOTAL (B) (SUM CODES ABOVE)

ACCIDENT INFORMATION
○ 1. Airbag & Belt
○ 2. Lap/Shoulder Belt Only
○ 3. Airbag Only
○ 4. Lap Belt
○ 5. Helmet
○ 6. Infant/Child Seat
○ 7. None Used
○ 8. Improper Use
○ 9. Unknown

TRAUMA SCORE
INITIAL (A+B): 12
HOSPITAL (A+B):

MECH: MD TYPE: ○ Trauma ○ Suicide ○ Drug Use ○ In Shock ○ ETOH ○ Sepsis HOSPITAL DEPT.:

MEDICAL CONDITION UPON ARRIVAL ○ Non Cardiac
○ Suspected MI ○ Other Cardiac
○ Cardiac Arrest (Heart) ○ Respiratory Arrest (Non-Cardiac)
○ Cardiac Arrest (Other) ○ Pulmonary Edema (CHF)

CPR by SFD ○ Yes ○ No

CPR Prior to SFD arrival by: ○ Police ○ Bystander ○ Dispatch Assist ○ Unknown ○ Other ○ None

1. _____ ( ) _____
2. _____ ( ) _____

Patient in Cardiac Arrest ○ Yes ○ No Cardiac arrest after SFD arrival ○ Yes ○ No PAD ○ Yes ○ No Implant Defib. ○ Yes ○ No

	Yes	No
AED Applied	○	○
AED Shock Prior to medic arrival	○	○

First Arrest rhythm: ○ VF ○ Aystole ○ PEA ○ V Tach ○ Unknown ○ DOA

Arrest seen or heard? ○ Yes ○ No ○ Unk. Name: _____

ACTION TAKEN

- ○ Treatment Refused (Signature Required)
- ○ Special Service
- ○ Exam Only, No Aid
- ○ Medical Assistance
- ○ POLST/DNR
- ⊘ PT Exam
- ○ Oxygen
- ○ Wound/Burn Care
- ○ Psychological
- ○ Rescue/Extrication
- ○ Splint/Reduction
- ○ ECG Monitor
- 1. ○ Peripheral IV
- 2. ○ Central IV
- 3. ○ I.O. IV
- 4. ○ I.C. Injection
- 5. ○ Intubation
- 6. ○ I-gel S.A.M.D.
- 7. ○ Eschmann Stylet
- 8 ○ Jet Insufflation
- 9. ○ Cricothyrotomy
- 10. ○ Cardioversion
- 11. ○ External Pacing
- 12. ○ Flutter Valve
- 13. ○ Medication
- 14. ○ Adenosine
- 15. ○ Diltiazem
- 16. ○ Morphine
- 17 ○ Diazepam
- 18. ○ Midazolam
- 19. ○ Etomidate
- 20. ○ Succinylcholine
- 21. ○ Rocuronium
- 22. ○ Phenobarbital

PROC #	EMS #	PROC #	EMS #

	UNIT ID	ASSIGNED	ARRIVED	TRANSPORT	TRANS. COMP	COMPLETE
BLS	E15	:	:	:	:	:
ALS		:	:	:	:	:

TRANSPORT To: ZO By: 51

CONDITION: Alive Dead — Ariv: ⊘ ○ Rel: ⊘ ○

1ST EMS RESPONDER ⊘ SFD ○ Mutual Aid ○ Other ○ AMB ○ ALNW ○ Hosp/MD

152

F20b - Rev 11/11

12/07/2012 09:28 51

INCIDENT NUMBER	PT.#	DR. CONTACTED BY:	TIME DR. CONTACTED	NAME OF DOCTOR
		○ Phone ○ Radio ○ Direct	:	1. 2.

8037015

TIME:										
GCS										
PULSE RATE										
BLOOD PRESSURE										
RESPIRATION										
RHYTHM										
EKG RATE										

IV Site ○ Arm ○ Int. Jug. ○ Ext. Jug. ○ Subclv. ○ Other | IV Gauge | #1 | #2 | Fluid / Amount | / ml | / ml

ALLERGIES: ☒ Yes ○ No

MEDICATIONS: ☒ Yes ○ No Poly- HTN, blood thinners

HX- HTN, hearing aids - speak directly
Hip pins - old FX

SEPSIS ○ Y ☒ N
- ○ Hot to touch
- ○ HR > 90 bpm
- ○ RR > 20 bpm
- ○ HR > SBP

CVA Onset :
- ○ Facial Droop
- ○ Arm Drift
- ○ Speech

CHEST PAIN Onset :
- ○ 12 Lead done
- ○ 12 Lead Sent

88 F, enroute to 1000 appt @ UW Hall Health

STH- Slow fall to ground in apt (slid down wall), crawled to couch to stand, did not want to go to E.D. ↑ pn since then - thus appt.

GCS-15, hard of hearing Pupils M= Skin W/D Distal neuro-motor =
BP-134/80 PR-68 RR-14 Pain mumt.

S.U. Stable V.S.

BSI, PE. → AMB to ED @ UW.

I have read and understand the refusal statement X

Medic Personnel	Signature of Person in Charge	SFD ID#
1.	Lt KDP ES/09	1485
2.		

○ Student:

152

PATIENT

12/07/2012 09:39 15

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here Qualis Health at 1-877-290-4346.

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
    - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
    - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call (206) 598-4310

Please sign and date here to show you received this notice and understand your rights.

Jeanne L Hoffman — 12/6/12

Signature of Patient or Representative — Date/Time

CMS-R-193 (approved 05/07)

PT.NO U8170135 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276 RES:
DOB

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 1 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

12/07/2012 09:25 16

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:
    Qualis Health
    1-877-290-4346
  - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - Ask the hospital if you need help contacting the QIO.
  - The name of this hospital is:

☐ HMC: Medicare Provider Number: ☐ 50-0064 (acute care) ☐ 50-S064 (psych) ☐ 50-T064 (rehab)
☐ UWMC:Medicare Provider Number: ☐ 50-0008 (acute care) ☐ 50-S008 (psych) ☐ 50-T008 (rehab)

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Additional Information:

Print Physician Name:_____NPI: ☐ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

PT.NO U8170135 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOB DOS:12/6/2012 RES:
Enc:1760547276

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 2 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

12/07/2012 09:25 37

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
Jeanne L Hoffman		

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☐ ADULT CHILD ☐ ADULT BROTHER/SISTER

PT NO
U8170135 BD:1/6/1925 87YF
HOFFMAN
NAME JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276
D RES:

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV DEC 10

WHITE – MEDICAL RECORD
YELLOW - PATIENT

12/07/2012 09:25

Patient Information for UW Medicine Inpatient Facility Directory

Inclusion in the Inpatient Facility Directory
Please Read this Statement Carefully

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

☒ **YES, please include me in the Inpatient Facility Directory**

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

has informed me that that my name, location, and general health condition will be included in its inpatient facility directory. This information will be made available to people who ask for me by name such as my relatives, friends, and fellow employees.

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

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

☐ **NO, please do not include me in the Inpatient Facility Directory**

I do not want my name, location and general health condition included in the UW Medicine entity's Inpatient Facility Directory. **If this is my choice, I understand it is my responsibility to notify family and friends of my location and phone number if I wish them to contact me. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items (for example, flowers and gifts) addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Reason:_____

Contact:_____

Phone:_____

Date	Signature (Patient or Person Authorized to Give Authorization)
	X Jeanne S. Hoffman
If Signed by Person Other than Patient, provide: Reason, Relationship to patient, and their Desciption of Authority	

PT.NO U8170135 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276 RES:
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center - University of Washington Physicians
Seattle, Washington

PT INFORMATION FOR UW MEDICINE INPT DIRECTORY

U1868

UH1868 REV FEB 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

12/07/2012 09:25

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital &Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), , Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA each bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services.

Signature (Patient or Person Authorized to Give Authorization)	Date
X Jeanne L Hoffman	

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child ☐ 3. Parent(s)

PT.NO

U8170135 BD:1/6/1925 87YF
HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276 RES:

NAME

DOB

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV APR 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here Qualis Health at 1-877-290-4346.

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
  - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
  - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call 2067449535

Please sign and date here to show you received this notice and understand your rights.

UNABLE TO SIGN

Signature of Patient or Representative

Date/Time

CMS-R-193 (approved 05/07)

PT.NO H0571976 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012
DOB Enc:1760571704 RES:

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

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 1 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

12/07/201211:51 23

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:
    Qualis Health
    1-877-290-4346
  - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - Ask the hospital if you need help contacting the QIO.
  - The name of this hospital is:
    ☒ HMC: Medicare Provider Number: ☒ 50-0064 (acute care) ☐ 50-S064 (psych) ☐ 50-T064 (rehab)
    ☐ UWMC:Medicare Provider Number: ☐ 50-0008 (acute care) ☐ 50-S008 (psych) ☐ 50-T008 (rehab)
- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
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- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Additional Information:

Print Physician Name: JAMES, JOCELYN NPI: ☒ HMC 1053359729 ☐ UWMC 1326002049

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PT.NO H0571976 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012
Enc:1760571704 RES:
DOB

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

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 2 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

12/07/201211:51 32

ADVANCE DIRECTIVE FLOWSHEET

Admitting Personnel

Documentation	Date	Signature
☐ Patient Rights and Advance Directive information given.		
☐ Yes, patient has Advance Directive ☐ Living Will ☐ Durable Power of Attorney ☐ EMS – No CPR ☐ Mental Health Advance Directive		
☐ Copy of Advance Directive with admission paperwork		
☒ No, patient does not have an Advance Directive	12/7/12	
☐ Patient unresponsive/incapacitated ☐ Family/Significant Other given patient rights/Advance Directive information. ☐ Family/Significant Other unknown or unavailable		
☐ Patient is non-English speaking and no interpreter available		

DOCUMENTATION:

PT.NO: H0571976 BD:1/6/1925 87YF
NAME: HOFFMAN JEANNE LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012
Enc:1760571704 RES:
DOS

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
ADVANCE DIRECTIVE FLOWSHEET

"H1100"

WHITE – MEDICAL RECORD

HMC1100 REV OCT 05

12/07/2012 12:53 64

CERTIFICATION FOR PATIENT TRANSFER

THIS HOSPITAL IS REQUIRED BY FEDERAL LAW TO PROVIDE ANY PERSON PRESENTING FOR MEDICAL TREATMENT WITH A MEDICAL SCREENING EXAMINATION TO DETERMINE WHETHER AN EMERGENCY MEDICAL CONDITION EXISTS AND TO PROVIDE NECESSARY STABILIZING CARE WITHIN ITS CAPABILITIES FOR EMERGENCY MEDICAL CONDITIONS WITHOUT REGARD TO A PATIENT'S MEANS OR ABILITY TO PAY.

PHYSICIAN

① REASON FOR TRANSFER

- [x] For services not available here (e.g. pediatric, OB, hyperbaric, court-ordered, lack of capacity, etc)
- [ ] Patient or family request
- [ ] Other (specify): _____

② RECEIVING FACILITY ACCEPTANCE

Facility has been contacted, has capability to care for patient, and has agreed to accept and provide care to patient.

Name of Facility: HMC
Location within facility: ED
M.D. Accepting care: Dr Thomas
Receiving facility called by:

- [ ] HMC staff: _____
- [x] UWMC staff: _____
- [ ] County Designated Mental Health Professional

③ RISKS OF TRANSFER

In addition to risks present in all transfers, such as traffic delay, accidents, deterioration or worsening of condition en route, pain or discomfort during transport, specific risks for this patient include:

Pt is a fall risk and has an INR of 6.2. Pt has a T3-5 compression fx TLSO Brace in place

Risks of refusal of transfer include worsening of condition if patient remains here; failure to obtain necessary services; (other) _____

④ BENEFITS OF TRANSFER

- [ ] Receipt of services not available here
- [ ] Other medical benefits (specify): Hosp full unable to admit.

⑤ MODE/SUPPORT/TREATMENT DURING TRANSFER

- [x] Basic Life Support (agency:_____)
- [ ] Advanced Life Support (circle one: Medic One; AMR, other:_____)
- [ ] Other (specify:_____)

SUPPORT/TREATMENT DURING TRANSFER

- [ ] Restraints (new order/continue CTU order)
- [x] IV _____ [ ] Cardiac monitor
- [ ] O_2 [ ] Pulse Oximeter
- [ ] Other (specify:_____)

⑥ PATIENT CONDITION

The patient has been examined and any emergency medical condition identified has been treated within the capabilities of the hospital.

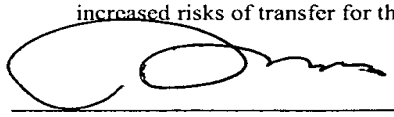
(check one box)

- [x] A. No material deterioration of this patient's condition is likely to result from, or occur during transfer.

OR

- [ ] B. The patient may be at risk for deterioration from or during transport.

Based upon my examination of the patient and the information available to me at the time of transfer, I certify that the benefits from transfer and reasonably anticipated care at the receiving facility outweigh any increased risks of transfer for this patient.



Signature of Attending 10/6/2012 **Date/Time**

Print Name: T. van der Vlugt

LABEL

U8170135 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760547276 RES:
DOB

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

CERTIFICATION FOR PATIENT TRANSFER TO ACUTE CARE / ALTERNATE FACILITY (PG 1 OF 2)

U2095

WHITE – MEDICAL RECORD
CANARY – TRANSFERS WITH PATIENT

UH2095 REV OCT 09

12/07/2012 12:53 65

CERTIFICATION FOR PATIENT TRANSFER

NURSING

TO BE COMPLETED BY NURSING

Medical records and other documents sent
☒ with patient ☐ via fax ☐ other_____

Vitals prior to transfer: time 2308
Pulse: 78 Temp: _____ R: 18 BP: 156/70
Pain scale 1-10 (high): 10
Report given to: Hawkwein (name) ED (dept.)
Time of transfer: 2310

12/6/12 2310
Nurse's Signature Date/Time

PATIENT

TO BE COMPLETED BY PATIENT

☒ I CONSENT to transfer to another facility. My physician has explained the risks and benefits of this transfer and his/her opinion that the potential benefits to me outweigh the risks.

OR

☐ I REFUSE transfer. My physician has explained the risks and benefits of this transfer and his/her opinion that the potential benefits to me outweigh the risks. I refuse transfer because:_____

The patient or patient representative refused transfer/treatment after being fully informed of the medical risks/benefits of the proposed transfer/treatment including the effect of nontreatment for the medical condition.

Jeanne L. Hoffman
Patient/Patient Representative Signature & Date
☐ Parent ☐ Guardian
☐ Spouse/Registered Domestic Partner
☐ Healthcare Power of Attorney

Other Notes:

PT.NO U8170135 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
U EMERGENCY DEPARTMENT
DOS:12/6/2012
DOB Enc:1760547276 RES:

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

CERTIFICATION FOR PATIENT TRANSFER TO ACUTE CARE / ALTERNATE FACILITY (PG 2 OF 2)

U2096

UH2096 REV OCT 07

WHITE – MEDICAL RECORD
CANARY – TRANSFERS WITH PATIENT

12/07/201212:35 5

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

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- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

unable to obtain

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☐ ADULT CHILD ☐ ADULT BROTHER/SISTER

PT
H0571976 BD:1/6/1925 87YF
HOFFMAN
NA JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760571704 RES:
DC

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV DEC 10

WHITE – MEDICAL RECORD
YELLOW - PATIENT

12/07/201212:35 6

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital &Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), , Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
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9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA each bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
- UW Medicine requests and, if I provide it, will use my Social Security Number to facilitate access to any potential federal or state health care benefits, to verify my identity, or to facilitate discharge planning. Providing my Social Security Number is voluntary except when applying for state and federal health care benefits.
- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

Statement to Permit Payment of Medicare or Insurance Benefits to Provider

I request payment of authorized Medicare or insurance benefits for any services furnished to me by UW Medicine, SOD, CUMG, and/or SCCA. I authorize any holder of medical and other information about me to release to Medicare [and its agents] or other insurance providers any information needed to determine these benefits for related services. unable to obtain

Signature (Patient or Person Authorized to Give Authorization)	Date

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child ☐ 3. Parent(s)

PT.NO H0571976 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760571704 RES:
DOB

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV APR 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

12/07/201212:55 7

Notice of Privacy Practices Acknowledgment

The Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers brochure describes how medical information about you may be used and disclosed, how you can get access to this information, and who to contact if you have questions, concerns or complaints.

We have a responsibility to protect the privacy of your information, provide a Notice of Privacy Practices, and follow the information practices that are described in this notice. If you have any questions, please contact: UW Medicine Privacy Office **1-866-964-7744**.

Please do not write comments on this form, refer to the "Your Individual Rights About Patient Health Information."

We may change our policies at any time. Any significant policy change will be posted. You may request a copy of this notice from the UW Medicine Privacy Office 866-964-7744, or at www.uwmedicine.org

By signing below, I agree that I have received the Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers. unable to obtain

SIGNATURE (PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)	DATE

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

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

FOR OFFICE USE ONLY: REMARKS for the UW Medicine Notice of Privacy Practices:
(This section below is to be filled out by UW Medicine staff only)

We are unable to obtain acknowledgment from this individual at this time, but immediate treatment is needed for the following reason(s):

☐ *Emergency Treatment Situation*
☐ *Incarcerated Patient*
☐ *Patient refuses to sign*
☐ *Patient unable to sign*

PT.NO
H0571976 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760571704 RES:
DOB

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

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

U2045

UH2045 REV MAY12

WHITE – MEDICAL RECORD
YELLOW - PATIENT

12/07/201212:35 8

University of Washington Medical Center
JEANNE L HOFFMAN U8170135
Sex: Female Age: 87
UWPN MR# N3927850
HMC MR# H0571976
UWPN MR# Z5010810 - cancelled

911

User Config	Health Links	Epic-Web	Help	Email Feed-back

Demographics	Problems	Medications	Allergies	Providers	Lab	Visits	Transcripts	Radiology	Pathology
Cardiology	Vascular	Reminders	Immuniz	Procedures	Findings	Perinatal	Summarize	MDS	Coverage
Appts									

Patient has REMINDERS DUE. ☑ [view]

Patient Coverage for JEANNE HOFFMAN U8170135

Sex: Female
Age: 87 years
Born: 06-Jan-1925
SSN: ###-##-4736
Language: ENGLISH

Patient Address:
245 HIGH SCHOOL RD NW
UNIT 2
BAINBRIDGE ISLAND, WA 98110 USA
Home Principal Phone:(206) 855-0815

Patient Contacts:

Role	Name	Rel to pat	Phone
Emergency Contact	LOUIS HOFFMAN	Son	(206)842-7294
Employer	RETIRED		
Legal Next of Kin	DOUGLAS HOFFMAN	Son	(206)842-8360

Current inpatient **Unit:U ED** **Room:WAITR** **Bed:01** **Start of stay: 06-Dec-2012**

Coverage data on record at UW Medical Center click here to see coverage data at Harborview Medical Center (if any)

Payor	Plan / Group / Policy / Eff	Subscriber	Guarantor Accounts
MEDICARE PO BOX 6700 FARGO, ND 58108 (877)908-8431	**Plan:** MEDICARE PART A AND B **Group Nbr:** A&B **Group Name:** none **Policy:** 131149826D6 **Eff From:** 11-Mar-2002 **Eff to:** open	JEANNE LEONIE HOFFMAN (Self) 245 HIGH SCHOOL RD NW UNIT 2 BAINBRIDGE ISLAND, WA 98110 Born: 06-Jan-1925 Employer: RETIRED	priority #1 in Personal/Family priority #1 in Personal/Family
Payor WA MEDICAID	**Plan:** CNP MCAID **Group Nbr:** 018A03181555 **Group Name:** none **Policy:** 100675002WA **Eff From:** 01-Oct-2006 **Eff to:** *open*	**Subscriber** HOFFMAN (Self)	**Guarantor Accounts** priority #2 in Personal/Family priority #2 in Personal/Family

Dr. Sandra Walker

2.1.82 AzB

1.1.9 Silverscript

H0571976 BD:1/6/1925 87YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/6/2012
Enc:1760571704 RES:

H8003
Outside Records – General

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here Qualis Health at 1-877-290-4346.

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
    - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
    - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call 2067449535

Please sign and date here to show you received this notice and understand your rights.

Jeanne L Hoffman
Signature of Patient or Representative

Date/Time

CMS-R-193 (approved 05/07)

PT.NO 10571976 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
DOS:12/7/2012
Enc:1760571704 JAMES, JOCELYN ROSE
RES:
DOB

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

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 1 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:
    Qualis Health
    1-877-290-4346
  - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - Ask the hospital if you need help contacting the QIO.
  - The name of this hospital is:

☐ HMC: Medicare Provider Number: ☐ 50-0064 (acute care) ☐ 50-S064 (psych) ☐ 50-T064 (rehab)
☑ UWMC:Medicare Provider Number: ☐ 50-0008 (acute care) ☐ 50-S008 (psych) ☐ 50-T008 (rehab)

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Additional Information:

Print Physician Name: James S NPI: ☐ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

PT.NO 10571976 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
I 3E
DOS:12/7/2012 JAMES, JOCELYN ROSE
Enc:1760571704 RES:
DOB

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

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 2 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

12/10/2012 11:53 1

HARBORVIEW MEDICAL CENTER
UW Medicine

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

Harborview Medical Center (HMC) staff respects and promotes the rights of all patients. Patients should expect that efforts are taken to promote a safe and secure environment. HMC will make reasonable efforts to safeguard the personal property of patients, however property is generally the responsibility of patients and their families and HMC cannot guarantee the security of personal property. To minimize potential harm to personal property including loss, misplaced, stolen or damaged items, the following practices will be observed:

HMC has two choices for storing personal property of patients during hospitalization:	1	**One choice is placing items in the HMC "Valuables and Property Storage System". This choice involves HMC placing valuables (examples: watch, jewelry, dentures, glasses) or property into a secure area. This "Valuables and Property Storage System" utilizes a witnessed (2 person) property check-in process. It is generally for nonessential items and access to this may be limited by hours of operation.**
	2	**Another choice for storing property is in the patient's room. The patient is generally responsible for these items and these items are generally accessible to the patient. HMC will provide limited locked storage spaces for patient storage of personal property in the hospital room during hospitalization.**

- Patients are strongly encouraged to leave and/or send all nonessential belongings and valuables home.
- Biohazards or severely damaged clothing are generally discarded immediately unless required for forensic evidence. (Biohazards means: clothing or other items are contaminated in the judgment of medical staff and presents a health risk.)
- HMC will dispose of unclaimed patient belongings as allowed by law after proper notice and time period for retrieval of items. When patient belongings are not claimed after 30 days, notice will be given and if such property remains unclaimed for an additional 60 days then it shall be disposed of as allowed by law.
- Further information about HMC's property policies and procedures will be provided as needed or requested to the patient or patient's authorized representative.

Patient's Personal Property Liability Agreement

I, the undersigned, have read or have been informed about the above policy. I/patient understand that I/patient am responsible for all property brought to Harborview Medical Center. I/patient understand that the hospital recommends all nonessential items be left at home or be sent home with family or friends.

I/patient understand that the hospital provides a "Valuable and Property Storage System" for important personal property and that access to this area may be limited by hours of operation.

I/patient agree to hold the hospital and it's employees harmless from liability for my/patient's property if it is lost, misplaced, stolen or damaged when such property is not placed in the "Valuable and Property Storage System" or otherwise under the direct control of the hospital. I/patient further acknowledge the potential harm to property maintained by the hospital due to circumstances beyond the hospital's control (e.g. fire, earthquake) and hereby release the hospital from any liability in such circumstances.

Signature of Patient Jeanne L Hoffman Date 12-8-12

Signature of Patient's Authorized Representative _____ Date _____

Signature of Witness _____ Date _____

PT. NO.

NAME H0571976 BD:1/6/1925 87YF
HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012
Enc:1760571704 RES:

DOB

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

PATIENT PROPERTY NOTICE, WAIVER AND ASSUMPTION OF RISK

H1104

HMC1104 REV DEC 05

Patient Information for UW Medicine Inpatient Facility Directory

Inclusion in the Inpatient Facility Directory
Please Read this Statement Carefully

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

☑ **YES, please include me in the Inpatient Facility Directory**

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

has informed me that that my name, location, and general health condition will be included in its inpatient facility directory. This information will be made available to people who ask for me by name such as my relatives, friends, and fellow employees.

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

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

☐ **NO, please do not include me in the Inpatient Facility Directory**

I do not want my name, location and general health condition included in the UW Medicine entity's Inpatient Facility Directory. **If this is my choice, I understand it is my responsibility to notify family and friends of my location and phone number if I wish them to contact me. I also understand that by choosing not to be in the directory, UW Medicine will be unable to deliver items (for example, flowers and gifts) addressed to me.**

For Staff Use Only

☐ **ADMIN OPT-OUT:** Reason:_____

Contact:_____

Phone:_____

Date	Signature (Patient or Person Authorized to Give Authorization)
12-6-12	Jeanne L Hoffman

If Signed by Person Other than Patient, provide: Reason, Relationship to patient, and their Desciption of Authority

PT.NO

H0571976 BD:1/6/1925 87YF

NAME HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012

DOB Enc:1760571704 RES:

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center - University of Washington Physicians
Seattle, Washington

PT INFORMATION FOR UW MEDICINE INPT DIRECTORY

U1868

UH1868 REV FEB 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

12/10/201211:53 R

Financial Agreement & Consent for Disclosure

By signing below, I agree:

1. That Harborview Medical Center and Clinics (HMC), Northwest Hospital &Medical Center and Clinics (NWH), University of Washington Medical Center and Clinics (UWMC), Valley Medical Center and Clinics (VMC), UW Medicine Neighborhood Clinics (UWNC), UW Medicine Sports Medicine Clinic (UW Sports Med), , Hall Health Primary Care Center (HHPCC), and University of Washington Physicians (UWP) (collectively known as "UW Medicine"), University of Washington School of Dentistry (SOD), Children's University Medical Group (CUMG) and Seattle Cancer Care Alliance (SCCA) may share any financial information I provide to facilitate payment.
2. To pay UW Medicine, SOD, CUMG and/or SCCA for balances remaining after insurance benefits are paid, unless prohibited by law or contract.
3. To notify UW Medicine, SOD, CUMG and/or SCCA of changes to my insurance coverage and/or address.
4. That UW Medicine, SOD, CUMG and/or SCCA may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should my account become delinquent.
5. To notify UW Medicine, SOD, CUMG, and/or SCCA if I am not able to pay my balance due within 30 days of receipt.
6. To apply to other financial programs that I may qualify for as requested by UW Medicine, SOD, CUMG and/or SCCA, should I be unable to pay my account.
7. That any lawsuit for collection of my account may be brought in King County, Washington.
8. To receiving information related to treatment, payment or health care operations, including receiving autodialed and prerecorded message calls and/or text messages, at any number I have provided or, if not current, to any number I am reasonably found to be associated with.
9. That UW Medicine may, at its discretion, disclose to appropriate parties my medical records or information from my records for treatment, payment and health care operation purposes.

I understand that:

- Each UW Medicine entity, SOD, CUMG, and/or SCCA each bill separately for their services.
- Patients who receive outpatient services at UWMC or HMC sites generally receive two bills: one bill from the physician or other provider (for the costs of the professional services) and one bill from the hospital (for the facility costs, i.e. building, equipment, supplies, staff time). Each of these bills may incur a co-payment or co-insurance responsibility, depending on my insurance coverage. The exact amount of the co-insurance or co-payment will depend upon the actual services provided and the coverage provisions of any insurance I have. At my request, clinic staff will provide me with an estimate of the billed charges for outpatient services I am likely to receive.
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- My Consumer Credit Report information may be accessed for the following reasons: to make determination of available financial assistance, assistance in managing the payment process, or if I report that my identity has been stolen.

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Signature (Patient or Person Authorized to Give Authorization)	Date
Jeanne L Hoffman	12/8/12

If Signed by Person Other than Patient, Check Relationship to Patient:

☐ 1. Guardian ☐ 2. Durable Power of Attorney for Health Care ☐ 3. Spouse/registered domestic partner
☐ 4. Adult Child(ren) ☐ 5. Parent(s) ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

☐ 1. Guardian/legal custodian ☐ 2. Court-authorized person for child ☐ 3. Parent(s)

PT.NO H0571976

NAME HOFFMAN JEANNE LEONIE

DOB BD:1/6/1925 87YF

H EMERGENCY DEPARTMENT
DOS:12/7/2012
Enc:1760571704 RES:

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

FINANCIAL AGREEMENT & CONSENT FOR DISCLOSURE

U1865

UH1865 REV APR 12

WHITE – MEDICAL RECORD
CANARY – PATIENT

12/10/201211:53 19

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By signing below, I agree that I have received the Joint Notice of Privacy Practices of UW Medicine and Certain Other Providers.

SIGNATURE (PATIENT OR PERSON AUTHORIZED TO GIVE AUTHORIZATION)	DATE
Jeanne L Hoffman	12-6-12

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

- ☐ 1. Guardian
- ☐ 2. Durable Power of Attorney for Health Care
- ☐ 3. Spouse/registered domestic partner
- ☐ 4. Adult Child(ren)
- ☐ 5. Parent(s)
- ☐ 6. Adult Brother(s)/Sister(s)

FOR MINOR PATIENTS:

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

FOR OFFICE USE ONLY: REMARKS for the UW Medicine Notice of Privacy Practices:
(This section below is to be filled out by UW Medicine staff only)

We are unable to obtain acknowledgment from this individual at this time, but immediate treatment is needed for the following reason(s):

- ☐ *Emergency Treatment Situation*
- ☐ *Incarcerated Patient*
- ☐ *Patient refuses to sign*
- ☐ *Patient unable to sign*

PT.NO H0571976 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012
DOB Enc:1760571704 RES:

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

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT

U2045

UH2045 REV MAY12

WHITE – MEDICAL RECORD
YELLOW - PATIENT

GS

12/10/2012 11:53 20

CARE AGREEMENT

This form contains facts you should know about your health care at UW Medicine and from Children's University Medical Group, University of Washington Dentists and Oral Surgeons, and Seattle Cancer Care Alliance. If there is any part of this form that is unclear you can ask questions about it. At the bottom of the form there is a place for you to sign your name so that we know you have read this form (or had it read to you) and agree to receive health care from us.

UW Medicine includes:

- Harborview Medical Center and Clinics
- Northwest Hospital & Medical Center and Clinics
- University of Washington Medical Center and Clinics
- Airlift Northwest
- UW Medicine Neighborhood Clinics
- UW Physicians Sports Medicine Clinic
- Hall Health Primary Care Center,
- Summit Cardiology, and
- UW Physicians

Your health care team consists of medical doctors, doctors in training (residents and fellows), nurses, other health care professionals, and students of the health sciences. They will work together to diagnose and treat you. You will have an attending physician. This is the doctor who has primary responsibility for your care.

Photographs, videotapes, or other images of you may be used to keep a record of your care and treatment (including surgery). These images may become part of your medical record.

SIGNATURE

By signing below, it shows that you have read this document and agree to receive health care from UW Medicine. If there is any part of this form that is unclear, be sure to ask questions about it.

SIGNATURE (Patient or person authorized to give authorization)	PRINT NAME	DATE
Jeanne L Hoffman		12/6/12

IF SIGNED BY PERSON OTHER THAN PATIENT, SPECIFY SURROGATE'S RELATIONSHIP TO PATIENT:

☐ GUARDIAN ☐ HEALTH CARE POWER OF ATTORNEY ☐ PARENT
☐ HUSBAND/WIFE ☐ ADULT CHILD ☐ ADULT BROTHER/SISTER

PT.NO H0571976 BD:1/6/1925 87YF
NA HOFFMAN
JEANNE
LEONIE
H EMERGENCY DEPARTMENT
DOS:12/7/2012
DOE Enc:1760571704 RES:

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
CARE AGREEMENT

U0051

UH0051 REV DEC 10

WHITE – MEDICAL RECORD
YELLOW - PATIENT

12/10/201212:18 7

HARBORVIEW MEDICAL CENTER
UW Medicine

12/7/2012 10:35 AM

This letter serves as notification of a billing change for services provided to you at Harborview Medical Center.

Per Medicare Condition of Participation regulations, Harborview Medical Center reviews all Medicare admissions to determine if the services provided qualify for Inpatient Billing, per Medicare guidelines. When the inpatient admission does not meet these guidelines, we must bill the services to Medicare Part B insurance rather than to Medicare Part A insurance.

Based on our review, we have determined the care you received would have been more appropriately delivered in an outpatient/observation setting rather than an Inpatient status. Thus, we will be billing your Medicare Part B insurance for these services to ensure compliance with Medicare regulations.

This letter is to inform you of the change in status and its impact on you. This hospital stay is covered under Medicare Part B. You will be responsible for all deductibles and co-pays incurred.

If you have any questions or concerns regarding your billing status please contact our Utilization Management Department at 744-9535.

Thank you,

Patient Access Services Department

I acknowledge receipt of a copy of this Medicare Notice of Status Change Letter.

Please Print Name:_____ Signature: UNABLE TO SIGN

Relationship to patient: _____

Attach Label

H0571976 BD:1/6/1925 87YF
HOFFMAN
JEANNE
LEONIE
H 3E
DOS:12/7/2012 JAMES, JOCELYN ROSE
Enc:1760571704 RES:

FC – Medicare Notice of Status Change 'B'

PD

E308-1

AN IMPORTANT MESSAGE FROM MEDICARE ABOUT YOUR RIGHTS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
OMB Approval No. 0938-0692

AS A HOSPITAL INPATIENT, YOU HAVE THE RIGHT TO:

- Receive Medicare covered services. This includes medically necessary hospital services and services you may need after you are discharged, if ordered by your doctor. You have a right to know about these services, who will pay for them, and where you can get them.
- Be involved in any decisions about your hospital stay, and know who will pay for it.
- Report any concerns you have about the quality of care you receive to the Quality Improvement Organization (QIO) listed here Qualis Health at 1-877-290-4346.

YOUR MEDICARE DISCHARGE RIGHTS

Planning For Your Discharge: During your hospital stay, the hospital staff will be working with you to prepare for your safe discharge and arrange for services you may need after you leave the hospital. When you no longer need inpatient hospital care, your doctor or the hospital staff will inform you of your planned discharge date.

If you think you are being discharged too soon:

- You can talk to the hospital staff, your doctor and your managed care plan (if you belong to one) about your concerns.
- You also have the right to an appeal, that is, a review of your case by a Quality Improvement Organization (QIO). The QIO is an outside reviewer hired by Medicare to look at your case to decide whether you are ready to leave the hospital.
    - **If you want to appeal, you must contact the QIO no later than your planned discharge date and before you leave the hospital.**
    - If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
- If you do not appeal, but decide to stay in the hospital past your planned discharge date, you may have to pay for any services you receive after that date.
- **Step by step instructions for calling the QIO and filing an appeal are on page 2.**

To speak with someone at the hospital about this notice, call 2067049535

Please sign and date here to show you received this notice and understand your rights.

Signature of Patient or Representative

12/10/12
Date/Time

CMS-R-193 (approved 05/07)

PT.NO 10571976 BD:1/6/1925 87YF
NAME HOFFMAN
JEANNE
LEONIE
DOB DOS:12/7/2012 JAMES, JOCELYN ROSE
Enc:1760571704 RES:

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

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 1 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK – PATIENT

12/10/2012 14:12

STEPS TO APPEAL YOUR DISCHARGE

- **STEP 1**: You must contact the QIO no later than your planned discharge date and before you leave the hospital. If you do this, you will not have to pay for the services you receive during the appeal (except for charges like copays and deductibles).
  - Here is the contact information for the QIO:
    Qualis Health
    1-877-290-4346
  - You can file a request for an appeal any day of the week. **Once you speak to someone or leave a message, your appeal has begun.**
  - Ask the hospital if you need help contacting the QIO.
  - The name of this hospital is:

☒ HMC: Medicare Provider Number: ☒ 50-0064 (acute care) ☐ 50-S064 (psych) ☐ 50-T064 (rehab)
☐ UWMC:Medicare Provider Number: ☐ 50-0008 (acute care) ☐ 50-S008 (psych) ☐ 50-T008 (rehab)

- **STEP 2**: You will receive a detailed notice from the hospital or your Medicare Advantage or other Medicare managed care plan (if you belong to one) that explains the reasons they think you are ready to be discharged.
- **STEP 3**: The QIO will ask for your opinion. You or your representative need to be available to speak with the QIO, if requested. You or your representative may give the QIO a written statement, but you are not required to do so.
- **STEP 4**: The QIO will review your medical records and other important information about your case.
- **STEP 5**: The QIO will notify you of its decision within 1 day after it receives all necessary information.
  - If the QIO finds that you are not ready to be discharged, Medicare will continue to cover your hospital services.
  - If the QIO finds you are ready to be discharged, Medicare will continue to cover your services until noon of the day after the QIO notifies you of its decision.

IF YOU MISS THE DEADLINE TO APPEAL, YOU HAVE OTHER APPEAL RIGHTS:

- You can still ask the QIO or your plan (if you belong to one) for a review of your case:
  - If you have Original Medicare: Call the QIO listed above.
  - If you belong to a Medicare Advantage Plan or other Medicare managed care plan: Call your plan.
- If you stay in the hospital, the hospital may charge you for any services you receive after your planned discharge date.

For more information, call 1-800-MEDICARE (1-800-633-4227), or TTY: 1-877-486-2048.

Additional Information:

Print Physician Name: JAMES, JOCELYN ROSE NPI: ☒ HMC 1053359729 ☐ UWMC 1326002049

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938- 0692. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

PT.NO 10571976 BD:1/6/1925 87YF
NAME HOFFMAN JEANNE LEONIE
3E
DOS:12/7/2012 JAMES, JOCELYN ROSE
Enc:1760571704 RES:
DOB

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

AN IMPORTANT MESSAGE FROM MEDICARE
PAGE 2 OF 2

U2445

UH2445 REV JUN 11

WHITE – MEDICAL RECORD
CANARY – HMC: FINANCIAL SVCS
UWMC: ADMITTING
PINK - PATIENT

12/10/201213:59 41

UW Medicine Transfer Center
Voice (206) 744-1950 Fax (206) 744-6167

Call Date/Time: 12/6/2012 6:46 PM
Transfer Center Representative: Shirley Giles
Patient Name: Hoffman, Jeanne

UWM MRN #: U8170135, N3927850, H0571976
Date of Birth: 1/6/1925
Age & Gender: 87/F
Patient Addr: 245 High School Rd Nw Unit 2
Bainbridge Island WA 98110
Patient Phone: Home: 206.855.0815 Work: 206.000.0000 PRN

Referring Hospital: University of Washington Medical Center, Seattle, WA
Referring Provider: WALKER, SANDRA KAY - ARNP
Reason for Transfer: No beds at referring hospital
Status: ED to ED
Mode of Transportation: Ground Transfer - Advanced Life Support
VPN Consult: No

Intended UWM Facility: Harborview Medical Center
ED Attending / Trauma MD: Fernandez, Rosemarie
1st Service Requested: Medicine
Attending Contacted: ABRASS, ITAMAR B - M.D.
2nd Service Requested: Medicine
Attending Contacted: THOMAS, BERNADETTE AMBROSE - M.D.

UWM Receiving Facility: Harborview Medical Center, Medicine
Encounter Number(CSN ID): 1760571704
Arrival Date & Time: 12/6/2012 11:47 PM
Admit Status: Patient admitted to Medicine service
Attending Physician: JAMES, JOCELYN ROSE - M.D.
Location: HMC 3 EH
Patient Condition: Stable
Area Phone: 206.744.3351 Fax 744.8518

Admitting Diagnosis: **Coagulopathy**
Diagnosis Description:

Patient Condition Alerts:

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
UW MED TRANS CNTR INDIVIDUAL PT WKSHT

U2903

12/10/201213:59 42

UW Medicine Transfer Center
Voice (206) 744-1950 Fax (206) 744-6167

Reason for Transfer:

Transfer Notes: S/P Mechanical Fall 1 wk ago- Transfer to NW Hospital Request. L3-5 Compression Fx withTLSO Brace. Pt is a fall risk with INR 6.2. Pt is on Coumadin for DVT. Has not received any medications. Lives with a son, son walks with a walker.
UWMC Red Status, Catagory 1, Med Capped.
NW Hospital Supervisor paged

** 12/06/2012 18:52:34 SLG **
NW Hospital Supervisor c/b TC, advises that there are no medicine beds at this time.
HMC Medicine ED attn:Dr Rosemarie Fernandez contacted and advised me to contact medicine service at this time since the pt has been evaluated at UWMC.
HMC Dr Itamar Abrass paged. Dr Abrass advised of above and does not know what service is now accepting pt's into HMC. He advised to have me contact his Resident, Dr Andrew Brookens. Dr Brookens paged.

** 12/06/2012 19:28:50 SLG **
HMC Dr Brookens c/b TC. He is working on trying to find the admitting medicine service at this time and will c/b TC when he has the information.

** 12/06/2012 19:47:40 SLG **
HMC ED Bernadette Thomas conf call connected with Sandra Walker ARNP. Dr Thomas accepted pt to Medicine service. Dr Fernandez updated on above. Pt will transfer to HMC ED.

** 12/06/2012 20:28:04 SLG **

Disposition Plan: Pt accepted to HMC ED by Dr Bernadette Thomas
UWMC Charge Nurse contacted and advised of above accepted MD. Chg Nurse Denise will call for transport.

** 12/06/2012 20:31:24 SLG **

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
UW MED TRANS CNTR INDIVIDUAL PT WKSHT

ADMIT DATE	ADMIT TIME	ADMITTING PHYSICIAN AND SERVICE
12/7/12		12/11/201220:47 I

ADMISSION DIAGNOSIS

DISCHARGE PROVIDER AND SERVICE: Pletcher med H/

DISCHARGE DIAGNOSIS:

Enter Discharge and Other Diagnosis affecting this hospitalization using **ORCA Discharge Readiness Tool**

SURGICAL PROCEDURES (Brief description – show dates)

0

APPOINTMENTS:

Enter Appointments using **ORCA Discharge Readiness Tool**

PATIENT CONTACT NUMBER:

PHONE _____

ADDRESS _____

_____

UNTIL DATE: _____

PATIENT DISCHARGE DISPOSITION

- ☒ 01- HOME OR SELF-CARE LIVING SITUATION-INDEPENDENT
- ☐ 06 - HOME WITH SKILLED HOME HEALTH CARE
  - ☐ RELATED TO INPATIENT STAY
  - ☐ NOT RELATED TO INPATIENT STAY
- ☐ 50 - HOME WITH HOSPICE CARE
- ☐ 03 - SKILLED NURSING FACILITY POST HOSPITAL EXTENDED CARE

I CERTIFY THAT A **CERTIFIED SKILLED BED** IS MEDICALLY NECESSARY AND RELATED TO CONTINUING CARE INITIATED ON THIS INPATIENT STAY

- ☐ 04 - Custodial/Supportive Care Facility or Assisted Living/Adult Care Home (non-certified bed)
- ☐ 62-Inpatient REHABILITATION HOSP
- ☐ 65- Inpatient PSYCHIATRIC HOSP
- ☐ OTHER HOSPITAL _____
- ☐ 21- Jail or Law Enforcement
- ☐ 63 – Transfer to Long Term Care Hospital LTCH
- ☐ 07- LEFT AGAINST MEDICAL ADVICE
- ☐ OTHER _____

FOLLOW UP LABS AND RADIOLOGY NEEDED _____

FAX RESULTS TO 206 744- _____

☐ **Patient weighs > 400 pounds** ☐ **Patient will be transported to clinic appt(s) on a stretcher**

DIET: ☐ Regular ☐ Other: Diabetic

☐ NPO ☐ Tube feeding: _____

PATIENT IS AT RISK FOR ☐ **FALLS** ☐ **aspiration** ☐ **pressure ulcers** ☐ **Diabetic foot ulcers** ☐ **OTHER :** ___

ORDERS/INSTRUCTIONS FOR PATIENT

☐ See Patient Discharge Instructions in ORCA

ACTIVITY: ☐ No restrictions ☐ Precautions:

RUE_____ RLE_____ LUE_____ LLE_____ Duration: _____

ROM Precautions: _____ Duration: _____

Other: _____

Ambulate c assistance Ambulate & TLSO

☐ Seizure Precautions: No Driving (See separate handout for other restrictions)

☐ Therapy Need at SNF or Home Health: _____ ☐ **PT**___ ☐ **OT** _____ ☐ ST

☐ Outpatient Rehabilitation Therapy Referral (Sign pre-printed orders)

CARE INSTRUCTIONS FOR PATIENT:

☐ General care and wound instructions: _____

_____

_____

☐ Home Oxygen Management : _____

OXYGEN VENDOR _____ **PHONE** _____

☒ **EQUIPMENT:** (BRACES, SPLINTS, TUBES) TLSO

PRIMARY LANGUAGE ~~Jeanette Bio~~ ☐ INTERPRETER NEEDED

☐ **CHECK WEIGHT DAILY; CALL MD FOR WEIGHT GAIN OF 2-5 POUNDS**

For **medical questions** please call the Discharge RN at (206) 744-DCRN or (206) 744-3276
For **appointment scheduling questions** please call the Patient Access Center at (206) 744-8845
For **medication refills** please call (206) 744-3218

PROVIDER SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
	Pletcher			12/10/12	1000

PT.NO H0571976 JAN 06, 1925 87Y F

NAME HOFFMAN
JEANNE
LEONIE
H-3E
DOS:12/06/12 JAMES, MD, JOCELYN ROS
Enc:1760571704 UPIN:#RES000

DOB

UW Medicine
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center - University of Washington Physicians
Seattle, Washington

FAXED

DISCHARGE ORDERS – CPOE

H2735

WHITE - MEDICAL RECORD
CARNARY- PATIENT

HMC2735 REV SEP 12

12/11/201220:43 2

U3104

Patient Discharge Instructions
Harborview Medical Center
325 9th Ave, Seattle WA 98104
206-744-3000

PERSON INFORMATION

Name: HOFFMAN, JEANNE LEONIE
MRN: H0571976
Gender: Female
Address: 245 HIGH SCHOOL RD NW BAINBRIDGE ISLAND WA 98110
Date of Birth: 01/06/1925
Age: 87 Years
Phone: 206 855-0815
Admit Dt/Tm: 12/06/2012 11:47 PM
Med Service: H Medicine Hospitalist 1
PCP: Neighbor Jr, MD, William E
PCP Phone: (206) 598-4055
Allergies: penicillin, sulfa drugs

Reason For Admit: Compression FX L3-L5, L 7th costal Fx, INR >6 at OSH

Discharge Diagnosis: Compression fracture

Medication List:

It is important to know what medicines you are taking.

- Update your list if your medicines or dosages change.
- Keep a list of your medicines with you. A good place to put your list is in your wallet or purse.
- Give all your health care providers a list of all the medicines you take including any vitamins, supplements, or medicines you bought without a prescription.

MEDICATIONS TO BE TAKEN AT HOME:

atorvastatin (Lipitor 40 mg oral tablet)	40 mg by mouth Daily
carbamazepine (Tegretol 200 mg oral tablet)	200 mg by mouth Three times daily
docusate sodium 250 mg oral capsule	250 mg by mouth Twice daily
ferrous sulfate 325 mg oral tablet	325 mg by mouth Daily
hydrochlorothiazide 25 mg oral tablet	25 mg by mouth Daily
metformin 500 mg oral tablet	500 mg by mouth Twice daily

methocarbamol 500 mg oral tablet	500 mg by mouth Every 6 hours as needed Muscle Spasm
oxycodone 5 mg oral tablet	5 mg by mouth Every 4 hours as needed for pain
ranitidine 75 mg oral tablet	75 mg by mouth Twice daily for 14 day(s) prn
warfarin 10 mg oral tablet	10 mg by mouth Monday, Wednesday, Friday and Sunday
warfarin 10 mg oral tablet	5 mg by mouth Tuesday, Thursday and Saturday

Comment:

Follow-up:

With:	Address:	When:
UWMC - Hall Health	4060 East Stevens Way, Univ. of WA Campus Seattle, WA 98195 (206) 616-2495 Business phone (1)	In 4 days 12/14/2012

Comments:

Per your PCP Dr William Neighbor, see in Friday Clinic

With:	Address:	When:
UW Roosevelt Orthopedics		In 25 weeks 06/03/2013

Comments:

follow-up lumbar compression fractures

Patient Instructions:

Belongings

Location of Valuables: With patient

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Location of Clothing:	With patient
Denture Disposition:	with belongings

Signs/Symptoms

Discharge - Call if Following S&S Appear:	Increased pain

Risk Factors

Discharge Risk Factors:	Do not drink alcohol. This includes beer, Proper diet and exercise will help condition or disease

Activity Instructions

Discharge Activity/Instructions:	Other: Ambulate with assistance

Nutrition Instructions

Discharge Special Diet Instructions:	ADA diet

PATIENT AND FAMILY EDUCATION

Body jacket (TLSO Thoracic Lumbar Sacral Orthotic)

Care Instructions

Your doctor has ordered you to wear the Body Jacket (TLSO - Thoracic Lumbar Sacral Orthotic brace). *It is very important that you do not remove your brace.* The brace will keep your back in proper position while it heals.

If you have any questions, please call our UW Medicine Prosthetic & Orthotic Services at **206-598-4026** or page them at 206-416-1172.
Please call if you have skin irritation or redness that doesn't go away in 15 minutes or if the brace doesn't meet at the sides.

General Information

Some of your movements will be restricted while wearing the brace.

- *It is important that you do not reach sideways and twist your body.*
- You will learn to bend at the hips and knees instead of your waist. If you brace "rides" upward while you are sitting, it is best to lie down on your back and re-tighten the strips. If the brace does not fit well, contact the Orthotic Clinic for adjustments.
- You should wear a snugly fitting undershirt under the Body Jacket. Sleeveless tank top shirts are easiest to put on. The undershirt protects your skin from being rubbed by the Body Jacket and absorbs sweat. Women may wear a bra if you like. It is best to wear one with a front clasp. Change your undershirt and bra daily.
- A large shirt is the easiest to wear over the Body Jacket. Wear your undershorts or underpants on top of the Body Jacket. It will make it easier to go to the toilet without taking off the Body Jacket.
- You will need to inspect the skin for areas of redness or sores when taking a bath or if there is a spot that is rubbing or pinching you. Any marks on your skin should go away within 15 to 20 minutes. A wrinkle in your undershirt may cause rubbing.

Bathing & Skin Care

When you are at home, you should shower or bathe with the Body Jacket on. After you shower or wash, you will need to change your undershirt and dry the Body Jacket.

You will need a second person to help you.

- Lie down in bed. Make your body straight.

- *The person helping you will* loosen the Velcro straps at your sides.
- Remove the front piece of the Body Jacket.
- Help you to logroll (turn in one piece) to one side using the back of the Body Jacket. To do this, you should bend your knees. Your assistant will reach under your knees with one hand and behind your shoulder with the other and slowly roll you to one side. *Keep your body as straight as possible.*
- Remove the back of the Body Jacket.

- Pull up the back of the undershirt as much as possible.
- Wash and dry the back.

- Logroll onto your back. *Keep your body as straight as possible.*
- Remove the undershirt. *Do not twist or turn.*
- Wash and dry the front.

- Put new undershirt on. Do not try to pull it down yet. *Do not twist or turn.*
- Dry off Body Jacket with towel or hair dryer set on "cool."

- Logroll (turn in one piece) to one side. *Keep your body as straight as possible.*
- Pull undershirt down in back. Do not leave any wrinkles.
- Place back half of Body Jacket on back. Be sure waistline of Body Jacket is just above pelvic bone (between your lower ribs and your hip)

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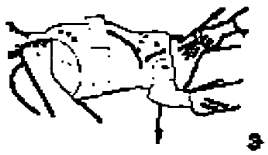
- Log roll on to your back having your assistant holding Body Jacket against your body. Be sure the back of the Body Jacket is centered on your body.
- Pull down undershirt in front. ***Do not leave any wrinkles.***



- Place front half of Body Jacket on front. Be sure waistline of Body Jacket is just above pelvic bone. Waistline of front and back of Body Jacket should meet
- The sides of the jacket should meet - if there is a gap, call the orthotist.
- Replace and tighten the lower Velcro strap on one side of Body Jacket. The front side of the Body Jacket should overlap the back. Be careful not to pinch the skin between the two pieces.
- Replace and tighten the upper Velcro strap on the same side.

- To replace the other straps pull undershirt on the un-Velcroed side diagonally, and down (toward the opposite foot). Replace and tighten the lower Velcro strap. Pull up and diagonally on undershirt (same side).
  Replace and tighten upper Velcro strap.

To Clean Inside of Body Jacket
Once a week use a soft cloth and wipe inside of Body Jacket with rubbing alcohol.

Harborview Medical Center
Published 11/2012
Reviewed 11/2012

Medical Questions
For MEDICAL QUESTIONS please call the Discharge RN at (206) 744-DCRN or (206) 744-3276.
For APPOINTMENT SCHEDULING QUESTIONS please call the Patient Access Center at (206) 744-8845.
For MEDICATION REFILLS please call (206) 744-3218.
For HEALTH INFORMATION CLASSES please call Patient Family Resource Center (206) 744-2000.
For questions regarding your bill please call (206) 744-3084.

Quit Smoking
Quitting smoking or other tobacco use is the most important thing a person can do for their health. If you or a family

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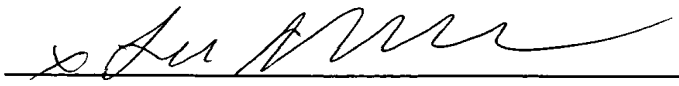
member smokes, call the National Tobacco Quitline toll-free at 1-800-QUIT-NOW (1-800-784-8669) & talk to your primary care provider (PCP).

Weight Monitoring
If you have heart failure, weigh yourself daily. Call your doctor if you have a weight gain of more than 2 pounds in 48 hours.

Patient/Caregiver Signature: 

12/11/201220:48

PATIENT DISCHARGE CHECK LIST

Check Yes or N/A	Discharge Questions	Staff Initials
☐ Yes ☐ N/A	Were you given clear discharge instructions including information regarding your discharge medications?	
☐ Yes ☐ N/A	Were you given your discharge medication reminder and how to contact us after discharge (enclosed in this package)?	
☒ Yes ☐ N/A	Did you receive clear instructions for wound care or other care that will continue after your discharge from the hospital? For Heart Failure include; Call 911 for unrelieved chest pain, Check weight daily Call MD if weight gain is 2-5 lbs, Call MD for shortness of breath.	CJ
☐ Yes ☒ N/A	Have you been given discharge activity instructions or handouts from the Physical or Occupational Therapist?	CJ
☐ Yes ☒ N/A	Have you received discharge outpatient referral forms such as Physical, Occupational or Speech Therapy?	CJ
☐ Yes ☒ N/A	Your Home Health Service _____ has been arranged for you by your Social Worker _____. The agency's phone number is (____) _____. Home Health will provide you with _____.	CJ
☒ Yes ☐ N/A	Your follow-up Clinic, Blood Draw or Test appointment: (X) Has been scheduled (details are enclosed in this package) ( ) You will be called to schedule your appointment ( ) You need to schedule a follow up appointment with _____ on date: ___ ___ ___	CJ
☒ Yes ☐ N/A	Do you have the supplies and/or equipment that you need for home use?	CJ
☒ Yes ☐ N/A	Were all of your belongings and clothing brought to you?	CJ
☐ Yes ☒ N/A	Do you have property in the Admitting Office Safe?	CJ
☒ Yes ☐ N/A	Have we answered all of your questions?	CJ

If patient is discharged to an Alternate Home Setting; Name of AHS _____

AHS Phone Number _____ Report given to (name) _____

Please stop at the Discharge Desk in Admitting (Ground West Hospital) before leaving the hospital to pick up your valuables and complete check out.

The nurse caring for you today is Colleen. S/he will be working until 7:30pm today.

If you have questions until that time, please call us at (206) 744-3351.

After that time, please call the Discharge Nurse at (206) 744-DCRN (744-3276).
The Discharge Nurse is available 24 hours a day 7 days a week.

*For **appointment scheduling questions** please call the Patient Access Center at (206) 744-8845*

May we call to check in with you after discharge? ☒ Yes ☐ NO, if yes phone (206) 855-0815

Patient or representative signature	Print Name	Date	Time
[signature]	Leonie Hoffman	12/11/12	

PT.NO H0571976 JAN 06, 1925 87Y F
NAME HOFFMAN
JEANNE
LEONIE
H-3E
DOS:12/06/12 JAMES, MD, JOCELYN ROS
Enc:1760571704 UPIN:#RES000
DOB

UW Medicine Health Systems
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington
PATIENT DISCHARGE CHECKLIST

H2256

WHITE – MEDICAL RECORD
CANARY - PATIENT

HMC2256 REV FEB 11

12/16/2012 17:53

45

UWMC General Outside Correspondence Cover Sheet

NOTE:
This Cover Sheet is used to identify and index general, non-legal or non-administratively oriented, outside correspondence for a specific patient for scanning into and retrieval from the ORCA version of the medical record. Once scanned these documents are not available in the paper physical record

Check one item only for each submission.
Use a separate Correspondence Cover Sheet for each type of document, and for each patient.

UWMC Date of Service (Encounter Date) to attach documents to *if different than attached EPIC label*: _____
Received/Submitted by:
(Legibly print your name) _____

General Outside Medical Correspondence

Includes medical documentation (except Legal/Admin) to/from any of the following organizations and categories:

(Records may contain the following information)

- ☐ **Seattle Children's**
- ☐ **All Other Medical Organizations**
  (Including VNS or allied professionals as well as facilities)
- ☐ **Letters, Except those from attorneys**
  (Includes all letters from insurance companies, patients, and attending physician statements, etc.)
- ☐ ***Ambulance Record***
- ☐ ***Outside Discharge Summary***
- ☐ ***Outside Lab/Pathology***
- ☐ ***Outside Operative Report***
- ☐ ***Outside Pharmacy Records***
- ☐ ***Outside Radiology***
- ☐ ***Outside Referrals***
- ☒ ***Outside Records – General***

- ☐ ***Patient Related Special Handling PHI***

PT NO U-8-17-01-35

NAME Hoffman, Jeanne

Jeanne

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
UWMC GENERAL CORRESPONDENCE COVER

U2410

UH2410 REV NOV 09

Fax Cover Sheet

UW Physicians
UW Medicine
PO Box 50095
Seattle WA 98145-5095

To:	Hall Health	From:	Complex Appointing Team
Company:	UWMC	Phone:	206-520-5060
Fax:	206-616-4683	Fax:	206-520-3286
Phone:			

Comments:

Hospital follow up:

Hall Health in 4 days

UW Roosevelty Orthopedic: in 25 weeks

RECEIVED
DEC 10 2012
HALL HEALTH DATA SERVICES

RECEIVED
DEC 10 2012
UW MEDICAL CENTER
HIM - SANDPOINT

IMPORTANT WARNING: This facsimile is a confidential communication and is transmitted for the exclusive use of the person or entity to which it is addressed. If you are not the intended recipient you are hereby notified that any disclosure, copying or distribution of this information is STRICTLY prohibited. If you have received this facsimile communication in error, please notify us immediately by telephone and mail the communication to us at our address printed in the top left-hand corner of this form or destroy this facsimile.

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Date & time of transmission: Monday, December 10, 2012 10:41:40 AM
Number of pages including this coversheet: 02

Received Time Dec. 10. 2012 12:46PM No. 6937

UW Medicine
COMPLIANCE

PP-08 Attachment H
Rev. 02/17/2010

Release of Information Coordination and Action Form

Date 12/10/12

Dear ROI Service Area Staff:

Attached is a copy of the R.O.I. request for
Patient Name: Jeanne Hoffman Mother over patient or Doctor
MR #: _____

This request was recently received at the following UW Medicine entity:
Name of Entity: Hall Health Center

You are required to act on this authorization by processing the request and forwarding the copies to the patient/requestor within 15 working days of the Date of Receipt of this Request, which occurred on (Please indicate date request was received)_____.

_____ This request is for treatment purposes and therefore please send the information directly to the requestor and the receiving entity does not need a response back of the number of needed pages sent for invoicing.

Please respond back by indicating below if you have any Protected Health Information on this patient, including the ***total number of copies that was processed***. We need this information in order to create a single UW Medicine invoice for the patient. ***Notify us even if you do not have any Protected Health Information***. Forward the following summary information to first receiving entity's location listed above that will be responsible for all the billing.

Primary Recipient, Please Check Box for Applicable Entities	UW Medicine Entity	Address	Telephone Number	Fax Number	Secondary Entities, Please Enter Number of Pages/Copies Processed
X	University of Washington Medical Center & Clinics	1959 NE Pacific St Box 356148 Seattle, WA 98195	(206) 598-4344	(206) 598-6186	
	Harborview Medical Center & Clinics	325 9th Ave Box 359738 Seattle, WA 98104	(206) 744-9000	(206) 744-9997	
	University of Washington Sports Medicine Clinic	Box 354060 UW / Bank of America Arena Seattle WA 98195	(206) 543-1552	(206) 543-6573	
	Hall Health Primary Care Center	Box 354410 University of Washington Seattle, WA 98195	(206) 685-1069	(206) 616-4683	
	UWPN (UW Medicine Neighborhood Clinics)	UW Medicine Neighborhood Clinics Box 359410 Seattle, WA 98195-9410	(206) 520-5505	(206)-262-0104	
	University of Washington Physicians (UWP) Billing	Box 359110 501 Eastlake Ave E Suite 400 Seattle, WA 98109	(206) 520-2733	(206) 221-6266	
	UW Medicine Eastside Specialties Center	Box 356005	(425) 646-7777	(206) 520-2249	
	Patient Financial Services	Box 359435 Seattle, WA 98195	(206) 598-4502	(206) 598-0842	

If you have any questions please contact this Health Information Management/ROI Service Areas (Medical Records Department) at _____

Contact Person: Edith Glover
Phone # (206) 685-1069

Received Time Dec. 10. 2012 12:46PM No. 6937

10/26/2012 09:47 70

Mammography Screening

What is the REASON you are having a breast imaging exam?
(please select one)

- [x] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] This is an additional exam requested from my current screening exam.
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [x] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [x] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

If you ever used any of the following Hormones, please enter:

	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives				[ ] Yes [x] No
Estrogen				[ ] Yes [x] No
Progesterone				[ ] Yes [x] No
Tamoxifen				[ ] Yes [x] No
Other: _____				[ ] Yes [x] No

Previous Mammograms? [x] Yes [ ] No
When _____
Where _____

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R Combination implant
L R Pre-pectoral implant
L R Retro-pectoral implant

Previous PROCEDURES? [x] Yes [ ] No
(Circle L for Left or R for Right)

L R	Cyst aspiration	_____
L R	Needle biopsy	_____
(L) R	Excisional biopsy ? 1980's ?	
L R	Lumpectomy for cancer	_____
L R	Mastectomy	_____
L R	Radiation therapy	_____
L R	Breast reduction	_____
L R	Implant removed	_____ (Date)

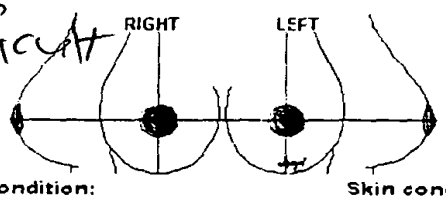
Have you ever received chemotherapy for any type of cancer? [ ] Yes [x] No

Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	
Age at hysterectomy:	46
Age at right ovary removal:	46
Age at left ovary removal:	46
Number of lives births:	2

PATIENT SIGNATURE	DATE	TIME
Jeanne L Hoffman	8/24/12	
TECHNOLOGIST SIGNATURE	DATE	TIME
[signature]	8/24/12	

Technologists Notes: very difficult positioning - Balance issues - uses walker



Skin condition: Skin condition:

Equipment cleaned and disinfected [x] Yes [ ] No

...edicine Health System
...iew Medical Center – UW Medical Center
...st Hospital & Medical Center – University of Washington Physicians
Washington

Exam: 7286522 (RR) BSCR MAM MAMMOGRAPHY
on: 08/24/2012 12:30 PM
Name: HOFFMAN, JEANNE, LEONIE **Age:** 87 Y
MRN U8170135 **DOB:** 1/6/25
:

IOGRAPHY SCREENING

U3047
U3047

WHITE - MEDICAL RECORD

REV DEC 11

05/15/2012 09:00 34

Reset Form Print Form

ROI Correspondence Worksheet

Month: MAY 2012

Create Process

MRN: U 8170135

Patient Name: HOFFMAN, JEANNE

Date Created: 5/10/12

Request ID#: 105113501

Created By: RASHEENA

Comments: SEE AUTH

ALL RECS FROM 09-12

Complete Process

Completed By: CL Date Completed: 5.12.12

Information Sent

Requested/Sent		Requested/Sent	
09 TO 12	All Records		ER Notes
	Discharge Summary		Clinic Notes
	Discharge Face sheets		Inpatient Records
	H & Ps		Updated Records
	Operative/Procedure Reports		Immunizations
	Operative Records		*Visual Field Tests*
	Pathology Reports		Photographs
	Radiology Reports		FMC Records
	EMG Reports		Prenatal Records
	EKG/Echo Reports		L & D Records
	EEG Reports		Birth Records
	Audiogram Reports		Fetal Heart Monitor Strips
	Lab Reports		Birth Verification Letter
	RN Notes		Consultations
	MARs		Outside Correspondence
	Physician Orders		Other

PT NO

NAME

DOB

UW Medicine
Harborview Medical Center - UW Medical Center
University of Washington Physicians
Seattle, Washington
ROI CORRESPONDENCE WORKSHEET

U2632

UH2632 REV AUG 08

THE DOCTORS CLINIC
Excellence in Patient Care

☐ 2512 WHEATON WAY BREMERTON, WA 98310
☐ 1651 NE BENTLEY DR. BREMERTON, WA 98311
☐ 460 S. KITSAP BLVD., SUITE 2960 PORT ORCHARD, WA 98366
☐ 18248 7TH AVE. POULSBO, WA 98370
☐ 1780 NW MYHRE ROAD, SUITE 2120 SILVERDALE, WA 98383
☐ 9396 RIDGETOP BLVD. N.W. SILVERDALE, WA 98383
☐ 9200 NW MYHRE RD. SILVERDALE, WA 98383

FAXED

Authorization To Use Or Disclose Health Care Information
Attn: Medical Records Dept.

I Hereby Authorize:

☐ The Doctors Clinic
☒ Facility / Doctor's Name: University of WASHINGTON Medical Center
Address: _____
City: Seattle State: WA Zip: 98110
Phone # : _____ Fax: _____

To Release:

☒ Complete Chart Record *(does not include billing information or radiographic images)*
☐ Chart Notes: ☐ All ☐ Specify: _____
☐ Labs / Reports: ☐ All ☐ Specify: _____
☐ Billing Records: ☐ All ☐ Specify: _____
☐ X-rays / Radiographic Images *(there may be a charge for this service)* Specify: _____
☐ Other: _____

From the Health Records of:

Name: JEANNE HOFFMAN Date of Birth: 1-6-1925
Social Security Number: 531 26 4736 Daytime Phone: 425 820 842
Are you authorizing the release of your own records: ☒ Yes ☐ No
If not, what is your name and relationship to the patient?
Name: _____ Relationship: _____

To be Released To:

☒ The Doctors Clinic
☐ Self (please indicate mailing address below)
☐ Facility / Doctor's Name: The Doctors Clinic
Address: 945 Hildebrand Lane
City: Bainbridge State: WA Zip: 98110
Phone # : 206 855 7700 Fax: 206 855 7740

MAY 08 2012
UW MEDICAL CENTER
HIM - SANDPOINT

For the Purpose of:

☐ Concurrent Care ☒ Transfer of Care ☐ At my Request ☐ Other: _____

My Rights:

I understand that unless revoked, this authorization is valid for 90 days from the date of signing. I understand that I may revoke this authorization in writing at any time except to the extent disclosure has already been made in accordance with this document.

I understand that I do not have to sign an authorization as a condition for receiving treatment or health care benefits (treatment, payment or enrollment). However, I do have to sign an authorization form to take part in a research study or to receive health care when the purpose is to create health care information for a third party.

Unless specifically excluded, this authorization includes release of specially protected information requiring my explicit authorization for release. This includes referral, diagnosis and treatment information related to: (check the accompanying box(s) below to **EXCLUDE** the information from authorization):

☐ **substance abuse** ☐ **mental health conditions** ☐ **sexually transmitted diseases** ☐ **HIV/AIDS**

I understand that once health care information is disclosed, the person or organization that receives it, may re-disclose it, and that it may no longer be protected by privacy laws.

Patient Signature: Jeanne L Hoffman RECEIVED Date: May 1 2012
Rep./Guardian Signature: _____ MAY 07 2012 Date: _____
HALL HEALTH/DAM SERVICES

DC-199 09/05

8-17-01-35(CD)

05/08/2012 12:00 2066164683 HDS 05/15/2012 09:00 PAGE 01/02 36

PP-28 Attachment A
Rev. 11/9/07

UW Medicine
COMPLIANCE

CONFIDENTIAL

HDS HHPCC Box 354410
Seattle, WA 98195

UW Medicine

Facsimile Cover Sheet

To: ROI
Organization: UWMC
Phone:
Fax: 5984546

From: Paul
Phone: 685-1064
Fax:
Email:

Date: 5/8/12
Pages: 2 (including this cover page)

Comments: Hoffman, Jeanne
1/6/25
Can't Really Release Records from here yet until Hall Health's name appears on the auth form.

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12/16/2011 09:25 34

Mammography Screening

What is the REASON you are having a breast imaging exam?
(please select one)

- [x] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] This is an additional exam requested from my current screening exam.
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [x] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [x] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

Previous Mammograms? [x] Yes [ ] No
When _____
Where _____

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R Combination implant
L R Pre-pectoral implant
L R Retro-pectoral implant

Previous PROCEDURES? [x] Yes [ ] No
(Circle L for Left or R for Right)

L R Cyst aspiration
L R Needle biopsy
L R Excisional biopsy
L R Lumpectomy for cancer
L R Mastectomy
L R Radiation therapy
L R Breast reduction
L R Implant removed

Have you ever received chemotherapy for any type of cancer? [ ] Yes [ ] No

If you ever used any of the following Hormones, please enter:

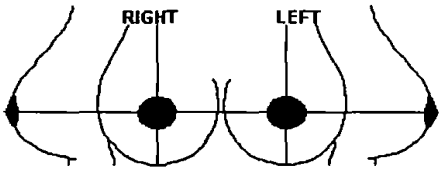
	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives				[ ] Yes [ ] No
Estrogen				[ ] Yes [ ] No
Progesterone				[ ] Yes [ ] No
Tamoxifen				[ ] Yes [ ] No
Other: _____				[ ] Yes [ ] No

Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	46
Age at hysterectomy:	
Age at right ovary removal:	
Age at left ovary removal:	
Number of lives births:	2

PATIENT SIGNATURE	DATE	TIME
Jeanne Hoffman		
TECHNOLOGIST SIGNATURE	**DATE**	**TIME**
SS		

Technologists Notes:



Skin condition: Skin condition:

Equipment cleaned and disinfected [x] Yes [ ] No

UW Medicine Health System
w Medical Center – UW Medical Center
t Hospital & Medical Center – University of Washington Physicians
Vashington

Exam: 6751443 (RR) BSCR
on: 07/06/2011 11:40 AM
Name: HOFFMAN, JEANNE, LEONIE
MRN: U8170135 **Age:** 86 Y

add

OGRAPHY SCREENING
1 OF 1

U3047

WHITE - MEDICAL RECORD

REV MAR 11

02/11/2011 08:39 43

UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW MEDICINE

CONFIDENTIAL PATIENT INFORMATION- for addressee only.

10/11/2010

UW Dental office - Yachunwang, Christine
Attn: Tobby Fairbanks - performing surgeon
Ph: 206 616 6996
Fax: 206 221 4434

Dear Sir,

RE: Jeanne Leonie Hoffman
DOB: 1/6/1925

I was asked by the above patient to provide you with a list of her current medications. This is listed below:

Current outpatient prescriptions

Medication	Sig
• Acetaminophen (TYLENOL) 500 MG OR TABS	2 in am 2 in pm and 3 before bed
• Acetaminophen-Codeine #3 (TYLENOL/CODEINE #3) 300-30 MG OR TABS	1 TABLET at bed time
• Atorvastatin Calcium (LIPITOR) 40 MG OR TABS	1 po QD
• CarBAMazepine 200 MG OR TABS	1 TABLET 3 TIMES DAILY
• FOSAMAX 70 MG OR TABS	Take on talbet once a week on Sunday. Remain upright for 30-60 minutes after taking
• HYDROCHLOROTHIAZIDE 25 MG OR TABS	Take 1/2 tablet by mouth every day
• MetFORMIN HCl 500 MG OR TABS	one tab twice daily for diabetes
• Pentoxifylline (PENTOXIL) 400 MG OR TBCR	One tablet three times daily (Pentoxifylline)(Trental)
• TIMOLOL MALEATE 0.5 % (DAILY) OP SOLN	instill one drop into each eye twice daily
• Warfarin Sodium 10 MG OR TABS	one tablet daily

U8170135

PD

Family Medical Center
PO Box 354770 4245 Roosevelt Way NE Seattle, WA 98105-6920 206-598-4055

U2548

02/11/2011 08:39 44

Sincerely,

William E Neighbor JR, MD

Family Medical Center
PO Box 354770 4245 Roosevelt Way NE Seattle, WA 98105-6920 206-598-4055

02/11/2011 FAXED 45 12-1270

PP-28 Attachment A
Rev. 11/9/07

UW Medicine
COMPLIANCE

CONFIDENTIAL

Family Medical Center
4245 Roosevelt Way NE
Seattle, WA 98105-6920
Box 354770

UW Medicine

Facsimile Cover Sheet

To: UW DENTAL OFFICE
Organization: _____
Phone: _____
Fax: 206-221-4434

From: _____
Phone: 206-598-4055
Fax: 206-598-5720
Email: _____

Date: 10-12-10
Pages: _____ (including this cover page)

Comments:

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04/05/2011 17:30 54

IDXrad

Mammography Administration Modi

Patient Data 1 DIGITAL

Exam: 6343859 (RR) BSCR MAM MAMMOGRAPHY
on: 06/15/2010 2:10 PM
Name: HOFFMAN, JEANNE, LEONIE
MRN U8170135 **DOB:** 1/6/25 **Age:** 85 Y
:

What TYPE of exam are you having? ❑ Mammog ❑ Breast CT

Referring Physician: _____ ❑ **None, I am self-referred.**

Indicate your referring physician type: ❑ Obstetrical-gynecologist ❑ Family practice ❑ Internist ❑ Surgeon ☒ Other physician

What is the REASON you are having a breast imaging exam (please select one)?

- ☒ This is a routine (screening) exam. I am not having any breast problems.
- ❑ This is an additional exam requested from a recent study.
- ❑ This is a short interval follow-up requested from my last exam (1-11 months ago).
- ❑ I have breast implants, but I am not having any problems.
- ❑ This is a review of an outside study.
- ❑ I am going to have breast reduction.
- ❑ I am going to have radiation therapy.
- ❑ This is an additional exam requested from my current screening exam.
- ❑ I have a history of benign breast disease.
- ❑ I have a personal history of breast cancer with breast conservation therapy.
- ❑ I am having the following **PROBLEM(S)**: (Circle **L** for Left or **R** for Right)

L	R	A new lump that can be felt	L	R	Other lump or thickening
L	R	Bloody discharge	L	R	Nipple problem
L	R	Non-bloody discharge	L	R	Pain in the breast
L	R	Difficult physical examination	L	R	Cancer elsewhere
L	R	Implant problem	L	R	Large nodes under my arm
L	R	Skin thickening or retraction found during my clinical breast examination			

Previous Mammograms? ☒ Yes ❑ No
When? _____
Where? _____

Do you have IMPLANTS? ❑ Yes ❑ No
(If Yes, circle **L** for Left or **R** for Right)

L	R	I don't know the specific type
L	R	Silicone gel implant
L	R	Saline implant
L	R	Combination implant
L	R	Pre-pectoral implant
L	R	Retro-pectoral implant

Check all of the following RISK FACTORS that are true for you:

- ☒ No one in my family has had breast cancer.
- ❑ My aunt, grandmother, or cousin had breast cancer.
- ❑ My mother or sister had breast cancer after their periods had stopped.
- ❑ My mother or sister had breast cancer while they were still having their periods.
- ❑ I do not know my family breast cancer history.
- ❑ I have had breast cancer.
- ❑ I have had endometrial cancer.
- ❑ I have had ovarian cancer.
- ❑ I have had a previous breast biopsy that showed a high risk lesion.
- ☒ I have been through menopause.
- ❑ I have never had children.
- ❑ I had my first child after age 30.

Previous PROCEDURES? ☒ Yes ❑ No
(If Yes, circle **L** for Left or **R** for Right)

L	R	Cyst aspiration
L	R	Needle biopsy
L	R	Excisional biopsy
L	R	Lumpectomy for cancer
L	R	Mastectomy
L	R	Radiation therapy
L	R	Breast reduction
L	R	Implant removed

Have you ever received chemotherapy for any type of cancer? ❑ Yes ❑ No

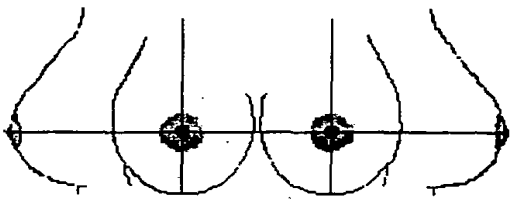
If you have ever used any of the following HORMONES, please enter:

	Age at first use	Duration of use	Age at last use	Currently using?
Hormonal contraceptives	_____	_____mos.	_____	❑ Yes ❑ No
Estrogen	_____	_____mos.	_____	❑ Yes ❑ No
Progesterone	_____	_____mos.	_____	❑ Yes ❑ No
Tamoxifen	_____	_____mos.	_____	❑ Yes ❑ No

Enter your MENSTRUAL HISTORY:

Age when periods started	13
Age at first full term pregnancy	24
Age at natural menopause	_____
Age at hysterectomy	46
Age at right ovary removal	_____
Age at left ovary removal	_____
Number of live births	2

RIGHT **LEFT**



Skin condition: **Skin condition:**

Equipment cleaned and disinfected? ☒ Yes ❑ No

Technologist: _____

PD

Rev. 3/01 - V9.9

DATE
DEC 12 2008

DATE OF LAST VISIT
BY: 5/23/08 Chen

REASON FOR RETURN/CHIEF COMPLAINT:
83yo ♀ HVF, Disks
* Pt came over 1 hour late
☐ Follow-up Exam
☐ Post Op / Ocular Procedures:

PAIN SCREEN Is pain part of the reason you came to clinic? ☐ Yes ☒ No
If YES, what intensity? No pain = 0 1 2 3 4 5 6 7 8 9 10 = Most pain you can imagine

OCT 1/08? VF 8/05

INTERVAL HISTORY:
Pt c/o discharge OU - intermits.

☐ ROS/PFSH reviewed from _____ (date). List any pertinent changes:
☑ Alert and oriented ☑ Mood/affect normal

Refilled today

OCULAR HISTORY:
cataract
glaucoma

OCULAR MEDS (last used): Timolol 0.5% BID OU

OTHER MEDS:
☐ Same as list ( ) date
Lid hygiene regularly often".

EXAMINATION:
V 20/25 20/25
CC

OD +0.50 +0.75 x143
OS +0.50 +1.75 x163

MRN out @ 12:03 pm

Tx 20/19 @ 12:02 pm
Research OT.

MD - She feels she needs a new glasses Rx
- f/o immediately

ASSESSMENT AND PLAN:
Glaucoma suspect, Alert, oriented x3, pleasant - pt confused c history? HVF (RTC) - 3.2, 2.8 / - 2.3, 2.9 | early sup Δ OD early 10/2 05 | mild ds, if any 1/07 CVF full DIL

ATTENDING PHYSICIAN NOTE:

I examined and evaluated this patient with Dr._____, and agree with today's note. I have documented any exceptions and added additional documentation as needed.

ATTENDING PHYSICIAN SIGNATURE	PRINT NAME	PAGER	NPI/UPIN	DATE	TIME

PT.NO
NAME U8170135 BD:1/06/1925 F
HOFFMAN, JEANNE LEONIE
UWMC EYE GLAUCOMA/NO
DOS:12/12/08 CHEN, PHILIP P
Enc:1719594365 RES:12118312
DOB

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

U1836
UH1836 REV NOV 07

PROGRESS – BLUE

Right Eye	NL	NL	Left Eye
External/Lid Adnexae ☐Blepharitis ☐Nodes	☐	☐ dermatochalasis, ptosis OU	
Conjunctiva	☑	☑	
Cornea	☑	☑	
Anterior Chamber	☑	☑	
Iris	☑	☑	
Lens	☐	☐ pseudo	
Dilated at Fundus	☐ c/d	☐ c/d	

Diagnosis: h/o POAG, IOP well controlled on T/D

Impression:
Dermatochalasis, ptosis → VF ptosis
s/p LASIK
DM retinopathy
DES, MGD → mgmt

Disc pallor → NSAION 11/04

Plan:
CPM, RTC 6 mo c/e IOP on Rx, DFE, OCT, VF.
Dilate on next visit.

- ☐Treatment Instructions discussed
- ☐Rx given
- ☐Letter to referring physician dictated
- ☐External photo obtained Right Eye/Left Eye
- ☐Corneal topography Right Eye/Left Eye

Attending Physician

DEC 12 2008

Ophthalmology Return Visit – Attending

12/15/2008 19:02 8

ATTENDING PHYSICIAN NOTE:

I examined and evaluated this patient with Dr._____, and agree with today's note. I have documented any exceptions and added additional documentation as needed.

Color Disc

(8 elements are needed for a Comprehensive Level Exam (1995): Eyes and 7 others)

Eyes: ☐ **See Eye Clinic notes, today**

Constitutional:	☐ Appears healthy	☐ Other_____
Psychiatric:	☐ Normal mood	☐ Other_____
Neurologic:	☐ Facial symmetry	☐ Other_____
Skin:	☐ No facial rashes	☐ Other_____
Head:	☐ Atraumatic	☐ Other_____
ENT:	☐ External ear/nose normal	☐ Other_____
Respiratory:	☐ Respiratory effort normal	☐ Other_____
Cardiovascular:	☐ No JVD	☐ Other_____
Hematologic/Lymphatic:	☐ No pre-auricular nodes	☐ Other_____
	☐ No pallor	☐ Other_____

Other: _____

ATTENDING PHYSICIAN SIGNATURE	PRINT NAME	PAGER	UPIN/NPI	DATE	TIME

PT.NO

NAME

DOB

U8170135 BD:1/06/1925 F
HOFFMAN,JEANNE LEONIE
UWMC EYE GLAUCOMA/NO
DOS:12/12/08 CHEN, PHILIP P
Enc:1719594365 RES:12118312

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

OPHTHALMOLOGY RETURN VISIT – ATTENDING

U2652

UH2652 REV OCT 08

PROGRESS – BLUE

DEC 12 2008

12/12/2008 13:02

EYE CENTER DIAGNOSTIC TESTING ORDER

Diagnostic Test	Eye	Medical Necessity / Diagnosis
Visual Field		
☒ HVF 10-2 24-2 30-2	Right Left	365.11
White Red SWAP		
☐ GVF	Right Left	
☐		
Imaging		
☒ Fundus Disc	Right Left	365.01 ~~365.11~~ FAB
☐ 7 Std Fields	Right Left	
☐ Fluorescein angiography	Right Left	
☐ OCT Macula RNFL Nerve	Right Left	
☐ Heidelberg RT / SLO	Right Left	
☐ Slit lamp	Right Left	
☐ Corneal topography	Right Left	
☐ Wave scan	Right Left	
☐ External Photos	Right Left	
Ptosis Motility		
☐		
☐		
Ultrasound		
☐ IOL Master / IOL calculation	Right Left	
☐ Diagnostic A-scan with B-scan	Right Left	
☐ B-Scan	Right Left	
☐ UBM	Right Left	
☐		
☐		
Miscellaneous		
☐ Refraction	Right Left	
☐ Corneal pachymetry	Right Left	
☐ Extended ophthalmoscopy	Right Left	
☐ Gonioscopy	Right Left	
☐ Strabismus measurements	Right Left	
☐		
☐ Blood glucose		
☐ Skin testing		
☐		
☐		

Medical Necessity / Diagnostic Information is REQUIRED FOR BILLING

Ordering Healthcare Provider	Print Name	Pager	UPIN/NPI	Date	Time
Attending Physician Signature	Print Name C Hon	Pager	UPIN/NPI 4796	Date 12/12/08	Time

PHYSICIAN ORDER – YELLOW

PT.NO

NAME U8170135 BD:1/06/1925 F
HOFFMAN,JEANNE LEONIE
UWMC EYE GLAUCOMA/NO
DOS:12/12/08 CHEN, PHILIP P
Enc:1719594365 RES:12118312

DOB

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

EYE CENTER DIAGNOSTIC TESTING ORDER

U2650

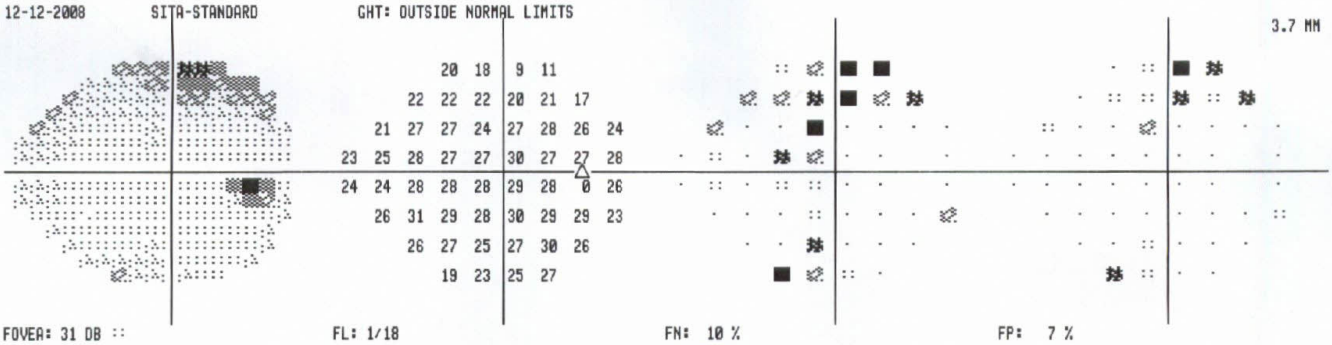
UH2650 REV OCT 08

75

OVERVIEW 12/15/2008 13:07 EYE: RIGHT

NAME: HOFFMAN,JEANE DOB: 01-06-1925
ID: U8170135

CENTRAL 24-2 THRESHOLD TEST



FOVEA: 31 DB ::
MD: -3.24 DB P < 2%
FL: 1/18
PSD: 2.77 DB P < 2%
FN: 10 %
FP: 7 %

U8170135 BD:1/06/1925 F
HOFFMAN,JEANNE LEONIE
UWMC EYE GLAUCOMA/NO
DOS:12/12/08 CHEN, PHILIP P
Enc:1719594365 RES:12118312

:: < 5%
< 2%
< 1%
< 0.5%

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HFA II 750-1055-14.0

76

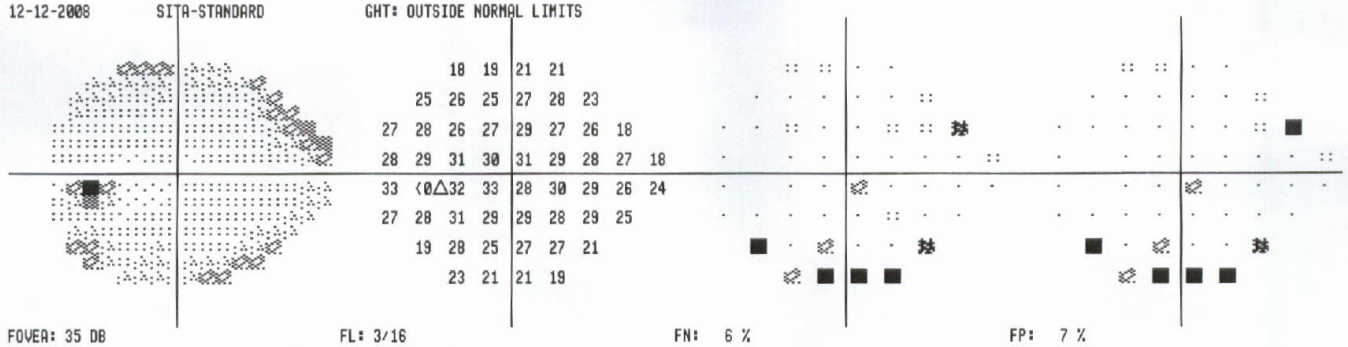
OVERVIEW

12/15/2008 13:07

NAME: HOFFMAN,JEANE
ID: U8170135

EYE: LEFT
DOB: 01-06-1925

CENTRAL 24-2 THRESHOLD TEST



FOVEA: 35 DB
FL: 3/16
FN: 6 %
FP: 7 %

MD: -2.33 DB P < 5%
PSD: 2.93 DB P < 2%

U8170135 BD:1/06/1925 F
HOFFMAN,JEANNE LEONIE
UWMC EYE GLAUCOMA/NO
DOS:12/12/08 CHEN, PHILIP P
Enc:1719594365 RES:12118312

:: < 5%
< 2%
< 1%
■ < 0.5%

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HFA II 750-1055-14.0

12/15/2008 13:07 77

SINGLE FIELD ANALYSIS — EYE: RIGHT

NAME: HATFIELD, STELLA — DOB: 07-08-1938
ID: 8529728

CENTRAL 24-2 THRESHOLD TEST

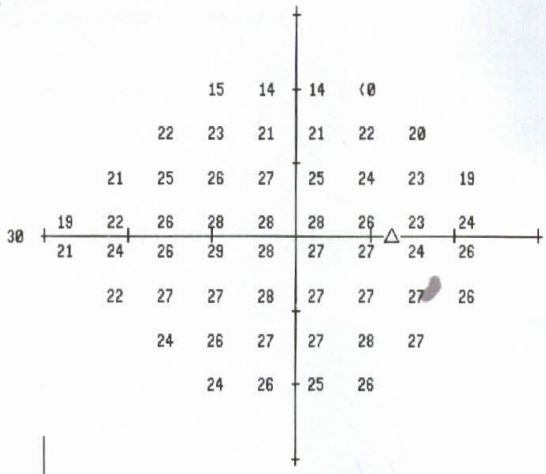
FIXATION MONITOR: GAZE/BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 2/15
FALSE POS ERRORS: 2 %
FALSE NEG ERRORS: 0 %
TEST DURATION: 06:09

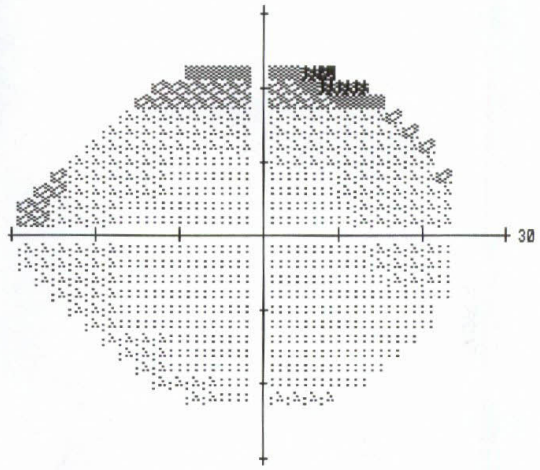
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD

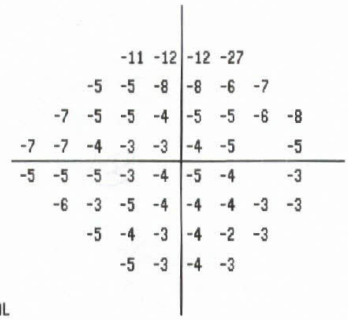
PUPIL DIAMETER: 3.4 MM
VISUAL ACUITY:
RX: +3.25 DS DC X

DATE: 12-12-2008
TIME: 10:32 AM
AGE: 70

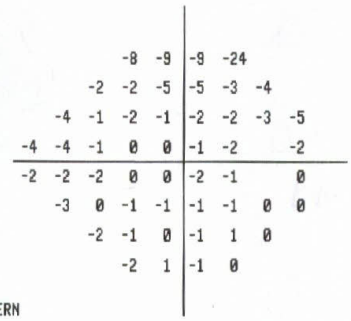
FOVEA: 32 DB ::







TOTAL DEVIATION



PATTERN DEVIATION

GHT
OUTSIDE NORMAL LIMITS

MD -4.83 DB P < 0.5%
PSD 2.87 DB P < 2%

MD. interpretation
Reliable MVF, with superior artifacts 2° to cataract and lid artifact.
Michael Wu 12/19/08

U OF WASHINGTON
EYE CENTER
SEATTLE, WA 98104

:: < 5%
< 2%
< 1%
< 0.5%

U8529728 BD:7/08/1938 F
HATFIELD,STELLA L
UWMC EYE CORN/EXT DIS
DOS:12/12/08 WU, MICHAEL C
Enc:1720002901 RES:12118183

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12/15/2008 13:07

78

SINGLE FIELD ANALYSIS

EYE: LEFT

NAME: HATFIELD, STELLA
ID: 8529728

DOB: 07-08-1938

CENTRAL 24-2 THRESHOLD TEST

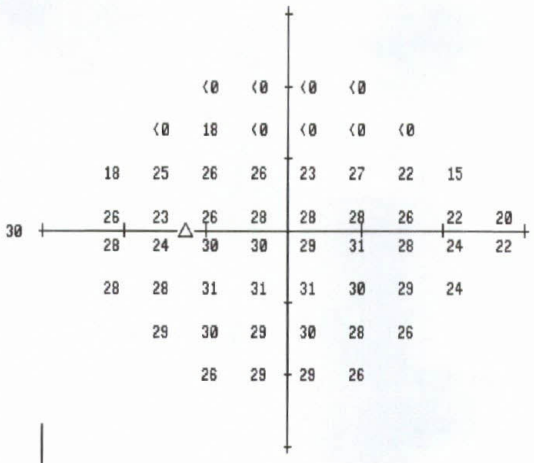
FIXATION MONITOR: BLIND SPOT
FIXATION TARGET: CENTRAL
FIXATION LOSSES: 0/15
FALSE POS ERRORS: 1 %
FALSE NEG ERRORS: 0 %
TEST DURATION: 06:23

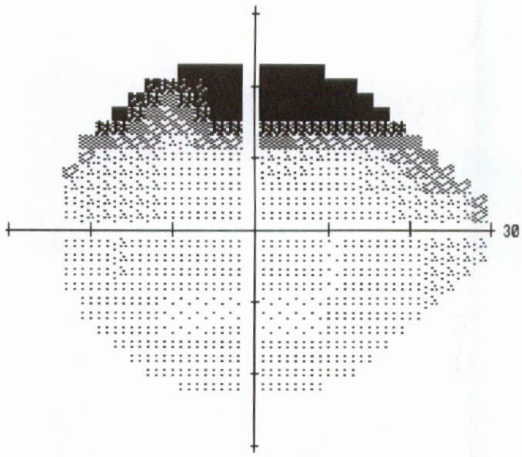
FOVEA: 36 DB

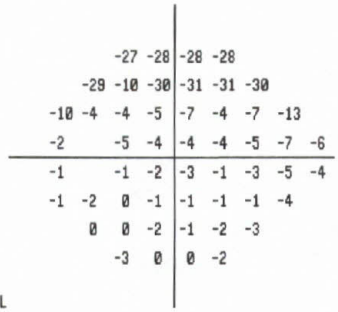
STIMULUS: III, WHITE
BACKGROUND: 31.5 ASB
STRATEGY: SITA-STANDARD

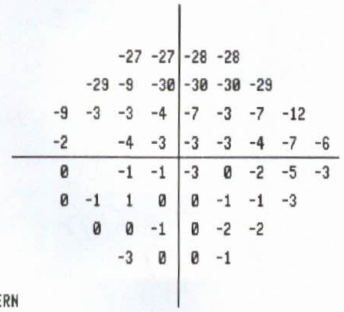
PUPIL DIAMETER:
VISUAL ACUITY:
RX: +3.25 DS DC X

DATE: 12-12-2008
TIME: 10:42 AM
AGE: 70





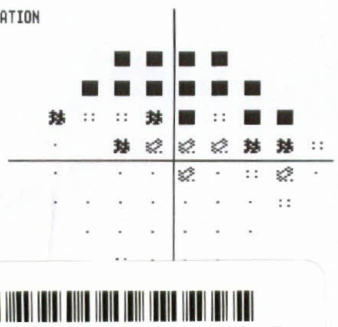




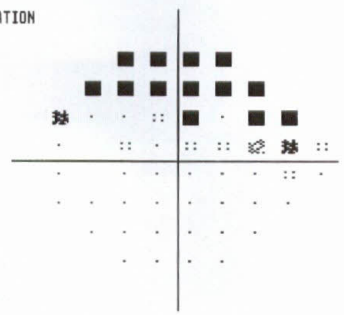
GHT
OUTSIDE NORMAL LIMITS

MD -6.09 DB P < 0.5%
PSD 9.48 DB P < 0.5%

TOTAL DEVIATION



PATTERN DEVIATION



:: < 5%
※ < 2%
※ < 1%
■ < 0.5%

Poor. Interpretation: Reliable MVF with superior artifact 2° to eyelid (ptosis)
Mubarro
MD 12/15/2008

U OF WASHINGTON
EYE CENTER
SEATTLE, WA 98104

U8529728 BD:7/08/1938 F
HATFIELD,STELLA L
UWMC EYE CORN/EXT DIS
DOS:12/12/08 WU, MICHAEL C
Enc:1720002901 RES:12118183

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05/29/200810:45 1

DATE MAY 23 2008

DATE OF LAST VISIT BY: 1/13/06

REASON FOR RETURN/CHIEF COMPLAINT:
☐ Follow-up Exam
☐ Post Op / Ocular Procedures:
83 yrs. q c h+o OAG. Here for flu & hearing loss

PAIN SCREEN Is pain part of the reason you came to clinic? ☐ Yes ☒ No
If YES, what intensity? No pain = 0 1 2 3 4 5 6 7 8 9 10 = Most pain you can imagine

INTERVAL HISTORY: to flu for 2 yrs.

VR 8/08

☐ ROS/PFSH reviewed from _____ (date). List any pertinent changes: OCT 1/06
☒ Alert and oriented ☐ Mood/affect normal MRA 1/04
x3 DM CHF

OCULAR HISTORY:
OCA q
CE OU

OCULAR MEDS (last used):
T1/2 BID OU

OTHER MEDS:
☐ Same as list ( ) date

EXAMINATION:

	OD	OS
V	< 20/20	
	c 20/20	
T	< 18/20 → spaccarrhe	
	pupils < 3→2 ϕ H/D	
	LIC ne →	
	SIC ne →	
	K cw →	
	AC DIC →	
	Iris ne →	
	lens 3 CDR →	

ϕ DH's

A/P ① OAG: IOP ok, will ✓ HVF at next visit. Cont c T1/2.

ASSESSMENT AND PLAN:

M.P. Slobaugh

ATTENDING PHYSICIAN NOTE:

I examined and evaluated this patient with Dr. Slabaugh, and agree with today's note. I have documented any exceptions and added additional documentation as needed.

ATTENDING PHYSICIAN SIGNATURE	PRINT NAME	PAGER	NPI/UPIN	DATE	TIME
	CHEN		4796	5/23/08	

PROGRESS – BLUE

PT.NO U8170135 BD:1/06/1925 F
NAME HOFFMAN,JEANNE LEONIE
UWMC EYE GLAUCOMA/NO
DOS:5/23/08 CHEN, PHILIP P
Enc:1719058762 RES:11148555
DOB

OSHA Consent - Signed

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

Glaucoma (Pam) GVF 3/10/04 Suitable for ARMS
Diabetes treated OHT
U1836
Cam, ATT Gonio
UH1836 REV NOV 07 MRA, dilation edition

04/12/200812:14 9

1:00

DATE: APR 7 2008 | ☐ SELF REFERRED | ☒ CONSULT REQUESTED BY: William Dr. Neighbor

HISTORY: CHIEF COMPLAINT / REASON FOR VISIT: for Diabetic check

last visit Dr. Chen 1/31/06

PAIN SCREEN — Is pain part of the reason you came to clinic? YES (NO)
If YES, what intensity? No pain = 0 1 2 3 4 5 6 7 8 9 10 = Most pain you can imagine

HISTORY OF PRESENT ILLNESS: 83yo ♀ diabetic, hx of PSOM, referred by Dr. Neighbor for diabetic check. No eye hx. Notes 2 days of ↑ed drainage, frm (R) eye, mild WC's and compress, ↑ed discharge. ø sick contacts, ø Δ in vision

POH:
Glaucoma Suspect
↳ Followed by Dr. Chen
Last Seen 2006
CE/IOL OU

MEDS:
Atorvastatin — oxycodone
Tegretol — KCl
docusate — Coumadin
Lovenox — Ranitidine
HCTZ
Metformin

PMH:
DM2 HbA1c - 9.3 (2/08) → 6.4 (3/11/08)
HLD
HTN
DVT, hip fracture
Appy
- Hysterectomy
- (R) cancer surgery
- "Ulcer surgery"

Last visit was on Timoptic Xalatan

ROS: Hx of seizures, GERD, OA, Diaphragmatic Hernia

ALLERGIES: Sulfa → Rash; PCN → Hives

SOCIAL HX: ø tobb, occ ETOH, Retired

FAMILY HX: Grandmother – cataract

(Please see New Patient Questionnaire for details of ROS/PFSH. Pertinent findings found above.)

EXAMINATION: GENERAL: ☒ Alert and oriented ☒ Mood / affect normal

V (cc) / sc: 20/25+2 ; 20/30 → NP — NEAR

Present glasses (How old?) _____	Refraction / Best corrected acuity — Near
Right: +0.75 + 1.75 x 144 Add: 2.75	Right: +0.50 + 0.75 x 143 → 20/25+ Add: ____ → ____
Left: +0.75 + +2.00 x 006 Add: 2.75	Left: +0.50 + 1.75 x 016 → 20/20 Add: ____ → ____

PT.NO U8170135 BD:1/06/1925 F
NAME HOFFMAN,JEANNE LEONIE
UWMC EYE RETINA
DOS:4/07/08 CHUANG, ELAINE L
Enc:1718825739 RES:10913011
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
OPHTHALMOLOGY- NEW PT EVALUATION
PAGE 1 OF 3
U1834
UH1834 REV FEB 07

NOT NEW

PROGRESS – BLUE

CONFRONTATION FIELDS
☐ Normal

OCULAR MOTILITY
☒ Full and ortho

EYELIDS/ADNEXAE
☒ Normal lids, lacrimal gland, orbit, nodes — mild dermatochalasis OU

PUPILS size 3→2 / 3→2
☒ Round
Reactive to light
No afferent defect

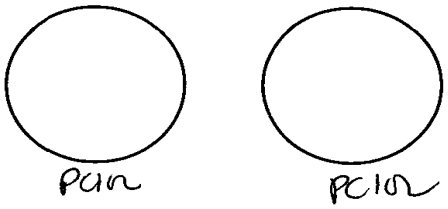
ATTENDING: Elaine Chuang, M.D 4/7/08 date

I evaluated this patient with Dr. Bagga and agree with today's note. I have documented any exceptions and added additional documentation as needed.

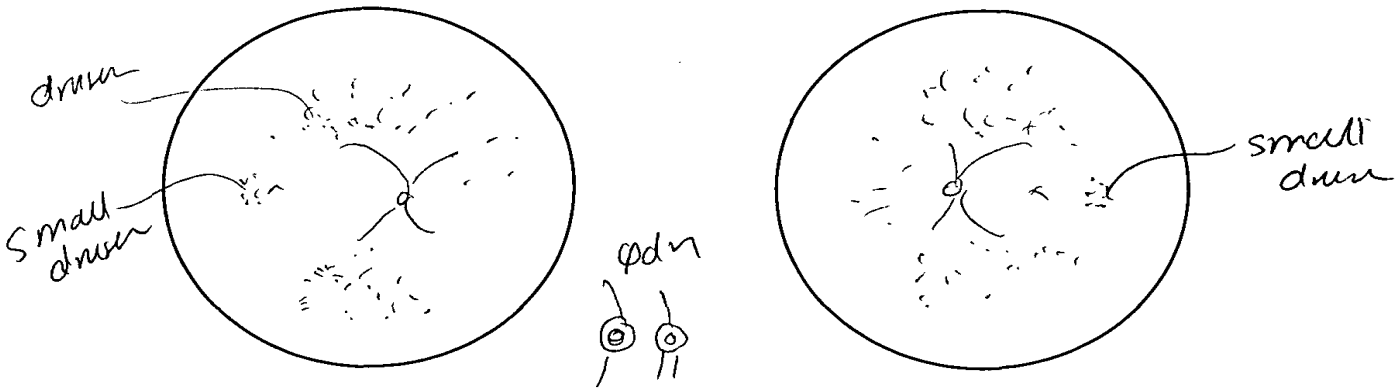
Well known to PPC
On X 3; T.5 seen Q 3-4 mo. See FAX for DM

SLIT LAMP EXAMINATION
☒ Normal conjunctiva
☒ Normal cornea
☒ Normal AC, iris — ØNVI
☐ Clear lens

T_A < 17 / 19



POSTERIOR SEGMENT
☐ Normal disc, retina (M/P), vessels



CID 0.5 OU

ASSESSMENT AND PLAN:

(1) Diabetes - ∅ Retinopathy
type 2 - encourage continued glycemic control

(2) Glaucoma suspect - continue TID/BID. F/U c Dr. Chen
lost to F/U — mail appt

(3) Resolving red eye - likely viral conjunctivitis - Recommend AT qid
Blepharitis
Warm compresses and

PROVIDER SIGNATURE	PRINT NAME	PAGER	UPIN	DATE	TIME
	BAGGA		295490	4/7/08	

PT.NO
NAME U8170135 BD:1/06/1925 F
HOFFMAN,JEANNE LEONIE
UWMC EYE RETINA
DOS:4/07/08 CHUANG, ELAINE L
Enc:1718825739 RES:10913011
DOB

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
OPHTHALMOLOGY- NEW PT EVALUATION
PAGE 2 OF 3
U1834
UH1834 REV FEB 07 BACK

04/12/200812:15 4

APR 7 2008

UWMC EYE CENTER FAX LETTER

From: Elaine L. Chuang, MD
University of Washington Eye Center
Phone: 206-598-4011 FAX: 206-598-5912
Academic Office: 206-543-3884 FAX : 206-543-4414
E-Mail: elc@u.washingtoh.edu

Attention: Wm Neighbor

FAX number: Fmc

Date: 4/7/08

History: 83yo BF, recent Dx type 2 DM, sticky lids / mitch. Doesn't recall how

Hemoglobin A1c: 6.4

VA (cc) sc 20/25+ 20

Other findings:

- [x] Consult - for opinion: DR
  (see associated consult request by provider)
- [ ] Transfer of care
- [ ] Previously seen in UW Eye Clinic: _____ (date)

Last visit to Phil Chen 1/13/06 LOST TO F/U

IMPRESSION / RECOMMENDATION:

- [x] Refractive error
- [x] Presbyopia
- [ ] Conjunctivitis
- [ ] Dry eyes
- [x] Blepharitis / Meibomian gland dysfunction RE LE
- [x] Warm compresses / lid care
- [ ] Glaucoma
- [ ] Glaucoma suspect RE LE
- [ ] Use artificial tears
- [ ] Cataract RE LE
- [x] Diabetic patient without retinopathy
- [x] Counseled re: good glycemic control and diabetic complications
- [ ] Diabetic retinopathy: [ ] NPDR (non-proliferative) [ ] PDR (proliferative)
- [ ] Drusen (normal macular aging) RE LE
- [ ] Age-related macular degeneration RE LE
- [ ] Recommend AREDS formula
- [ ] Retinal vascular occlusion_____ RE LE
- [ ] Floaters RE LE
- [ ] Posterior vitreous detachment (PVD) RE LE
- [ ] Other:_____

Faxed 4-10-08 W

COMMENTS:

- [ ] Given new glasses prescription
- [x] Other: We will mail a Rx appt to Phil Chen
- [x] Follow up: [x] Annual for DR

This summary is provided for your records. As of 3/1/07, UW Eye Clinic notes are scanned into ORCA. Please feel free to contact me I can provide further information. Thank you for sharing this patient's care.

PT NO

NAME U8170135 BD:1/06/1925 F
HOFFMAN,JEANNE LEONIE
UWMC EYE RETINA
DOS:4/07/08 CHUANG, ELAINE L
DOB Enc:1718825739 RES:10913011

UW Medicine
Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington
UWMC EYE CENTER FAX LETTER

U2548

UH2548 REV JAN 08

PROGRESS – BLUE

TC received from Dr. Jeremy Bauer from UW Sports Medicine Clinic who is working w/ Dr. Wahl's pt who is s/p eights months of ORIF of R hip fx. Dr. Bauer reports his concern that Mrs. Hoffman is being abused by her son and asking for direction on reporting this alledged abuse. SW suggested to MD to call DSHS's Adult Protective Service line at 1-866-END-HARM and requested that he make the referral himself since SW did not meet with the pt. Dr. Bauer states having already contacted APS and was instructed to leave a message w/ his referral and has since done so. Dr. Bauer reports that he will soon transfer from UWMC to another rotation shortly and uncertain who can be available to APS and their investigation. SW offered to MD to be a contact person until the next MD is available and gave him my contact information for any ongoing or future needs.

PLAN: SW availalble to MD, APS and to pt for concerns in regards to alleged abuse by pt's son.
Tracy Hirai-Seaton, LICSW
206-598-5134 / pgr 206-680-9451

Electronically Reviewed/Signed On: 12/19/07 at 15:14

_____

Hirai-Seaton, LICSW, Tracy A

TAH
DD:12/19/07

Ortho Social Work: Concerns of abuse

IDENTIFICATION:
Ms. Hoffman is again in the clinic with her son to discuss her hip fracture. I had a discussion with her son outside the room while she was changing clothes. He was concerned that after I stopped him from putting 5-pound weights on both her ankles to try and continue her strengthening, her rehabilitation has stopped at a standstill. He feels that he needs to be there to push her physically to gain as much motion and flexibility in the hip as possible. He has been concerned because on two occasion she has fallen at her home, both times, by the patient's report (which is somewhat unreliable and disjointed in its history), related to unsafe conditions in her own the home. She describes living in a low-income housing complex where there are multiple "crazy people" and "elderly people" and feels that she is being watched and stalked by multiple people in her housing development. In addition, her son describes that she is being watched by people, including changes that are frequently coming to her door. She describes at least one argument that she had with her son over clothes. At first Jeanne was reluctant to divulge the details of this argument; however, she said that she became quite upset and at one point fell during the argument,
sustaining a fall to her hip. She was seen and evaluated with x-rays, which were apparently read as being normal. Jeanne declines having any significant pain in her hip. She says she does just fine if she is left to her own devices to move slowly and surely as she does using a cane at home and a walker hewn out.

PHYSICAL EXAMINATION:
MUSCULOSKELETAL: Today she clearly does walk in an ambling gait pattern using the walker. She has reasonably good function of her hip. She appears only mildly disheveled, but at times during our discussion is somewhat confused and her thinking and thought process appears to be somewhat non directed at times and rambling.

RADIOGRAPHS:
X-rays of her hip were obtained today since she had a history of recent fall. AP and lateral views of the pelvis and both hips show no interval change in her hardware placement and a well-healed intratrochanteric fracture.

IMPRESSION AND PLAN:
Regarding her hip, I think she is healed. I continue to have concerns that her son may, in fact, be a somewhat detrimental presence in her rehabilitation and life. At times both of these individuals (the patient and her son) appear to be somewhat perseverative and difficult to reason with. In addition, I have some concerns that her falls, one witnessed by her son, may have more complicity on her son's part than she is willing to admit in his presence. While I do think she is, for the most part safe, as her son is not living with her, it certainly sounds like either from her son and/or other people at this housing development or perhaps because of some mild dementia, she may be having some difficulty living independently. For this reason, we have spoken with Tracy Hirai, social worker here at University of Washington, as well as to the Bremerton Office of Elderly Abuse just to be sure that

these issues could be checked. Her son's and her intuition that she would be better served in Seattle or in elderly housing may be absolutely appropriate and, in fact, there may be no abuse whatsoever; however, I want to be sure that she is in a safe setting. We will leave it for Ms. Hirai to continue to work up and evaluate this situation.

Electronically Reviewed/Signed On: 12/21/07 at 16:41

_____

Wahl, MD, Christopher John
Assistant Professor, UWMC Dept of Orthopedics & Sports Medicine
Box 354060 (206) 543-1552
Seattle, WA

CJW/MQ
DD:12/19/07
TD:12/20/07

00455

SURGERY CLINIC NOTE

SUBJECTIVE:
This patient returns in follow-up having sustained multiple episodes of DVT and having post thrombotic syndrome in both legs. She has recently sustained a right hip fracture which appears to be fully healed. She has been very good at managing her anticoagulation and also the ulcerations in her leg. Currently she is wearing medium weight JOBST compression stockings on both legs and has not had a recent recurrence of ulceration. She comes today for renewal of her prescription.

PHYSICAL EXAMINATION:
GENERAL: The patient appears quite well. VITAL SIGNS: Blood pressure is 141/70, pulse 77, temperature 36.1 degrees centigrade, weight 141 pounds, O2 saturation 98%. EXTREMITIES: Examination of the legs reveals that the skin is intact. No evidence of ulceration. Good pulses present in the feet. Stasis dermatitis obvious above the malleoli.

IMPRESSION:
The patient is doing good job maintaining the skin in her feet despite the post thrombotic syndrome.

PLAN:
I have given her a new prescription for knee-high 40 mmHg compression stockings. Follow up here as needed.

Electronically Reviewed/Signed On: 10/21/07 at 09:58

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Clowes, MD, Alexander W
Professor, Department of Surgery, Division of Vascular Surgery
Box 356410
Seattle, WA

AWC/MQ
DD:10/19/07
TD:10/21/07

16840

ATTENDING PHYSICIAN:
Christopher J. Wahl, MD

SUBJECTIVE:
Ms. Hoffman and her son present today 4 months status post right ORIF of a intertrochanteric hip fracture on April 2, 2007. She denies any pain in her hip, pelvis or groin. There is no sense of catching or grinding. Her sleep is not disturbed and she can comfortably sleep on the affected side. She is using a cane to walk to her mailbox and garbage. Ms. Hoffman just received a 4-wheeled walker which she is using for longer distances. She does note some mild soreness when walking up or down hills. Her son says she is using the walker only for rehabilitative purposes and that he prefer she use the cane. He has her wearing 5 pound weights around her ankles which he repeatedly tells me he has "tested out" on himself so that she will gain more strength in her legs. He tried to put 10 pound weight on her, but it was too much weight. He says that she is able to lift the leg higher now when she walks and has made "major gains".

OBJECTIVE:
Gait is bilaterally antalgic and requires assistance with planned steps. She has appropriate balance and is able to use a step stool to get on the exam table. Ms. Hoffman is wearing old and worn Doc-Marten like shoes with orthotics. She is wearing bilateral knee-high compression stockings. She is able to perform a straight-leg raise in 2 planes actively and agaist light resistance.

RADIOGRAPHIC IMAGES:
Two views of the hip were obtained today. The hardware is intact. The fracture interval has bony callous. There is osteoarthritis.

ASSESSMENT:
4 months status post right ORIF of a intertrochanteric hip fracture on April 2, 2007

PLAN:
I spoke at length with Ms. Hoffman's son that I do not approve of making her walk around with ankle weights. This strongly increases her risk of falling, especially at the age of 83. The weights are preventing her from natural plantar- and dorsiflexion and making her walk with a flat foot stance. He did not seem to understand this and kept saying she has made great gains since he started making her wear the ankle weights. I reassured Ms. Hoffman that she is doing well in that she can participate in her activities of daily living and her hip is not limiting her. We would like to see her back in the clinic in four monthss or sooner if any questions or concerns arise.

Electronically Reviewed/Signed On: 08/17/07 at 17:19

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Slaney, PA-C, Suzanne L
Physician Assistant, Dept of Orthopaedics
Box 354060
Seattle, WA

SLS
DD:08/17/07

UW Sports Medicine Clinic

SUBJECTIVE
Jeanne returns for another evaluation of her hip now 12 weeks status post AMBI plating for dynamic compression screw placement. She has no complaints of pain at all in her hip. She is using a walker and getting around perfectly well. She can even walk 2-3 miles at times, when she goes to the store. She has no real complaints except for some mild pain in her knee, which she had before we had gotten x-rays, which really showed no major deformity.

She is living with her son who really has gotten her on a fairly aggressive exercise program. He is forcing her to get on steps with a stool, got her doing muscle strengthening in all planes, and working hard to encourage her not to use the walker.

IMPRESSION
She is doing reasonably well.

PLAN
I have had a careful discussion with her son that he really needs not to push her too hard while agree with working on her strength and her abilities I think that discouraging her from using a walker, if she thinks she needs to it to be safe, is not a good idea and certainly anything above ground level, like a step stool, is a poor idea. We have had a discussion about him not continuing to do this. I have also written them a prescription for physical therapy and I would like them to monitor a physical therapy session with the son present to see what kind of things she should be working on. I will see her back in about one to two months.

Electronically Reviewed/Signed On: 06/21/07 at 21:39

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Wahl, MD, Christopher John
Assistant Professor, UWMC Dept of Orthopedics & Sports Medicine
Box 354060
Seattle, WA

CJW/TJH
DD:06/13/07
TD:06/18/07

-ORTHO SPORTS MED CLINIC

SUBJECTIVE
Jeanne Hoffman is a delightful 82-year-old female returned today after a hip fracture. She had had an unstable type intratrochanteric fracture which was fixed with an AMBI plate. At four weeks she is already walking with the use of a walker and has no real complaints except for some numbness at the superior patellar pouch and occasional knee pain.

Please see patient intake questionnaire for a complete detailed past medical, surgical, family and social history, medications, allergies and vital signs as well as 14-system review dated 05-02-07.

PHYSICAL EXAMINATION
On physical examination she can flex well and easily to 90˚. She can extend fully. She has some numbness over the plect super patellar region of her knee but not medially nor laterally. She has good muscle strength.

RADIOGRAPHIC STUDIES
X-rays of her hip and an AP and frog leg as well as her knee an AP and laterals were taken here today. I viewed the x-rays and my interpretation is as follows: The hip shows good placement of hardware which has not moved. There are no signs of cut out. She is already showing signs of fracture callus. There is no collapse.

Regarding her knee, her AP and lateral views of the knee show no signs of new fractures. There is some minimal age related osteoarthritis but nothing impressive here.

IMPRESSION
She is doing great at four weeks.

PLAN
We will look forward to seeing her back in another four weeks at which point I expect she will be off the walker and probably on a cane.

Electronically Reviewed/Signed On: 05/04/07 at 15:41

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Christopher John Wahl, MD
Assistant Professor, UWMC Dept of Orthopedics and Sports Med
Bank of America Arena Rm. 148 Box 354060
Seattle, WA 98195

CJW/TJH
DD:05/02/07
TD:05/04/07

-ORTHO SPORTS MED CLINIC

EMERGENCY DEPARTMENT NOTE

TIME SEEN:
Approximately 12:30 AM

CHIEF COMPLAINT:
"Numbness in the left foot."

HISTORY OF PRESENT ILLNESS:
Mrs. Hoffman is an 82-year-old woman who is referred into our Emergency Department by the personnel at a skilled nursing facility. Mrs. Hoffman is there for rehabilitation following a prosthetic hip insertion on March 31. She was discharged on April 4 to participate in rehab therapy following a hip fracture and prosthetic hip operation. History is primarily from the EMS notes who were called to transport her from the nursing facility. Apparently Mrs. Hoffman had complained of some numbness and abnormal sensations in her left lower leg and foot. Apparently according to the handwritten note evaluation by the staff at her nursing facility, they could not detect a pulse in her left foot and consequently referred her in for further evaluation.

REVIEW OF SYSTEMS:
Relative to chief complaint: Mrs. Hoffman is extremely hard of hearing, and communication back and forth was less than optimal. As best I can determine, she has felt like her left foot and lower leg "felt funny and a little numb." Pain has not been a component of her complaints.

PHYSICAL EXAMINATION:
EXTREMITIES: Problem-oriented exam confirmed that she indeed had a large hip replacement operation site on her right hip. In fact, the skin staples are still in place and the wound looks appropriately healing. No signs of infection exist. On the left leg, however, examination concentrated on her chief complaint of numbness and the nursing facility observation of no pulse. The lower extremities bilaterally appear to be chronically indurated with 1+ peripheral pitting edema. There is postinflammatory hemosiderin pigmentation in the affected leg on the left side much greater than the right. The dorsalis pedis pulse is present and brisk bilaterally. Capillary refill is intact in both feet. posterior tibiablis pulse cannot be palpated in either foot, and the only asymmetric abnormality appeared to be some bruising and possible ecchymoses/petechiae formation on the second and third toes on the left. To blunt stimulation and sharp stimulation of the left lower extremity she appeared to be perceiving the stimulations. More subtle sharp-dull discriminations could not be performed due to the communications problems. On the left foot there is good capillary refill. She has good strength on both flexion and extension, and the color status and
circulation appear to be normal and consistent with her right leg.

MEDICAL DECISION MAKING:
Because of Mrs. Hoffman's high risk for peripheral vascular disease including the risk factor of recent prolonged bed rest and prolonged orthopedic operation following general anesthesia, she is definitely at risk for deep venous thrombosis (DVT) and peripheral vascular problems. The original complaint from

the nursing facility that she had lost her pulse on the left lower extremity is not true at this time. A good bounding dorsalis pedis pulse is present to both palpation and ultrasound stethoscope on the left and the right. I think it appropriate, however, given her risk factors that we hold her in the Emergency Department until a vascular duplex study, both arterial and venous, can be performed later this morning.

FINAL DIAGNOSIS:
Possible venous system pathology in a high-risk patient.

PLAN:
At the time of this dictation, a peripheral venous duplex study including both arterial and venous components has been requested and is awaiting scheduling in the Vascular Laboratory. Responsibility for the patient is being transferred to Dr. Tom Martin, the succeeding attending. He will evaluate and respond to the duplex study results. At this time it is my opinion that if no acute pathology is identified on the Vascular Laboratory studies, she can be discharged back to the skilled nursing facility from whence she came.

Electronically Reviewed/Signed On: 04/19/07 at 21:00

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Richard O Cummins, MD
Attending Physician
Emergency Medicine Services, Box 356123
Seattle, WA

ROC/MQ
DD:04/14/07
TD:04/14/07

29144-***

pt doing well s/p orif rght hip and proximal femure repair. no known anesthesia related complications.

Electronically Reviewed/Signed On: 04/04/07 at 10:14

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Katherine L Haeck, MD
Resident, Anesthesiology
Box 356540
Seattle, Wa

Electronically Co-Signed On: 04/21/07 at 09:01

_____

Lili L Church, MD
Roosevelt Family Medicine
4245 Roosevelt Way NE
Seattle, WA 98105

KLH
DD:04/04/07

post op check

DISCHARGE SUMMARY

DATE OF ADMISSION: 3/31/2007

DATE OF DISCHARGE: 4/4/2007

ADMITTING ON ADMISSION: Sumam Abraham, MD

ATTENDING ON DISCHARGE: Lili Church, MD

RELEVANT DIAGNOSES
1. Right intertrochanteric hip fracture.
2. Chronic left upper extremity deep venous thrombosis.
3. Diabetes mellitus type 2.

PROCEDURES
X-ray right femur and pelvis 3/30/2007. Comminuted intertrochanteric right femur fracture with 1 cm of lateral displacement of the shaft and 1 cm medial displacement of lesser trochanter fragment with minimal angulation.

Head CT without contrast 3/30/2007. No intracranial hemorrhage, microvascular ischemic disease, volume loss stable from prior exam.

Left upper extremity 3/31/2007. Evidence of chronic occlusion collateralization left external iliac vein, evidence of chronic wall thickening right main thigh femoral vein, no significant change from previous exam in 2005. No evidence of acute DVT in right or left lower extremities.

OPERATION
Open reduction and internal fixation right hip 4/2/2007 performed without complications by Dr. Christopher Wahl, Orthopedics. Please see his note in MINDscape for full details.

ADMISSION HISTORY
82-year-old female had a fall from standing and landed on right hip. She says she just fell, no loss of consciousness, no seizures, no history of head injury during fall. Found with right leg in awkward position but alert and oriented and brought in by AMR.

PAST MEDICAL HISTORY
1. Diabetes times two.
2. History of petit mal seizure.
3. GERD.
4. Recurrent DVTs.
5. Hyperlipidemia.
6. Carpal tunnel.
7. Cataracts.
8. Allergic rhinitis.
9. Osteoarthritis.

10. Hypertension.
11. Diaphragmatic hernia.
12. Glaucoma.

PAST SURGICAL HISTORY
1. Appendectomy.
2. Hysterectomy.
3. Right ankle surgery.
4. "Ulcer" surgery.

PAST SOCIAL HISTORY
No substances. Lives in Bainbridge Island independently.

ALLERGIES
PENICILLIN AND SULFA.

MEDICATIONS
1. Tegretol 200 mg tid.
2. Lipitor 40 mg qhs.
3. Timolol 0.5 mg 1 drop each eye bid.
4. Warfarin 5 mg Monday, Tuesday and Saturday, 10 mg otherwise q day.
5. Pentoxifillin 400 mg tid.
6. Hydrochlorothiazide 12.5 mg q day.
7. Ranitidine 150 mg bid.

ADMISSION PHYSICAL EXAM
VITAL SIGNS: Temperature 37.2, heart rate 93, blood pressure 125/63, respiratory rate 20. GENERAL: Pleasant in no acute distress. HEENT: Eyes normal. ENT normal. NECK: Supple. CV: Regular rate and rhythm, 2/6 systolic ejection murmur. LUNGS: See tab. ABDOMEN: Soft, nontender, nondistended. EXTREMITIES: Bruising right hip with mildly tender to palpation. Normal distal sensation of right leg. 2+ distal pulses.

LABORATORY DATA
Labs on admission, CBC, chem 7, LFTs and troponin were all normal. EKG showed a right bundle branch block consistent with baseline.

HOSPITAL COURSE BY SYSTEMS
1. Hip fracture. Orthopedics was consulted in the ER and recommended surgical reduction. The patient was admitted to Family Medicine Service due to history of recurrent DVTs and anticoagulation. After acute thrombosis was ruled out, Orthopedics took the patient to the OR for successful internal fixation without side effects or complications. She tolerated the procedure well and returned to her baseline postoperatively. She has minimal hip pain but is weightbearing as tolerated with Physical Therapy this morning. Her wound looks clean with clean dressings on it. She is to continue to have physical therapy and occupational therapy at Messenger House and recommendations are for weightbearing as tolerated. We are recommending a wound check q day for three more days and then prn thereafter.

2. Recurrent DVTs. INR was 2 on admission and with one dose of vitamin K came down to 1.2 on 4/1. During this time, she was maintained on a heparin drip for her recurrent DVTs. Lower extremity duplex showed chronic occlusion, but no acute changes as above. Her heparin was held intraoperatively but restarted 12 hours after procedure and she experienced no evidence of bleeding or wound dehiscence. On day of discharge, she was given one shot of Lovenox 70 mg subq times one and will continue to have Lovenox 70 mg bid until her INR is therapeutic on her Coumadin at the above regimen. We recommend that an anti-factor 10A level be checked in three days and that her INR be checked weekly until stable.

3. Diabetes mellitus. On admission there was question of glucose tolerance but with persistent chem 6 in the 200s and 1 in the 300s, the diagnosis of diabetes was made. She was maintained on sliding scale insulin with fair control of her blood sugars throughout. On day of discharge, her sugars ranged in the 200s, and we recommend she begin Metformin 500 mg bid as an outpatient. She should have blood sugars checked daily and follow-up with her PCP for diabetes management and education.

4. Anemia. Patient was admitted with a mild anemia of 35% which remained stable. Postoperatively, her hematocrit was 29%. She had no hypotension or tachycardia. On postoperative day one, hematocrit was 24% and this was attributed to hemodilution. Repeat hematocrit was 25% and her vital signs remained stable without tachycardia, hypotension or orthostasis. Her physical examination was normal without any signs of internal or external bleeding and a clean wound check. We recommend that her wound be checked daily and that her stools be guaiaced to rule out occult GI bleed.

DISCHARGE MEDICATIONS
Resume previous meds as above with the addition of
1. Lovenox 70 mg subq bid until INR is therapeutic.
2. Oxycodone 5 mg q6h as needed.
3. Docusate 250 mg po bid.
4. Iron sulfate 325 mg q day with orange juice.
5. Potassium chloride 10 mg q day times one week.

DISPOSITION
The patient is to undergo acute rehab at Messenger House. She will be transported by cabulance today.

DISCHARGE INSTRUCTIONS
1. Daily PT and OT at Messenger House, weightbearing as tolerated.
2. Monitor INR q week until stable. Anti-factor 10A level in three days or until off Lovenox. Chemistry and CBC should be checked q week until followed up by PCP.
3. New medications as above.
4. Follow-up with Dr. Wahl in Sports Medicine Clinic in two weeks. We also recommend she follow-up with her PCP Dr. Neighbor in Family Medicine Clinic at the same time. Patient comprehension is good.

Category: Discharge/Transfer/Interim
Date of Service: 04/04/2007 15:47
Document Status: Authenticated
Title: 17203
Document Version : 4

Encounter Number: 450562
Facility: UWMC
Encounter Type: Inpatient
Admit Date Time: 03/31/2007 01:23:00
Discharge Date Time: 04/04/2007 15:30:00

Performed By: Vasavada MD, Zubin
Performed Date Time: 04/04/2007 15:27:59
Verified By: Church, MD, Lili L
Verified Date Time: 04/21/2007 09:02:03

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 04/09/07 at 14:50

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Zubin Vasavada, MD
Resident, Family Medical Center
Box 354770
Seattle, WA

Electronically Co-Signed On: 04/21/07 at 09:02

_____

Lili L Church, MD
Roosevelt Family Medicine
4245 Roosevelt Way NE
Seattle, WA 98105

cc: William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

ZV/NLF
DD:04/04/07
TD:04/04/07

17203

OPERATIVE NOTE

DATE OF DICTATION/DATE OF OPERATION
April 2, 2007

ATTENDING SURGEON
Christopher John Wahl, MD

FIRST ASSISTANT
Jason J Wilcox, MD, R3

PREOPERATIVE DIAGNOSIS
Right unstable intertrochanteric hip fracture

POSTOPERATIVE DIAGNOSIS
Right unstable intertrochanteric hip fracture

PROCEDURES
Open reduction, internal fixation, right hip, using a dynamic compression hip screw

ANESTHESIA
General by endotracheal tube

FLUIDS IN
1800 cc of crystalloid

ESTIMATED BLOOD LOSS
About 250 cc

URINE OUTPUT
250 cc

SPECIMENS
None

DRAINS
None

IMPLANTS
One four-hole 135-degree dynamic hip screw, four or five cortical screws, one 95 mm hip screw and one compression screw.

COMPLICATIONS
None

INDICATIONS/PRESENTING HISTORY

Ms. Hoffman is a delightful female who unfortunately has a seizure disorder and has had multiple falls in the past. Unfortunately the last time she fell prior to this admission she broke her right hip. She was seen in the emergency room where x-rays were obtained. These showed an intertrochanteric hip fracture with comminution at the greater trochanter and a large lesser tuberosity posteromedial fragment.

After a long discussion about the risks and benefits of surgery, she has decided she wanted to undergo an open reduction, internal fixation with a dynamic compression screw. Some thought was given to the thought of using an intramedullary device; however, because of the comminution at the greater trochanter it was felt that this would significantly disrupt the abductor mechanism.

DESCRIPTION OF PROCEDURE
Ms. Hoffman was brought to the operating room and placed upon an operating table where, according to the usual protocol, she was inducted into a successful general anesthesia by endotracheal tube. She was transferred onto a fracture table. Her left lower extremity was placed in a well-leg holder. Her right lower extremity was placed in traction after placement of a peroneal post which was well-padded.

OPERATIVE PROCEDURE
The right lower extremity was prepped and draped in the standard surgical fashion. A combination of traction, internal rotation and adduction was applied but it was found that the fracture was significantly markedly displaced with the proximal fragment flexed up and abducted and it could not be reduced to the more distal fragment.

Next a longitudinal incision was made from proximal to the greater trochanter, carried down through the skin and subcutaneous tissues using a knife and hemostasis was achieved using a Bovie cautery. This incision was taken down to the iliotibial band, bringing the vastus fascia into view. The vastus fascia was incised longitudinally.

Next an open reduction was carried out where reduction forceps and a bone hook were used to grasp the more proximal fragment, bringing it to a more extended position, and it was carefully reduced to the more distal fragment. When this was done, it was held in place provisionally using a guidepin for the DHS which was placed proximally in the neck and to lie purposely in the acetabulum to maintain the reduction.

Next the 135-degree guide was placed onto the lateral aspect of the femur, and then a screw placed on AP and lateral fluoroscopic guidance to lie centrally in the femoral head in both the AP and lateral planes. When an acceptable position and an excellent reduction were achieved, this was measured, drilled up to 95 mm to accommodate the screw, and then a dynamic compression screw was inserted using the appropriate instrumentation.

The 135-degree plate was placed over the screw, malleted into position on the lateral wall of the femur, and then four screws were drilled, measured, tapped and filled, according to standard AO technique. This gave an excellent reduction to the fracture, compression screw was applied, and then attention turned to the wound defects which were copiously irrigated. The vastus fascia was reapproximated using #0 Polysorb sutures in a running fashion.

The iliotibial band was closed using figure-of-eight sutures in an interrupted fashion. Skin edges were reapproximated using #2-0 Polysorb sutures in an interrupted buried fashion, and the skin edges were

closed definitively using a stapler. Xeroform and a dry sterile dressing were applied. She was transferred from the fracture table to the operating table and to the postanesthesia care unit, resting and in stable condition.

I, Christopher John Wahl, MD, was present for and completed all aspects of the procedure, from incision to closure.

Electronically Reviewed/Signed On: 04/10/07 at 08:03

_____

Christopher John Wahl, MD
Assistant Professor, UWMC Dept of Orthopedics and Sports Med
Bank of America Arena Rm. 148 Box 354060
Seattle, WA 98195

CJW/EAN
DD:04/02/07
TD:04/03/07

14065

EMERGENCY DEPARTMENT NOTE

TIME SEEN:
18:40

CHIEF COMPLAINT:
Right hip pain

HISTORY OF PRESENT ILLNESS:
This is an 82-year-old female who was standing in a line at a shelter for the food bank when she lost her balance and fell backward with her right leg up underneath her. She immediately had excruciating right hip pain and was unable to move the extremity without pain.

She denies hitting her head, having any lightheadedness, chest pain, shortness of breath, or palpitations during this episode. She had otherwise been well this morning with no fevers, chills, nausea, vomiting, diarrhea, or other abnormal symptoms. She denies any dizziness or numbness, or inability to move any part of her body, or difficulty speaking during the event. At no time was she confused. She has not had a headache, nausea, or vomiting since the fall.

She is on Coumadin for a history of DVT and PEs. She also has a history of epilepsy, but the paramedics report that she was never confused and did not have a postictal state.

REVIEW OF SYMPTOMS:
A 10-point review of systems is completely negative, except as noted above.

PAST MEDICAL HISTORY:
1. Hypertension.
2. Epilepsy.
3. Arthritis.
4. DVT.
5. PE.

CURRENT MEDICATIONS:
1. Lipitor.
2. Coumadin.
3. Carbamazepine.
4. Ammonium lactate.
5. Timolol.
6. Hydrochlorothiazide.
7. Ranitidine.
8. Pentoxifylline.

ALLERGIES:
1. SULFA.
2. PENICILLIN.

SOCIAL HISTORY:
The patient denies alcohol, smoking, or illicit drug use. She lives on Bainbridge Island. Her son, Doug, also lives on Bainbridge Island and his

phone number is #206-842-8360.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure: 173/91. Temperature: 37.2. Pulse: 78. Respiratory rate: 18. Oxygen saturation: 100% on room air. CONSTITUTIONAL: Well-appearing elderly female. Hard-of-hearing. In mild distress to her right femur. HEENT: Head: Normocephalic and atraumatic. Eyes: Pupils are equal, round, and reactive to light. Extraocular movements are intact. Sclerae anicteric. Conjunctivae clear. Nose: Without discharge. Mouth: Moist mucus membranes. NECK: Supple, with no midline tenderness or step-offs. There is no C-collar in place on arrival and the patient was moving her head about, with absolutely no pain, and talking in full sentences throughout her transport and initial evaluation in the Emergency Department. Given this and her exam of her neck and history of not hitting her head, it was felt that no C-collar was necessary. RESPIRATORY: Clear to auscultation, bilaterally. CARDIOVASCULAR: Regular rate and rhythm, without murmurs, rubs, or gallops. CHEST: Without contusions or abrasions. GASTROINTESTINAL: Abdomen soft, nontender, and nondistended, with normal bowel sounds. GENITOURINARY: The pelvis is stable. There is no blood at the urethral meatus or coming from the vagina. SKIN: Without edema or erythema. NEUROLOGIC: Cranial nerves II-XII intact. Gross motor and sensory exam intact. PSYCHIATRIC: Alert and oriented times three. Is alert and appropriate. EXTREMITIES: There is shortening and external rotation of the right lower extremity. Obvious swelling in the right thigh superiorly. Other joints have full range of motion. There is faint but palpable DP and PT pulses, bilaterally. Sensation is intact in the right lower extremity.

DIAGNOSTIC TESTS:
A CBC and chemistry are unremarkable, with a hematocrit of 37. Coags show an INR of 1.9. LFTs, troponins, and urinalysis are unremarkable.

IMAGING STUDIES:
A portable chest x-ray is normal. A head CT showed no acute intracranial bleeding. There was microvascular ischemic disease and volume loss. A pelvis x-ray showed no fracture of the femur. X-rays showed an intertrochanteric fracture with a 1 cm lateral shaft displacement, and 1 cm medial displacement of the lesser trochanter.

ELECTROCARDIOGRAM DATA:
An EKG shows normal sinus rhythm and a rate of 73, with a right bundle branch block and no significant ST-T changes or cues, with no significant change since a previous EKG on 2/27/2007.

EMERGENCY DEPARTMENT COURSE AND MEDICAL DECISION MAKING:
This is an 82-year-old female who, based on exam, had a probable right femur fracture. Her blood pressure was initially stable greater than one hour since the accident at 173/91, and she was not tachycardic. Her pain was relieved with morphine. Her vital signs remained stable with a hematocrit of 37. Therefore a traction splint was not applied.

CONSULTATIONS:
She underwent evaluation by Orthopedics in the Emergency Department after her

x-rays had returned.

She was then admitted to the Medicine Service for medical management with an Orthopedic consult for hip fixation. There were no other apparent injuries. The neurovascular status of her right lower extremity was intact throughout her stay.

FINAL DIAGNOSIS:
Right hip fracture.

CONDITION ON ADMISSION:
Satisfactory.

Attending Statement:

I personally saw and evaluated the patient. I discussed the patient with Dr. Mazzoncini. I agree with the findings and plan as documented in his note.

Electronically Reviewed/Signed On: 04/03/07 at 13:55

_____

Joe Primo Mazzoncini, MD
Resident, Emergency Care Dept
Box 356123
Seattle, Wa

Electronically Co-Signed On: 04/04/07 at 22:37

_____

Laura E Fife, MD
Attending Physician
Emergency Medical Service, Box 356123
Seattle, WA

JPM/MQ
DD:03/30/07
TD:03/31/07

12321

PHYSICAL THERAPY CLINIC NOTE

TIME: 2:30 pm

The apatient did not show up for this appointment. Per medical records this is the second thime that she was requested by her physician to schedule PT.

Electronically Reviewed/Signed On: 03/07/07 at 14:50

_____

Emmanuel B Caraig, PT
UWMC - Exercise Training Center
Box 354745
Seattle, WA

EBC
DD:03/07/07

EMERGENCY DEPARTMENT NOTE

TIME OF VISIT:
1414 hours

CHIEF COMPLAINT:
Leg swelling.

HISTORY OF PRESENT ILLNESS:
This is an 82-year-old female with a history of DVTs, on chronic Coumadin therapy, who had right lower extremity swelling, redness and warmth about a week ago that suddenly improved on its own; it was from the knee to the ankle. There was minimal discomfort associated with it, now she has no complaints. She spoke with some providers on the phone. She is not a terrific, but an adequate historian. It is unclear exactly who she spoke with, but she was told to come in and be evaluated, although she says she feels fine, like her usual self.

REVIEW OF SYSTEMS:
Full 10-point review of systems was asked and was negative except as per above. Of note, she is hard of hearing. She has a history of DVT, PE last in 1999. She has a history of hypertension, dyslipidemia, peripheral vascular disease, epilepsy, TIA, glaucoma, GERD.

MEDICINES:
Her medicines were reviewed and include:
1. Hydrochlorothiazide.
2. Lipitor.
3. Ranitidine.
4. Tegretol.
5. Warfarin.

SHE IS ALLERGIC TO SULFA AND PENICILLIN.

FAMILY HISTORY:
Clotting disorders. She has no alcohol, tobacco or illicit drug use. She lives in Bainbridge, not working.

OBJECTIVE:
VITAL SIGNS: Temperature 36, 102/78, pulse 78, respirations 20, 98% on room air. GENERAL: She is normocephalic, atraumatic, alert and oriented x3 female, pleasant, somewhat tangential. Not a particularly lucid historian, but directable. HEENT: She is anicteric. Oropharynx is clear. Mucous membranes are moist. NECK: Supple. CHEST: Clear to auscultation. No rales or wheezes.

HEART: Regular rhythm, S1 and S2. No murmurs, no gallops. ABDOMEN: Soft, nontender on deep palpation. No rebound, no guarding, no CVA tenderness. EXTREMITIES: She has no cyanosis, clubbing or edema. She has some chronic changes in her left calf region, not symptomatic side, with some brown skin changes, not asymmetric, not warm. DP and PT pulses 2+ in both extremities. She has full sensory normality in bilateral lower extremities. She is grossly nonfocal with a stable gait using her usual walking device.

EMERGENCY DEPARTMENT COURSE:
She had an INR of 1.5, completely normal chemistries and CBC. Liver functions were normal. This patient is already on Coumadin, but slightly subtherapeutic, and it was a holiday; there was no access to vascular lab studies during the day. I do not think that she needs one urgently, as she is known to have venous thromboembolic disease, and she is currently asymptomatic; thus, we had her double her dose of Coumadin this evening, and call her primary care provider tomorrow as soon as possible to follow up on her INR, and we fax requested a referral for an outpatient lower extremity noninvasive Doppler study to see if there is any acute clot.

She was discharged with a diagnosis of resolved lower extremity swelling and edema without evidence of active cellulitis, as well as subtherapeutic INR.

Electronically Reviewed/Signed On: 01/17/07 at 00:11

_____

Medley OKeefe Gatewood, MD
Attending, Department of Emergency Medicine
Box 356123
Seattle, Wa

MOG/MQ
DD:01/16/07
TD:01/16/07

09237

June 13, 2006

Jeanne Hoffman
245 High School Rd NW
Apt. #2
Bainbridge Island, WA 98110

Re: HOFFMAN, JEANNE LEONIE
U8170135

Dear Mrs. Hoffman:

The purpose of this letter is to support having your son, Louis Alloin, be an occupant in your apartment while he is in the Seattle for the next 2 to 3 months. Based upon our interviewer yesterday, he clearly has been helping you with cleaning, food planning, cooking, and clothing, as well as some improvements in your apartment and general living situation. Given your problems with balance and ambulation, I know this is helpful. I think this would qualify under the Americans with Disabilities Act. I advocate that he be listed as an occupant so that he may continue to reside with you during the time that he is in Seattle.

Please contact me if you have any questions.

Sincerely yours,

William E Neighbor Jr, MD

Electronically Reviewed/Signed On: 06/15/06 at 14:20

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

cc: Jeanne Hoffman
245 High School Rd NW
Apt. #2
Bainbridge Island, WA 98110

WEN/FL
DD:06/13/06
TD:06/13/06

24604

PROBLEM:
Activities of daily living.

SUBJECTIVE:
Patient is in with her son Louis Alloin. He has been visiting her from California for an extended stay as he is doing some work in the Seattle area in transportation and has been staying in the patient's apartment in order to assist her with cleaning, food arrangements, clothing and general reorganization of her apartment. He has also identified some problems with mold and structural problems in the apartment, and has contacted the appropriate people to make improvements. They are in today apparently because the patient lives in public housing. They need a strong letter supporting his role under ADA. He would live there as an occupant for the two to three months he will be in Seattle.

OBJECTIVE:
Observation of interactions between Mrs. Hoffman and her son shows positive interactions. She clearly appreciates the help that he has given her.

ASSESSMENT:
Activities of daily living.

PLAN:
I will write a letter more firmly supporting Louis living with the patient while he is in Seattle.

Electronically Reviewed/Signed On: 06/15/06 at 14:19

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/MQ
DD:06/13/06
TD:06/14/06

24597

PROBLEM:
ANTICOAGULATION.

SUBJECTIVE:
In for INR check. No bleeding, no clots.

PROBLEM:
LEFT LOWER QUADRANT ABDOMINAL PAIN.

SUBJECTIVE:
Two-week history of left lower quadrant abdominal discomfort, particularly worsened by walking. She denies any fever or chills, night sweats. Denies change in urination or bowel movements. She has not had recent colorectal cancer screening.

PAST MEDICAL HISTORY:
1. Seizure disorder.
2. Recurrent phlebitis and DVT's.
3. Hypercholesteremia.
4. History of venous stasis ulcers.
5. Talonavicular arthritis.
6. Hypertension.
7. Glaucoma.

MEDICATIONS:
1. Lipitor 40 mg daily.
2. Trental 40 mg tid.
3. Hydrochlorothiazide 25 mg 1/2 tablet daily.
4. Tegretol 200 mg tid.
5. Warfarin 10 mg one tablet three days of the week and 1/2 tablet on four days of the week.

REVIEW OF SYSTEMS:
The arthritic pain in her hands, for which she was seen about a month ago, resolved.

OBJECTIVE:
Weight 154, blood pressure 158/79, however, previous blood pressures usually about 115 to 130 systolic. Pulse 72 and regular. No acute distress. Bowel sounds normally active. Abdomen is symmetrical. There is tenderness in the left mid quadrant. On contraction of her abdominal muscles, the tenderness persists and there seems to be a fullness in the area of the tenderness suggesting a hernia.

LABORATORY DATA:
INR 2.2 today. She previously had sed rate and anti-CCP both of which were normal. Ankle brachial index earlier this year was normal as well.

ASSESSMENT/PLAN:
1. Anticoagulation with adequate INR. Continue current dose, recheck in one month.

2. Left mid quadrant abdominal discomfort. Probably secondary to abdominal wall hernia. Will obtain CT scan to confirm this. Also check CBC to rule out chance of diverticulitis though she has had no fever, chills or change in bowel movements. She is also due to colorectal cancer screening.
3. Colorectal cancer screening. Hemoccult kit given. Her last sigmoidoscopy was in 2001 and was only to 30 cm. She would be due for coloscopy or sigmoidoscopy depending on the results of her Hemoccult testing.
4. Health maintenance. Also due for tetanus diphtheria.
5. Elevated blood pressure. Check pressures at home, return in one month for recheck blood pressures.

Electronically Reviewed/Signed On: 06/15/06 at 14:22

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/MQ
DD:06/07/06
TD:06/08/06

17802

DATE OF SERVICE:
05/23/2006

PROBLEM:
ANTICOAGULATION

SUBJECTIVE:
Compliant with Coumadin 10 mg, one tablet on three days of the week and one-half tablet on four days of the week. No bleeding or signs of thrombosis.

MEDICATIONS:
Listed at her visit 3/26/2006.

OBJECTIVE:
VITAL SIGNS: FMC chart. INR 2.

ASSESSMENT:
Anticoagulation for history of DVTs and venous thrombosis. INR adequate today.

PLAN:
Recheck two weeks to assure stability. Continue on current dose of warfarin.

Electronically Reviewed/Signed On: 05/28/06 at 03:20

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/MQ
DD:05/23/06
TD:05/25/06

29039

VASCULAR SURGERY OUTPATIENT CLINIC NOTE

SUBJECTIVE: This 81-year-old woman returns to the Vascular Surgery Clinic for ongoing followup of her lower extremity post-thrombotic syndrome. She was last seen in this clinic in September 2005. She is known to have had a previous episode of left leg deep venous thrombosis in the 1980s, following a surgical procedure. She has had problems with swelling and post-thrombotic changes in both legs over the years, and she has been on Coumadin for many years. However, she has had no recent episodes of ulceration, and she uses bilateral elastic stockings to control her swelling.

At the time of this clinic visit, she has no new complaints with regard to her lower extremities. She has had no recent episodes of ulceration, and her swelling appears to be well-controlled. She does have some complaints of pain in the left hip and both of her knees, which are most likely related to arthritis. She is able to walk without crampy muscular pain, and her limitations are primarily related to her joints.

PHYSICAL EXAMINATION: VITAL SIGNS: She has a blood pressure of 130/66, with pulse 82 and temperature 36.5. Oxygen saturation is 94%. Observation of her legs reveals minimal swelling with bilateral stockings in place.

Review of her most recent vascular laboratory tests indicates that her ankle brachial indices were normal at greater than 1.0 on April 11, 2006, as well as in September 2005. She had a carotid duplex examination in September 2005, showing minimal disease of the internal carotid arteries bilaterally. Her last lower extremity venous duplex scan was also in September 2005. This was significant for chronic appearing left external iliac vein occlusion with collaterals visible and incompetence of the distal deep veins in the left leg.

ASSESSMENT AND PLAN: In summary, this 81-year-old woman has significant lower extremity post-thrombotic syndrome. She has had symptoms on both sides, although the major abnormalities documented by ultrasound are on the left side. She has been taking Coumadin for many years, and by her report, she has not had any serious complications related to her anticoagulation. However, it is reasonable to at least consider whether she needs to remain on Coumadin indefinitely. Unfortunately, there is no scientific way to predict her risk of recurrent venous thromboembolism off of anticoagulation. Given the significant abnormalities documented on venous ultrasound, particularly on the left side, this risk would most likely be significant. Therefore, if she is not having any serious complications or contraindications to continuing anticoagulation, then I would recommend that this continue. However, it would be reasonable to lower the intensity of her anticoagulation to make it somewhat safer. A therapeutic range around an INR of 2.0 would be reasonable in this setting. In addition, if she needs to discontinue her Coumadin for short periods of time, such as for dental procedures, then she should not require any bridge therapy. These recommendations are based simply on experience with similar patients, and not on clinical trials. These issues were discussed with the patient. She was invited to return to this clinic or call with any questions related to her vascular surgery evaluation today.

Category: Progress Notes
Date of Service: 05/09/2006 00:00
Document Status: Authenticated
Title: 08795
Document Version : 4

Encounter Number: 1711055109
Facility: UWMC
Encounter Type: Outpatient
Admit Date Time: 05/09/2006 10:17:00
Discharge Date Time: 05/09/2006 23:59:59

Performed By: Zierler MD, Robert Eugene
Performed Date Time: 05/09/2006 11:55:00
Verified By: Zierler, MD, Robert Eugene
Verified Date Time: 05/10/2006 15:10:27

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 05/10/06 at 15:10

_____
Robert Eugene Zierler, MD
Attending, Div of Vascular Surgery
Box 356410
Seattle, WA

_____
William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

cc: Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

REZ/MQ
DD:05/09/06
TD:05/09/06

08795

PROBLEM: ANTICOAGULATION.

SUBJECTIVE: Current dose of Coumadin below. In for INR.

MEDICATIONS: Coumadin 10-mg tablet, one tablet on four days of the week and half tablet on three days of the week.

OBJECTIVE: INR 3.1. No signs of bleeding.

ASSESSMENT: Anticoagulation. Would prefer her INR to be close to 2 given her fall risk.

PLAN: New schedule will be Coumadin 10-mg tablets one tablet on three days of the week and half tablet on four days of the week. Recheck two weeks.

Electronically Reviewed/Signed On: 05/11/06 at 13:44

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/MQ
DD:05/09/06
TD:05/10/06

09121

TELEPHONE NOTE

INR 3.4. Patient's home phone called. Spoke with her son. Told her to hold dose this evening and tomorrow evening and then continue her regular dose. Her total weekly dose is presently 55 mg per week, previously had been slightly higher and I suspect that the elevation of the INR she has today will quiet down if we just hold a couple of doses and the re-implement her usual 55 mg total weekly dose which gives her varying INRs but they are usually towards the low end of the 2 range.

Recheck 10 days with appointment and for blood test.

Electronically Reviewed/Signed On: 05/04/06 at 14:48

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/MQ
DD:04/28/06
TD:04/29/06

25721

PROBLEM: ANTICOAGULATION.

SUBJECTIVE: In for INR. Increased her total weekly dose by 5 mg which was 10% dosage increase at her last visit. No bleeding.

PROBLEM: GLUTEAL STRAIN.

SUBJECTIVE: Patient complains of pain in the gluteal muscle. There has been no fall. This has been an intermittent problem for years.

PROBLEM: COLDNESS IN HER LOWER LEGS.

SUBJECTIVE: Has history of peripheral vascular disease. Is on medications as listed at her last visit with me. She notes that her extremities in the last six months seem to be colder than usual. There has been no acute changes. She was seen by Dr. Zierler in Vascular Clinic last fall with a question of whether to continue on Coumadin, but she did not follow up. Peripheral vascular disease was not a reason for that visit at that time.

MEDICATION: Coumadin 10 mg on five days of the week currently and 5 mg on two days of the week for a total weekly dose of 60 mg.

OBJECTIVE: Blood pressure 130/80. Pulse 82 and regular. Examination of her lower back shows no midline tenderness. There is tenderness over the gluteal muscle on the left. Hip has full range of motion and no pain on internal or external rotation. Her gait is pretty much baseline for her. Lower extremity peripheral vascular exam was not done today given she was in for a brief visit.

LABORATORY: INR 3.0.

ASSESSMENT AND PLAN:
1. Anticoagulation. I am concerned that the total dose of 60 mg weekly is too much for her. She reports today that Allan Ellsworth who has managed her in the past always aimed closer to 2. We will drop back to her regular dose of 55 mg weekly. Patient understands how to take this which would be 10 mg on four days of the week and 5 mg on three days of the week. INR in two weeks.

2. Gluteal strain. Advised stretching exercises and use of Tylenol which she has been doing and has worked in the past.

3. Peripheral vascular disease. Referred to Dr. Zierler after she has an ankle brachial index done at the Vascular Clinic for further recommendations. Also as followup to her visit with him in September with the question of whether she should continue on anticoagulation given that she is at some fall

risk. Of note the patient prefers to stay on anticoagulation with her INR about 2.0 and so this is probably what we will do at the present time. She has had no recent falls.

Electronically Reviewed/Signed On: 04/12/06 at 17:58

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/MQ
DD:04/07/06
TD:04/07/06

27490

After conferring with pt's PCP, I spoke w/ her and her son about pursuing cognitive behavioral therapy for her delusional parasitosis. I have contacted Dr. Stacy Welch, and she has recommended that the pt have an intake eval by her colleague, Dr. Andrea Neal, who has expertise both in skin picking/body focused repetitive behaviors as well as delusional disorders. The pt appeared motivated at her last appt and her son said he would help her follow up and schedule an appointment with them, (ebtseattle.com, 206-374-0109). She may also require a second-generation antipsychotic, but this will be left up to her mental health providers or PCPs. She should continue to see us in derm q 3 mos.

Electronically Reviewed/Signed On: 04/04/06 at 15:15

_____

Jared Micheal Scott, MD
Resident, Dept. of Medicine/ Dermatology Div.
Box 356524
Seattle, WA

Electronically Co-Signed On: 04/25/06 at 12:09

_____

Melanie K Kuechle, MD
Attending Physician, Medicine
Box 356524
Seattle, WA

cc: Stacy Shaw Welch, PHD
325 9th Ave, Box 359910
Seattle, Washington 98104

Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

JMS
DD:04/04/06

CBT referral

PROBLEM: ANTICOAGULATION.

SUBJECTIVE: Current Coumadin dose is 10 mg 1 tablet on Sunday, Monday, Wednesday, Friday; 1/2 tablet on Tuesday, Thursday, Saturday. No bleeding.

PROBLEM: FORMS COMPLETION.

SUBJECTIVE: I dictated a letter to her apartment owner indicating that she was helped by having her son around to help her with her medications. They now give me paperwork to complete about disability.

PROBLEM: NEED FOR DENTAL ABSTRACTION.

SUBJECTIVE: Dental Clinic telephone 598-4079, asked that we complete preoperative examination. I did not receive a request for recommendations for managing her INR at the time of surgery but will speak with them.

PAST MEDICAL HISTORY:
1. History of seizure disorder.

2. Recurrent phlebitis and DVT since 1982.

3. Status post hysterectomy for fibroids with bilateral salpingo-oophorectomy in 1971.

4. Hypercholesterolemia.

5. Status post carpal tunnel release in 1989.

6. Status post cataract extraction right eye 1989.

7. Allergic rhinitis.

8. Talonavicular arthritis since 1994.

9. Right patellar fracture in 1994.

10. Hypertension.

11. Glaucoma.

MEDICATIONS:
1. Lipitor 40 mg daily.
2. Trental 400 mg tid.
3. Hydrochlorothiazide 25 mg 1/2 tablet daily.
4. Tegretol 200 mg tid.
5. Coumadin dose as above.

OBJECTIVE: VITAL SIGNS: Weight 156 lb, stable. Blood pressure 151/69, usual blood pressures run 120-130 systolic. Pulse 76 and regular. NECK: Without jugular venous distention. Thyroid normal. SPINE: Straight and nontender. CHEST: Clear. COR: S1 and S2 normal without murmurs, gallops or rubs. No carotid bruits. ABDOMEN: Soft and nontender. EXTREMITIES: She has TED stockings in place. There is no edema palpable.

STUDIES: EKG: Last EKG February 2006 showed stable right bundle branch block which was old. She is due for lipid panel, LFTs, basic metabolic panel, and CBC.

INR today 1.9.

ASSESSMENT AND PLAN:
1. Anticoagulation for recurrent DVTs. Adjust Coumadin dose such that on Thursdays she takes 10 mg instead of 5 mg; otherwise, no change. Card is given to her. We also gave her a pamphlet reminding her of dietary interactions with Coumadin. We will need to speak with Dental Clinic regarding preoperative planning.

2. Plan for dental surgery. Other than resolving issues of anticoagulation around the time of dental surgery she is approved for dental surgery from a cardiovascular standpoint.

3. Elevated blood pressure. Recheck in 10 days.

ADDENDUM: Recheck INR in 10 days and see me. We will also complete the forms she brings in from her apartment owner for disability.

Electronically Reviewed/Signed On: 03/31/06 at 13:48

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/MQ
DD:03/27/06
TD:03/28/06

12032

DERMATOLOGY CLINIC NOTE
This is supplemental to the written record.

SUBJECTIVE: The patient is an 81-year-old woman with a history of glaucoma, peripheral vascular disease, venous thrombosis and seizure disorder, who returns for follow-up regarding possible delusional parasitosis. She was last seen in our clinic on 1/11/2006, at which time, she was given topical doxepin 5% cream, to be used bid, as well as ammonium lactate 12% lotion. The patient found the latter "too greasy," did not use it very often, but continues to use the topical doxepin on her area of concern of her upper chest and lower neck with some benefit. The patient continues to affirm that she describes a sensation of worms under her skin and is frequently able to "pop" these areas and to release the suspected organisms. Biopsy was done on 8/3/2005, which revealed only solar elastosis with slightly increased dermal histiocytes, which is not indicative of an active infection, and stepped sections were performed.

Please see written record dated 1/11/2006 regarding past medical, family and social history, and review of systems, which is unchanged.

OBJECTIVE: GENERAL: Pleasant, well-developed, well-nourished, in no acute distress. VITAL SIGNS: Blood pressure 155/74, weight 156 lb. HEENT: Head is normocephalic, atraumatic. Sclerae is nonicteric. Conjunctivae noninjected. Nose is normal without deformities. Mouth and oropharynx are normal without lesions or exudates. Mucous membranes are moist. NECK: Supple without lymphadenopathy. SKIN: (Including face, scalp, neck, back, chest and abdomen) Remarkable for: Patchy areas of hyperpigmentation of the upper V of the chest, including focal areas of superficial lichenification, but no identifiable papules, pustules, plaques, nodules, or other primary lesions.

ASSESSMENT AND PLAN: The patient is an 81-year-old woman with a long history of persistent belief of cutaneous infection by "worms" without any physical or objective evidence, including previous biopsy, which was nonspecific. Her cutaneous findings today do appear secondary to chronic manipulation and, given her focus on worms, it is likely that she does have delusions of parasitosis or simply a delusional ideation of parasitosis (different only in that the patient is minimally fixated on a particular perspective, but is not completely inflexible, such as the way that truly delusional patients are).

As Dr. Heath mentioned at her last visit with us on 1/11/2006, we are concerned that there may be a component of dementia and that typical medications that we might use, including pimozide, may have significant side effects, and she would likely be best managed by a psychiatrist or psychologist. There have been reports with success of these individuals using risperidone, and olanzapine.

I will try to coordinate this referral with Dr. William Neighbor, and Allan Ellsworth, PA, or they can contact me on my pager at (206) 559-1483. In the mean time, she will continue using the topical doxepin 5% bid and return as needed.

Patient was seen and discussed with Dr. Eli Levy. The attending of record is Dr. Melanie Kuechle.

Electronically Reviewed/Signed On: 03/23/06 at 12:32

_____

Jared Micheal Scott, MD
Resident, Dept. of Medicine/ Dermatology Div.
Box 356524
Seattle, WA

Electronically Co-Signed On: 03/31/06 at 12:32

_____

Melanie K Kuechle, MD
Attending Physician, Medicine
Box 356524
Seattle, WA

cc: William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

JMS/MQ
DD:03/17/06
TD:03/20/06

00511-***

March 13, 2006

Ms. Jeanne Hoffman
245 High School Road North,
Apt. 2
Bainbridge, Washington 98110

RE: Hoffman, Jeanne Leonie
U8170135

To Whom It May Concern:

I have been the primary care physician for Jeanne Hoffman for many years. She suffers from several medical conditions and takes several medicines daily. Her son has been of great help in improving her compliance with medicines and self-care. It would be helpful if her son could continue to live with her.

Sincerely,

Electronically Reviewed/Signed On: 03/16/06 at 09:36

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

cc: Jeanne Leonie Hoffman
245 High School Road North
Apt. 2
Bainbridge, WA 98110

WEN/MQ
DD:03/13/06
TD:03/14/06

22909

PROBLEM: ANTICOAGULATION DUE TO COAGULOPATHY AND PERIPHERAL VASCULAR DISEASE.

SUBJECTIVE: Phoned the patient to follow up as she stopped and got her prothrombin time drawn and went home. This is a little challenging to do by phone, as her hearing is not the best. She is able to tell me that her current dose of warfarin is one tablet (10 mg) on Monday, Wednesday, Friday, and Sunday, and 1/2 tablet (5 mg) on Tuesday, Thursday, and Saturday. She has no complaints or problems. Has not noticed any bruising.

OBJECTIVE: INR 2.9 on January 31 (goal 2 to 3).

ASSESSMENT: Adequate anticoagulation without complications or problems.

PLAN: Will continue current warfarin dose as above and recheck in one month.

Electronically Reviewed/Signed On: 02/21/06 at 11:52

_____

Kam Lee Capoccia
Clinical Pharmacist
Box 354770
Seattle, WA

KLC/JGS
DD:02/01/06
TD:02/02/06

01791

AUDIOLOGY CLINIC NOTE

SUBJECTIVE: This very nice woman returned to the clinic today with complaint that she is experiencing increasing difficulty hearing. She is currently still wearing a Phonak BTE which she obtained at the University of Washington Speech and Hearing Clinic several years ago. She reported experimenting with her right hearing aid in her left ear and noticing improvement. She would like to have her hearing re-evaluated today, have her right hearing aid checked, and discuss the possibility of obtaining a hearing aid for her left ear.

OBJECTIVE: Otoscopic inspection revealed unobstructed ear canals bilaterally. Puretone air and bone conduction testing revealed a mild sloping to severe sensorineural loss across frequencies in the left ear and the right ear shows a relatively flat, moderate loss through 4000 Hz dropping to a severe loss at 6000 and above. As compared to previous audiometric results, these are essentially stable thresholds with only a 10 dB drop at 6000 Hz bilaterally. Although her puretone thresholds changed minimally, her speech discrimination ability changed significantly, from 96% correct to 84% in the right ear, and from 84% correct in the left ear to 72% correct in the left ear. In addition, the patient's word recognition ability diminished greatly with an increase to the presentation level by nearly 20% in the left ear, down to 56% correct.

The patient's hearing aid was cleaned, checked and retubed. It appears to be working well. Hearing aid options for the left ear were only briefly discussed as she should seek an otologic evaluation prior to pursuing this option.

ASSESSMENT: Right hearing aid cleaned, checked, retubed. Hearing sensitivity relatively stable with decrease in word recognition ability. Recommend otologic evaluation prior to pursuing additional hearing aid for the left ear.

PLAN: The patient will return to the clinic in late February 2006 once she has completed scheduled dental surgery for a complete otologic evaluation. At that time, medical clearance will be requested to pursue additional amplification and the patient will be scheduled to have a continuation of her hearing aid evaluation, if cleared.

Charge today for puretone air conduction thresholds, threshold discrimination, limited, and hearing aid monaural check.

Electronically Reviewed/Signed On: 02/07/06 at 08:29

_____

Regine Renee Aleta Zeigler, MS
Certified Clinical Audiologist
Box 356161
Seattle, WA

RRZ/MQ
DD:02/03/06
TD:02/03/06

04725

January 11, 2006

Allan J Ellsworth, Pharm.D.
UWMC Pharmacy and Family Medicine
RE: Jeanne Hoffman U8170135

Dear Allan Ellsworth:

Thank you for the opportunity to see your patient, Jeanne Hoffman. She was evaluated in Dermatology Clinic on 1/11/2006 for her chest rash which has been ongoing for approximately one year. She describes a sensation of "worms" under her skin and feels the need to "pop" these areas lest they grow. She states they occasionally migrate through her skin and travel to her arms. She has tried fluocinonide cream in the past and states that this made her tender. On exam she has lichenification and hyperpigmentation on her upper anterior chest. She has scattered seborrheic keratoses within this area, and she does have a mild follicular prominence on her mid chest.

In assessment, the majority of her cutaneous findings appear secondary to chronic manipulation. She did use the word worms on several occasions, and it is possible that she may have delusions of parasitosis. This was discussed with the patient who was vague regarding the notion of a concern for an infestation. We do not find any evidence of an infestation nor a cutaneous infection.

Our current recommendations are for a trial of Zonalon 5% cream bid and AmLactin which may help with the follicular prominence. I am concerned that there may be a component of dementia and in this elderly lady some of the typical medications we might use including tricyclics or antipsychotics may have some side effects, and I would like to work with you or her primary care provider with regard to potentially initiating these in the future. We will see her back in eight weeks' time.

Patient was staffed with a guest attending, Dr. Levisohn.

Sincerely,

Electronically Reviewed/Signed On: 01/18/06 at 13:22

_____

Michelle Louise Heath, MD
Resident, Department of Dermatology
Box 356524
Seattle, WA

Electronically Co-Signed On: 01/18/06 at 09:10

_____

Melanie K Kuechle, MD
Attending Physician, Medicine
Box 356524
Seattle, WA

cc: Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

MLH/MQ
DD:01/11/06
TD:01/12/06

04518

PROBLEM: ANTICOAGULATION (COAGULOPATHY, PERIPHERAL VASCULAR DISEASE).

SUBJECTIVE: Return visit for a prothrombin time monitoring, continues warfarin 5 mg Tuesday, Thursday, Saturday, 10 mg Sunday, Monday, Wednesday and Friday. No complaints or problems.

OBJECTIVE: LABORATORY: Prothrombin time as INR 2.2.

ASSESSMENT: Adequate anticoagulation. No complications or problems.

PLAN: Continue warfarin on above dose, recheck in one month.

Electronically Reviewed/Signed On: 12/29/05 at 08:25

_____

Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

AJE/MQ
DD:12/13/05
TD:12/13/05

28484

PROBLEM: RASH.

SUBJECTIVE: This is a patient of Dr. Neighbor who I have followed intermittently for anticoagulation over the years. She presents today with continued complaints of a nonpruritic, recurring, papular rash on her arms and chest despite a single treatment with permethrin (which she says did nothing). Continuous for several months triamcinolone 0.25% cream applied which she says helps for a while. A biopsy failed to provide any useful information because of subtle and nonspecific findings. She would like to put a name and a resolution. She describes these as little pimples which she is able to express clear fluid from.

MEDICATIONS: She is on a number of medications for a number of chronic medical problems including:
1. Carbamazepine.
2. Pentoxifylline.
3. Warfarin.
4. Calcium carbonate.
5. Hydrochlorothiazide.
6. Atorvastatin.
7. Acetaminophen.
8. Timoptic (ophthalmic).
9. Xalatan (ophthalmic).

ALLERGIES: PENICILLIN AND SEPTRA (BOTH HAVE CAUSED A RASH).

OBJECTIVE: Pleasant hard of hearing elderly woman in no acute distress. VITAL SIGNS: Weight 153. Blood pressure 120/70. Pulse 78. SKIN: There are multiple areas where she has pinched and caused bruises on her arms and chest. A couple of lesions that she has yet to get to appear to be small urticarial lesions, but there is somewhat of a papular lesion on the top. They are, again, nonpruritic. There is no evidence of excoriation.

ASSESSMENT: Nonspecific chronic urticarial/papular rash, not responsive to steroids topically.

PLAN: Dermatology consultation. Hopefully, they can give us some direction in terms of management. Certainly, we could start the process of discontinuing medications, those with sulfa similar structures first. It may just be a neurodermatitis. Hopefully, Dermatology's wisdom will strike a cord with her appearance and some resolution can be attempted. In the meantime, I have added ranitidine (which I think will be safe with her Coumadin) 150 mg twice daily to provide a little bit of antipruritic, perhaps antiurticarial activity. I am hesitant to give her anything with more sedative activity because she is a bit unstable on her feet as it is.

Category: Progress Notes
Date of Service: 12/01/2005 00:00
Document Status: Authenticated
Title: 13871
Document Version : 2

Encounter Number: 1709451319
Facility: UWMC
Encounter Type: Outpatient
Admit Date Time: 12/01/2005 13:14:00
Discharge Date Time: 12/01/2005 23:59:59

Performed By: Ellsworth PharmD, PA-C, Allan Joseph
Performed Date Time: 12/01/2005 16:16:00
Verified By: Ellsworth, PharmD, PA-C, Allan J
Verified Date Time: 12/03/2005 21:43:02

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 12/03/05 at 21:43

_____

Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

AJE/OM
DD:12/01/05
TD:12/02/05

13871

PROBLEM: LONG-TERM ANTICOAGULATION (COAGULOPATHY).

S: She returns for routine prothrombin monitoring. No complaints or problems. Continues her warfarin at 10 mg Friday, Sunday, Monday, Wednesday; 5 mg Saturday, Tuesday and Thursday. No other changes in medicine, diet, or exercise. Has adequate supplies.

O: Prothrombin time is INR 3.

A: Adequate, uncomplicated, anticoagulation within the target range.

P: No change in dose. Recheck prothrombin time in one month and six weeks.

Electronically Reviewed/Signed On: 11/27/05 at 16:48

_____

Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

AJE/OM
DD:11/18/05
TD:11/19/05

28547

PROBLEM: ANTICOAGULATION (COAGULOPATHY).

SUBJECTIVE: Patient returns for routine prothrombin time monitoring. This is without schedule. Has recently seen Dr. Zierler and Dr. Neighbor. There has been some discussion about discontinuing Warfarin, as the risks and benefits may be different now with her unsteadiness of gait, etc, compared to when it was originally initiated. She is hesitant to stop. She has not got a clear opinion from anybody.

Continues to take Warfarin at her set dose: 10 mg Monday, Wednesday, Friday, Sunday; 5 mg Tuesday, Thursday, and Saturday without difficulties or problems. Other medicines unchanged: carbamazepine 200 mg tid, timolol 0.5% ophthalmic twice daily, hydrochlorothiazide 12.5 mg daily, and atorvastatin 40 mg daily.

OBJECTIVE: Prothrombin time as INR 2.9.

ASSESSMENT: Adequate and safe, thus far, anticoagulation in this elderly quite unstable woman who lives alone on Bainbridge Island, but is quite fiercely independent.

PLAN: Continue warfarin at above dose for now. No change in regimen. Recheck in one month. Followup with Dr. Neighbor for primary care.

Electronically Reviewed/Signed On: 10/02/05 at 22:51

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Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

AJE/OM
DD:09/07/05
TD:09/08/05

01706

VASCULAR SURGERY CLINIC NOTE

IDENTIFICATION: This 80-year-old woman is referred back to the Vascular Surgery Clinic by Dr. William Neighbor for an opinion regarding stopping her Coumadin.

The patient was last seen in this clinic in 2002 when she came in requesting a new prescription for elastic support stockings. She developed an episode of bilateral lower extremity deep vein thrombosis in the 1980s following a hysterectomy. She went on to have symptomatic post-thrombotic syndrome with chronic lower extremity swelling, pigmentation, and cycles of ulceration and healing. She underwent a split thickness skin graft to a right medial ankle ulcer in 1996.

She states that she has generally been doing well with regard to her lower extremities. She had two small ulcers on her left leg recently, but these have healed. She uses elastic support stockings on a regular basis to control swelling. She states that her legs still have a tendency to swell, particularly if she is on her feet a lot. She continues to take Coumadin, and she has done so for most of the last 20 years. She states that she has never really been off of her Coumadin for more than a few days in relation to invasive procedures.

CURRENT MEDICATIONS:
1. Coumadin.
2. Trental.
3. Tegretol.
4. Lipitor.
5. Hydrochlorothiazide.

LABORATORY DATA: Her most recent INR value was 2.8 on 8/1/2005.

STUDIES: Her last lower extremity venous duplex scan was performed in December of 2001, and this showed patent deep veins in the lower extremities with no acute changes.

PHYSICAL EXAMINATION: VITAL SIGNS: Blood pressure 130/70, pulse 82, temperature 36.9. GENERAL: She is an elderly woman in no acute distress. LOWER EXTREMITIES: Observation of her legs reveals the previously noted pigmentation and subcutaneous fibrosis. She has no active ulceration at this point in time, and her swelling appears to be well-controlled with some knee-high elastic support stockings.

ASSESSMENT/PLAN: In summary, this 80-year-old woman has a long history of post-thrombotic syndrome, and she has been on Coumadin for many years. Since she has never tried stopping her Coumadin, there is no historical information to indicate how she would do without anticoagulation. However, her history suggests that her original episode of deep vein thrombosis was related to a reversible risk factor, specifically a hysterectomy. Her last duplex scan did not show any major abnormalities. Therefore, it is possible that she would tolerate being off of her Coumadin without recurrent venous thromboembolism.

In order to provide some updated information on the status of her lower extremity veins, a venous duplex scan will be requested. If this continues to show minimal changes, then a trial of stopping her Coumadin would be reasonable. There is justifiable concern about the risk of continued Coumadin in this patient who is becoming elderly and somewhat unstable on her feet, with a risk of falling.

She will be scheduled for her venous duplex scan and return when the results are available to discuss further management.

Electronically Reviewed/Signed On: 09/07/05 at 12:10

_____

Robert Eugene Zierler, MD
Attending, Div of Vascular Surgery
Box 356410
Seattle, WA

cc: William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

REZ/OM
DD:09/06/05
TD:09/06/05

29923

PROBLEM: SKIN PAPULES.

SUBJECTIVE: See last clinic note. In for punch biopsy today. She states the recurrent papules are migrating down below her breast area. Her INR is therapeutic.

OBJECTIVE: VITAL SIGNS: See chart. CHEST: Shows slightly red, small papules on erythematous base over upper chest wall, numbering about five and about five below her breast, but not in the intertriginous area, rather on her upper abdomen. She has areas of hemosiderin deposit in her left upper chest related to chronic itching in this area. The patient tends to try to pop these small papules. She has been tried on multiple lotions, as noted previously.

PROCEDURE: Following verbal informed consent, sterile preparation of the skin and local anesthesia with 1% Lidocaine with epinephrine, a 4 mm punch biopsy was performed and specimen submitted to pathology. Good hemostasis with time alone. Bandage with paper tape applied, as patient is sensitive to regular band-aids.

ASSESSMENT: Skin papules. Punch biopsy pending. Will call with results.

Electronically Reviewed/Signed On: 08/05/05 at 08:37

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/OM
DD:08/01/05
TD:08/02/05

19828

PROBLEM: FOLLOWUP RASH.

SUBJECTIVE: See note dated July 7. She has not responded to more potent corticosteroid. The nature of the lesions are exactly as described in that note. She comes in today for followup.

PROBLEM: HYPERTENSION.

SUBJECTIVE: She continues on hydrochlorothiazide at a dose listed below without side effects. No interval blood pressure measurements other than those obtained in the clinic. PROBLEM: FOLLOWUP FALL.

SUBJECTIVE: In the early summer she had a fall. She was almost hospitalized. She has recovered from this, but it does raise the question that as she is getting older and continuing to have periodic falls and become more unsteady on her feet. Whether the risks outweigh the benefit of continuing her on Coumadin. She has not been seen in Vascular Clinic where she was followed for some time for recurrent DVTs. It may be well to refer her back to Vascular Clinic with a question about whether she should continue on Coumadin. She does continue to wear elastic stockings.

MEDICATIONS:
1. Xalatan 0.005% eyedrops, one drop in each eye at bedtime.
2. Pentoxifylline 400 mg tid.
3. Hydrochlorothiazide 25 mg 1/2 tablet daily.
4. Tegretol 200 mg tid.
5. Lipitor 40 mg nightly.
6. Warfarin as per last note by Allan Ellsworth.

OBJECTIVE: Weight 147, blood pressure 130/78, pulse 82 and regular. Her weight is stable. CHEST: Clear. CORONARY: S1 and S2 normal without murmur, gallop, or rub. EXTREMITIES: Show trace lower extremity edema that is probably related to the hot weather as she describes. She is wearing knee high elastic stockings. SKIN: Examination of her chest wall shows slightly raised macules, which the patient has squeezed, and there are areas of redness and some scarring. These are primarily over the left chest wall, though she describes it over the right chest wall, though I do not see any areas of redness or scarring in that area. In the left chest wall there is also brownish discoloration, probably secondary to hemosiderin deposits. She gets these in her axilla as well, but does not have any currently.

LABORATORY: Last basic metabolic panel one year ago.

ASSESSMENT AND PLAN:
1. Skin rash, which begins as papules. The patient, as described previously, notes that when she

squeezes these areas a yellowish, worm-like object comes out, which may simply be sebaceous fluid. I have asked her not to squeeze these in the next week and to return, and we would do a punch biopsy at that time on an appropriate lesion.

2. Hypertension. Well controlled based upon office readings today. Basic metabolic panel ordered, continue hydrochlorothiazide at dose above.

3. History of recurrent deep venous thrombosis (DVT) since 1982. I would like her evaluated in Vascular Clinic, where she has not been seen for three years, to determine whether, in view of her age and greater instability of her gait and recent fall she should continue on Coumadin, that is, whether the risks outweigh the benefits. This problem has been followed by Dr. Strandness and Dr. Zierler in Vascular Clinic in the past.

Electronically Reviewed/Signed On: 07/28/05 at 11:05

_____

William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/OM
DD:07/26/05
TD:07/27/05

12926

REASON FOR VISIT: SKIN RASH.

HISTORY OF PRESENT ILLNESS: Ms. Hoffman is an 80-year-old female who is well known to the Roosevelt Family Medicine Clinic. She has a history of hypertension, deep venous thromboses and chronic venous stasis and venous stasis ulcers. Please refer to prior dictations for further details. She has the following concerns today:

1. Ms. Hoffman states that she has had a rash on her upper chest since about September of 2004. She has been seen by both Dr. Neighbors and Dr. Ellsworth for this and has used pHisoDerm soap and triamcinolone cream for this rash. She was initially started on triamcinolone 1% which worked for about two weeks and then stopped working and switched up to triamcinolone 5% which also worked for about two weeks and then stopped working. She describes the rash as small bumps underneath the skin. She is able to squeeze them and she will hear a popping noise. They will then express what she describes as a "white worm with a black eye." If she does not pop them, then they do recur. She states that these lesions are not painful but that they usually start with an itch before they are more noticeable. She again gets them in her axilla, more specifically in the left axilla, in her upper chest and underneath her bra line.

2. Right index finger. Ms. Hoffman states that she has been working outside in the garden a lot and has noticed a yellow thickened nail on the right side. It has not caused her any pain or discomfort.

3. Leg swelling, feet swelling. Ms. Hoffman states that over the past month she has noticed some increasing swelling of her legs and her feet starting below the knee level. She does state that she has been trying to walk more and has noticed that this has caused some increase in her swelling. She also is complaining of some pain over the areas on her left foot where she has had vein stripping and ulcers in the past.

CURRENT MEDICATIONS:
1. Coumadin.
2. Trental.
3. Tegretol.
4. Hydrochlorothiazide.
5. Lipitor.

ALLERGIES: PENICILLIN and SULFA.

OBJECTIVE: VITAL SIGNS: Weight 147, blood pressure 1156/67, pulse 68. GENERAL APPEARANCE: Well-developed, well-nourished, elderly female in no acute distress. She is alert and oriented times three and answering questions appropriately. She is very pleasant to speak with. SKIN: Examination does not reveal any obvious rash on her upper chest. There are two lesions on

her left upper chest that seem to be healing open lesions, approximately 3 mm in diameter. I am not able to palpate necessarily any of the lesions that Ms. Hoffman is describing. There is no evidence of any rash in her left axillary area or underneath her bra. EXTREMITIES: Examination reveals trace, if any, pitting edema of her lower extremities starting at her shins. She does have compression stockings in place. She is mildly tender over the left medial aspect of her foot where she has had ulcers in the past. There is no evidence of ulceration at this time. The area is not erythematous or warm to touch compared to the rest of her skin. Chronic venous stasis change are noted on her legs, left more so than right.

ASSESSMENT AND PLAN:
Ms. Hoffman is an 80-year-old female with a complicated past medical history who presents to clinic today for evaluation of several issues.

1. Skin rash. I am not exactly sure what this skin rash specifically, given that steroid cream has helped in the past. I think we can try a stronger medication for a short period of time. I have given her a prescription for Lidex which she is to use twice a day for about a week. I have also recommended that she try some Cetaphil lotion which could decrease her body's own sebaceous gland secretions. I think that if this does not work, the next step would be to try some antibiotic ointments or gels to treat a possible folliculitis.

2. Right index finger onychomycosis. Given that this is not causing her any significant pain or discomfort, I think that no intervention is needed at this time. I explained to Ms. Hoffman that there are no good treatments for onychomycosis and those that are available do not work 100% of the time and are rather expensive. Ms. Hoffman was agreeable to no intervention at this time.

3. Lower extremity swelling and pain. I do not find any significant evidence of edema at this time. I think this is something that we can watch and see if it progresses any further. I also do not see any evidence of ulcers on her left foot. I do know that Ms. Hoffman takes really good care of her feet and does frequent checks. I think that we can watch this for the next week or so and see if it progresses. If so, she may need to be started on some diuretics for fluid retention.

4. Follow up appointment in this clinic with either Dr. Neighbor or Dr. Ellsworth in one week.

Patient was discussed with Dr. Kathleen Ellsbury who agrees with the above plan.

Electronically Reviewed/Signed On: 07/09/05 at 09:35

_____

Christina Shih-Yi Chen, MD
UW BOX # 356390
SEATTLE, Washington 98195

Electronically Co-Signed On: 07/12/05 at 17:07

_____

Kathleen E Ellsbury, MD
Associate Professor, Family Medicine
Hall Primary Care Center, Box 354110
Seattle, WA

/OM
DD:07/07/05
TD:07/07/05

20542

PROBLEM: ANTICOAGULATION (RECURRENT DVT), URINARY TRACT INFECTION, FALL.

SUBJECTIVE: Return visit for Prothrombin time monitoring. The patient taking stable dose of warfarin: 10 mg Monday, Wednesday, Friday, Sunday; 5 mg Tuesday, Thursday, Saturday. No complaints of bruising, bleeding, thromboembolic event. She does have back pain and has aches and pains from a recent fall. She was seen in the Emergency Room (see notes). Emergency Room physician was concerned about discharging her given her instability on feet, which appears fairly drastic, but is actually fairly stable. The thought about continuing warfarin anticoagulation in a patient so unstable on her feet is difficult. It is certainly, however, not new. Emergency room labs also contained a urine, with positive nitrite and positive leukocyte esterase. Further questioning finds dysuria, incontinence, but no back pains, nausea, vomiting, fever, chills.

She also has a rash on her chest, which is unresponsive to the permethrin originally prescribed by Dr. Neighbor, see previous note.

OBJECTIVE: A pleasant, elderly woman in no acute distress, her usual self. VITAL SIGNS: Weight 148 lb, blood pressure 130/72, no bruising or bleeding obvious for a quick examination. The rash on her chest is multiple small papules which are excoriated. There does not appear to be spreading to any other areas besides her chest.

UA obtained in the Emergency Room April 4, positive nitrite, positive leukocyte esterase and untreated.

LABORATORY: Prothrombin time is INR 2.8.

ASSESSMENT:
1. Anticoagulation. Stable, safe, therapeutic except in an elderly woman with a history of multiple falls. We will discuss this further with Dr. Neighbor, and perhaps might discuss it with the Vascular folks. Perhaps an alternative means of anticoagulation might be safer and equally effective.

2. Rash on chest, nonspecific dermatitis. Probably more appropriate to try a steroid at this point given lack of response to more specific therapy.

3. Urinary tract infection. Perhaps contributing to incontinence and predisposing for further conditions. I think the dysuria demonstrates enough symptoms to indicate treatment.

PLAN:
1. Ciprofloxacin 500 mg twice daily for five days.

2. Cut back on Coumadin to 5 mg each day for five days, while she takes warfarin, and increase back to her routine dose.

3. Triamcinolone 0.25% twice daily as needed to her rash.

4. Followup in one month. Will discuss with Dr. Neighbor regarding appropriateness of continued anticoagulation also in light of the falls.

Category: Progress Notes
Date of Service: 05/05/2005 00:00
Document Status: Authenticated
Title: 06275
Document Version : 4

Encounter Number: 1707021372
Facility: UWMC
Encounter Type: Outpatient
Admit Date Time: 05/05/2005 13:46:00
Discharge Date Time: 05/05/2005 23:59:59

Performed By: Ellsworth PharmD, PA-C, Allan Joseph
Performed Date Time: 05/05/2005 19:31:00
Verified By: Ellsworth, PharmD, PA-C, Allan J
Verified Date Time: 05/26/2005 17:20:11

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 05/26/05 at 17:20

_____

Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

AJE/OM
DD:05/05/05
TD:05/07/05

06275

EMERGENCY DEPARTMENT VISIT NOTE:

DATE OF SERVICE: 4/4/2005

TIME OF SERVICE: 1:30 PM

CHIEF COMPLAINT: Fall

HISTORY OF PRESENT ILLNESS: This is an 80-year-old female who has a long history of falls. She was at the bank today and fell backwards onto her head and back. She complains mostly of pain in her back. She is on Coumadin presently for "blood clots" in her legs. She denies any syncopal episodes. No chest pain, palpitations, or other complaints.

PAST MEDICAL HISTORY: Includes chronic falling along with glaucoma, peripheral vascular disease, a DVT, and a seizure disorder.

MEDICATIONS INCLUDE:
1. Coumadin.
2. Trental.
3. Hydrochlorothiazide.
4. Tegretol.
5. Lipitor.

ALLERGIES: SHE DENIES DRUG ALLERGIES.

SOCIAL HISTORY: She lives alone on Bainbridge Island. She denies alcohol or drug use.

PHYSICAL EXAMINATION: VITAL SIGNS: Normal. GENERAL: She was immobilized on a backboard initially. She is awake and alert. There are no signs of head injury. Pupils equal, round, reactive to light with accommodation. Extraocular motions are intact. NECK: Nontender. There is no JVD. LUNGS: Clear to auscultation. HEART: Sounds are regular, without murmurs or gallops. ABDOMEN: Shows normal active bowel tones, soft and nontender. PELVIS: Stable, nontender. BACK: Shows diffuse lumbar tenderness, mostly paraspinal to the right. There is no thoracic spine tenderness. EXTREMITIES: Show no evidence of trauma. No deformities. The pulses are symmetric and equal. NEUROLOGIC: Nonfocal. EMERGENCY DEPARTMENT COURSE: Labs were checked. Her CBC showed a white count of 8.2, hemoglobin and hematocrit of 14 and 41, and INR was 1.7. CT scan of her head was done which showed no evidence of intracranial abnormality. X-rays of her c-spine and l-spine showed no evidence of fracture or dislocation.

At this point, I see no significant complication related to her fall. She has remained hemodynamically

stable throughout her stay in the ER. She does have difficulty walking, however. She says she always has to hold on to things while she walks. I am a little uncomfortable letting her go home due to her difficulty walking with this increased pain in her low back. Patient adamantly refused hospitalization even though I have discussed with her the possibility that it might be just overnight. She was able to walk in the Emergency Department unassisted, from one end of the ER to the other, and continued to demand to be discharged. I did provide her with a few Tylenol with Codeine; she received a total of six tablets to go home with. We will provide her with a taxicab to get her to the ferry terminal, which is all she asked for. She will follow up with her primary doctor, Dr. Neighbor of the Family Medicine Clinic.

FINAL DIAGNOSIS: Fall, and back contusion.

Electronically Reviewed/Signed On: 04/08/05 at 08:12

_____

Leonard R Frank, MD
Attending Physician, UWMC - Emergency Medicine Department
Box 356123
Seattle, WA

cc: William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

LRF/OM
DD:04/04/05
TD:04/04/05

25803

PROBLEMS: FOLLOW UP PRURITUS.

SUBJECTIVE: See last clinic note. The patient was given Phisoderm soap prior to that visit, which in my opinion, had improved her sense of itching and the clear folliculitis that she had had on her shoulders. She, however, now continues to complain of pruritic red papules that occur in spotty distribution throughout her body, which she relates to having slept in unusual beds in Canada when she was visiting there with her son last summer. She states that she can press on these areas and express a "worm" that when she removes the pressure quickly disappears. She has never experienced this before.

PROBLEM: MEDICATION REFILLS. She is in need of refills of all of her medications.

PROBLEM: VENOUS STASIS DERMATITIS AND PERIPHERAL VASCULAR DISEASE.

SUBJECTIVE: She has noted slight red patch on the inner aspect of her left ankle above the medial malleolus. It had no ulceration. She states she has been perhaps walking too much.

PAST MEDICAL HX: Includes glaucoma, peripheral vascular disease, venous thombosis, seizure diorder.

MEDICATIONS: Xalatan 0.005% one drop in each eye at bedtime. Pentoxifylline 400 mg tid, hydrochlorothiazide 25 mg one half tablet daily, Tegretol 20 mg tid, Lipitor 40 mg qhs, warfarin overseen by Allen Ellsworth in our clinic.

OBJECTIVE: VITAL SIGNS: Weight 151, stable. Blood pressure 126/80. SKIN: Examination of her skin shows mild intertrigo beneath each breast. She does have occasional red, pruritic papules, which are minute. Pressure on these areas is not able to express anything. They are not pustular in nature. I do not see evidence of burrows. FEET: Examination of her feet show changes related to peripheral vascular disease and venous stasis disease. She has very slight red area measuring about 0.5 cm just above the medial malleolus, left ankle. I inspected her shoes and they seem to be wearing appropriately.

LABORATORY: February 11 a CBC was normal, Tegretol level with in therapeutic limits, INR 2.2, LDL cholesterol 104, HDL of 59, triglycerides 317.

ASSESSMENT AND PLAN:
1. Mild intertrigo. She should simply be sure to dry the area carefully and use baby powder.

2. Occasional pruritic papules. Differential includes flea bite or scabies, though I do not see any evidence of burrows. There is not any evidence of a folliculitis currently, so I do not think that she needs to continue to use Phisoderm, which she states is no longer helping. She does have a cat, but states the cat has not had problems with fleas. We therefore decided to treat her with permethrin 5% cream to be applied from neck to toes once, left on for eight hours and washed off and not reapplied. She should return should problem persist.

3. Hyperlipidemia with satisfactory LDL control. The Lipitor is costly for her, however, lovastatin was tried in the past and did not sufficiently lower her lipid values even at high dose.

4. Venous stasis dermatitis. She continues to take good care of her feet. She should watch the area that has recently been a bit sensitive, make sure ulceration does not appear. She has been very good about taking care of her feet.

5. Medication refills. Refilled all of her medications except for warfarin.

6. Nighttime urinary incontinence. She relates long history of nighttime urinary incontinence, which has not worsened recently. She has had no recurrent urinary tract infections (UTIs), she is simply requesting to see whether insurance would cover night-time urinary incontinence diapers for her. A prescription was written.

Electronically Reviewed/Signed On: 03/03/05 at 16:00

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William E Neighbor Jr, MD
Attending, Department of Family Medicine
Box 354770
Seattle, WA

WEN/OM
DD:02/28/05
TD:03/01/05

10355

FAMILY MEDICINE TELEPHONE NOTE

PROBLEM
Anticoagulation (coagulopathy).

SUBJECTIVE
Patient returns for monthly prothrombin time monitoring. She has no complaints or problems. Denies bruising, bleeding, thromboembolic events. She continues to take warfarin 10 mg Monday-Wednesday-Friday and Sunday, 5 mg Tuesday-Thursday-Saturday. She is pretty clear on proper dosing.

OBJECTIVE
Prothrombin time as INR 2.2.

ASSESSMENT
Adequate anticoagulation without complications or problems.

PLAN
Continue warfarin at above dose. Recheck in one month.

Electronically Reviewed/Signed On: 03/08/05 at 08:40

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Allan J Ellsworth, PharmD, PA-C
Professor, Pharmacy and Family Medicine
Box 354775
Seattle, WA

AJE
DD:02/11/05
TD:02/14/05

22288

PROBLEM: FOLLOW-UP FOLLICULITIS.

S: Patient was seen about 10 days ago for folliculitis which was treated with pHisoDerm soap for one week, then weekly. She is in today for followup. She states that there are little areas of thickening beneath her skin that when she squeezes them, something pops out. She thinks this may be related to a bug bite that she had last summer and hypothesizes that maybe there is some bug still beneath her skin.

O: Examination of her skin shows that the red papules noted at her last visit have resolved. Where she points that there is some thickening beneath her skin, I see nothing at all and I do not palpate anything, either. She does have a couple of areas of dry skin on her shoulders and upper arms that is consistent with winter itch. MENTAL STATUS: Patient is oriented times four. I have known the patient for some time, and she is not hallucinating that there are things beneath her skin, she just sometimes has odd ideas about what might be going on.

A/P:
1. Folliculitis, significantly improved. She can use the pHisoDerm soap as a soap once weekly.

2. Winter itch. She can use Vaseline or Vaseline Intensive Care lotion on the dry patches. She should follow up as needed.

Electronically Reviewed/Signed On: 01/18/05 at 13:30

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Attending, Department of Family Medicine
Box 354770
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WEN/OM
DD:01/13/05
TD:01/14/05

U8170135

PROBLEM: ANTICOAGULATION (COAGULOPATHY).

S: Patient returns for monthly prothrombin time monitoring, no complaints or problems. She does have ongoeing trouble with rash/dry skin and is arranging follow-up with Dr. Neighbor regarding that problem. Denies bruising, bleeding, thromboembolic symptoms. Warfarin dose is 5 mg Tuesday, Thursday, Saturday; 10 mg the rest of the days.

O: Prothrombin time is INR 2.5.

A: Adequate anticoagulation without problems.

P: Continue Warfarin dose above, recheck in one month.

Electronically Reviewed/Signed On: 01/17/05 at 09:52

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AJE/OM
DD:01/13/05
TD:01/14/05

U8170135

PROBLEM: FOLLICULITIS.

SUBJECTIVE: One-week history of red pustules on upper chest which are not pruritic. No recent foreign travel other than a trip she made, I believe, to Europe last summer. There has been no recent change in her medications.

PROBLEM: HYPERCHOLESTEROLEMIA.

SUBJECTIVE: Allan Ellsworth is helping her apply for patient assistance program. She has been on her current dose of Lipitor since October, and is due for cholesterol test.

MEDICATIONS: Not reviewed at this visit.

OBJECTIVE: VITAL SIGNS: Per Family Medicine Clinic chart. SKIN: Shows about six small erythematous papules over her upper chest and upper back. These are not pruritic. She states that she has a few of these on her thighs.

ASSESSMENT/PLAN:
1. Folliculitis: Advise pHisoDerm soap to be used daily as a soap times one, done weekly for about four weeks. Prescription is written. Should enable this to be covered by her insurance, which I doubt.

2. Hypercholesterolemia: She is due for a lipid panel at her next blood draw for her INR on about 1/07/2005. She should follow up with us after that.

Electronically Reviewed/Signed On: 01/07/05 at 10:12

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WEN/OM
DD:12/29/04
TD:12/29/04

U8170135

PROBLEM: MEDICATION MANAGEMENT, SEIZURE DISORDER, ANTICOAGULATION, GLAUCOMA, HYPERCHOLESTEROLEMIA.

S: Patient returned for a routine prothrombin time monitoring appointment, unscheduled, last week. Labs were drawn ahead of time. Therapeutic prothrombin time but out of whack cholesterol. Further questioning found that she could not afford to pay for the atorvastatin and hence has not refilled it. Other medicines each month are quite expensive, requires some give and take in order to afford them, including: Xalatan ophthalmic drops, Timoptic ophthalmic drops, hydrochlorothiazide, carbamazepine, Lipitor, warfarin, and pentoxifylline. These all total around $331 per month. She had never heard of any patient assistance programs.

A: Expensive pharmacotherapy, on fixed income.

P: The remainder of the appointment was spent on completing patient assistance forms for compassionate use of all her medications except hydrochlorothiazide and Trental, which were not available. She will continue to take all of her medicines except atorvastatin until these medications arrive. She has about a $5000 or $6000 total income and certainly qualifies for patient assistance, having Medicare as her only form of insurance

Electronically Reviewed/Signed On: 12/05/04 at 18:41

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AJE/OM
DD:11/15/04
TD:11/15/04

U8170135

FAMILY MEDICINE TELEPHONE NOTE

PROBLEM
Anticoagulation, hypercholesterolemia.

SUBJECTIVE
Patient back from prolonged trip to France and just sliding back into the healthcare system. She was by late last month to have prothrombin time assessed. Also had cholesterol and liver function tests monitored. Results now available. Difficult to contact by phone, as it requires TDY telephone due to her hearing deficits. A note was sent to have her drop by to follow up on these results.

Prothrombin time as INR 2.0.

Lipid panel: Markedly elevated cholesterol, total cholesterol, and LDL cholesterol.

Presumed warfarin dose is 10 mg Monday, Wednesday, Friday and Sunday, with 5 mg Tuesday, Thursday, and Saturday. Presumed atorvastatin dose is 40 mg daily. I suspect she has been adherent to the Coumadin but not the atorvastatin. Will assess this with a note requesting her return for an appointment to get lipid-lowering therapy restarted as soon as possible.

Electronically Reviewed/Signed On: 11/11/04 at 11:56

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AJE/JPM
DD:11/08/04
TD:11/10/04

U8170135

PROBLEM: VAGINITIS.

SUBJECTIVE: Patient returned from a trip to France with her son this summer. She has noted in the last four months that she has recurrent tender, what she calls boils, just inside the vaginal introitus that will pop and drain and then resolve. She has taken to starting to pop these on her own. She denies any vaginal discharge or bleeding and denies fever, chills, or night sweats.

PROBLEM: LEFT INNER THIGH LESION.

SUBJECTIVE: She has had a lesion on her inner thigh that periodically bleeds and she wanted this examined. It has been present for about four months.

Past medical history and medications as reviewed notes on March 2 and March 23, 2004.

REVIEW OF SYSTEMS: She denies any other skin changes. She has not had any recurrent skin infections.

OBJECTIVE: Weight 144, down from 160 which is her usual weight. She has been trying to lose weight, particularly during her trip. VITAL SIGNS: Blood pressure 126/80, pulse 80 and regular. Examination of her left inner thigh shows small, well defined hemangioma which was frozen with liquid nitrogen today. GENITALIA: External genitalia normal. Examination with a speculum shows normal vaginal and cervical mucosa. The introitus looks normal without lesions. On palpation, I do not detect any areas of tenderness or lesions other than the fact that she has generalized tenderness on pelvic examination. The vaginal mucosa is atrophic.

ASSESSMENT/PLAN:
1. Vaginal introitus "boils" based on patient report. However, I do not find any evidence of abnormalities on exam today. I asked her to stop trying to "pop" these boils on her own and then return to see me when she has something that I am able to see on exam. KOH is pending.

2. Left thigh hemangioma frozen with liquid nitrogen. Expect complete healing. If recurs, should recheck.

3. Weight loss, apparently by intention. However, given quite large weight loss, from 160 down to 144 lbs, advise recheck her weight in three to four weeks.

4. Hypercholesterolemia. She is due for a lipid panel with LFTs. However, it appears that she discontinued her lipid-lowering medication when she was in France and has yet to re-initiate these. She is instructed to restart them and have a lipid panel done six weeks after.

Category: Progress Notes
Date of Service: 08/16/2004 00:00
Document Status: Authenticated
Title: U8170135
Document Version : 2

Encounter Number: 1704334845
Facility: UWMC
Encounter Type: Outpatient
Admit Date Time: 08/16/2004 15:54:00
Discharge Date Time: 08/16/2004 23:59:59

Performed By: Neighbor Jr, MD, William E
Performed Date Time: 08/16/2004 17:46:00
Verified By: Neighbor Jr, MD, William E
Verified Date Time: 08/19/2004 13:55:08

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Electronically Reviewed/Signed On: 08/19/04 at 13:55

_____

William E Neighbor Jr, MD
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WEN/OM
DD:08/16/04
TD:08/17/04

U8170135

FAMILY MEDICINE CLINIC NOTE

PROBLEM: Coagulopathy, peripheral vascular disease, anticoagulation.

SUBJECTIVE: Return visit just prior to leaving on four month vacation to Europe via train and boat for routine prothrombin time check. She is feeling a little nervous about going but does not complain of anything referable to her chronic diseases or anticoagulation except that she is having difficulty procuring medications. Her medicines are covered under DSHS who will only provide a 30-day supply. No exceptions. She has a 30-day supply on hand. She has purchased an additional 30 days, which leaves her 60 days without drugs and no additional funds to cover them.

MEDICATIONS:
1. Tegretol 200 mg tid.
2. Pentoxifylline 400 mg tid.
3. Hydrochlorothiazide 12.5 mg daily.
4. Timoptic 0.5%, a drop in both eyes bid.
5. Latanoprost 0.005%, a drop in both eyes bid.
6. Warfarin 10 mg on Monday, Wednesday, Friday, and Sunday with 5 mg on Tuesday, Thursday, and Saturday.
7. Atorvastatin 40 mg daily.
8. Celecoxib 12.5 mg daily.

OBJECTIVE: Prothrombin time is INR 1.9l.

ASSESSMENT: 1) Long-term coagulation for coagulopathy associated with peripheral vascular disease and history of recurrent thromboembolic problems - Adequate protection. 2) Multiple other problems reasonably stable; 3) Problems with medication supply during a prolonged stay out of country.

PLAN:
1. Continue warfarin at the same dose.
2. Have arranged with Safeway Pharmacy to mail her prescription at a set address in Europe each month during June and July. Encouraged patient to involve son, who will accompany her on trip, re: phone and e-mail verification of proper address.
3. Follow up when she returns in July.
4. Bon Voyage!

Electronically Reviewed/Signed On: 03/29/04 at 07:50

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Dept of Family Medicine,
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Seattle, WA

AJE/MHC
DD:03/23/04
TD:03/26/04

U8170135

AUDIOLOGY CLINIC NOTE

SUBJECTIVE: Very nice, 79-year-old woman here for assistance with broken hearing aid and audiologic re-evaluation. Her last recorded audiogram is dated May 7, 2001, at which time, she presented with relatively stable, moderate to moderately severe sensorineural hearing loss in the right ear and mild to moderate sensorineural loss in the left ear. She denied noticing any changes in aural symptoms or balance. She presented her hearing instrument (a Phonak BTE which she says was fit with at the University of Washington Speech and Hearing Clinic), with tubing disconnected from the ear mold.

OBJECTIVE: Otoscopic inspection revealed unobstructed external ear canals bilaterally. Pure tone air conduction testing revealed stable thresholds to both ears when compared to her last audiometric record. Her speech discrimination ability was excellent in the right ear and good in the left ear, again, similar to previous results. The hearing instrument was thoroughly cleaned. There was evidence of rust in the battery compartment, and minimal debris build up in the screw ports and at the end of the ear hook. The ear mold was cleaned and retubed. The tubing used was super thick and measured to the hearing aid once upon the patient's
ear.

ASSESSMENT: In summary, the patient continues to present with a mild to moderate, severe sensorineural hearing loss bilaterally, right slightly worse than left. Her hearing instrument was cleaned and re-tubed and is working appropriately.

PLAN:
1. The patient was advised to use a dry-aid kit to address the evidence of rust build up in the battery compartment. She says she has one at home.

2. Follow-up audiometry every one to two years or if changes are noted sooner.

3. Return to clinic PRN for other hearing aid problems or aural symptoms and concerns.

Charge today for pure tone air threshold, discrim limited and hearing aid check monaural.

Electronically Reviewed/Signed On: 03/17/04 at 09:37

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Regine Renee Aleta Zeigler, MS
Certified Clinical Audiologist
Box 356161
Seattle, WA

RRZ/OM
DD:03/12/04
TD:03/13/04

U8170135

PROBLEM: ANTICOAGULATION.

SUBJECTIVE: The patient returns today because last week her INR was subtherapeutic. Her INR today is therapeutic at 2.29. She has been compliant with her dose of medications and with her diet. Her diet is fairly constant and contains the same amount of green leafy vegetables regularly. She is still planning on going to France and will be returning in about six weeks. She did need refill of some of her medications.

MEDICATION: As dictated at her last clinic note February 24, 2004, with the following revisions:
1. Tegretol 200 mg tid.
2. Trental 400 mg tid.
3. Hydrochlorothiazide 12.5 mg daily.
4. Timoptic 0.5% eye drops one drop in each eye bid.
5. Latanoprost drops 0.005% one drop in each eye at bedtime.

This is based on the medication bottles that she brings in today which she did not have with her at her last visit a week ago.

ASSESSMENT/PLAN:
1. Anticoagulation with good INR control. She should come in for a value just before she leaves for France and then return to see me after that.

2. Travel to France. She is looking forward to travel. She is currently doing well and I believe can safely travel to France. She does have chronic problems with imbalance and should be sure to take her cane with her. She has fortuantely not had any recent falls.

We provided some refills of her medications and she will need to obtain two months supply of all her medications when she is in France for six weeks. When she returns she will be due for a visit as well as for lipid panel with LFT in addition to her INR. She also needs a followup appointment with Dr. Zierler which she has not scheduled yet in Vascular Clinic.

Electronically Reviewed/Signed On: 03/04/04 at 11:18

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Seattle, WA

WEN/OM
DD:03/02/04
TD:03/03/04

U8170135

FAMILY MEDICINE CLINIC NOTE

PROBLEM: Anticoagulation for recurrent DVT of lower extremities.

SUBJECTIVE: The patient has been on stable dose of Coumadin listed below. No difficulties with bleeding. Her INR one month ago was 2.5 and since November has been in the 2-3 range. Her INR today, however is 1.42. She denies changing her medications or changing her diet.

PROBLEM: Hypertension.

SUBJECTIVE: At her last visit with Allan Ellsworth she was begun on hydrochlorothiazide 12.5 mg bid for blood pressure control. However, it does not appear that she has started this.

PROBLEM: Hyperlipidemia.

SUBJECTIVE: Her last lipid panel is as described below. Dr. Ellsworth advised that she increase atorvastatin from 20 mg to 40 mg daily; however, she has just gotten this prescription filled and wanted this to be reviewed by me before starting this medication. She has had no difficulties with muscle soreness or any elevated liver function tests while on atorvastatin 20 mg daily.

PAST MEDICAL HISTORY:
1. Seizure disorder, petty mal seizures since 1975. No recent seizures. Is on Tegretol 20 mg bid, stable dose.

2. History of reflux esophagitis for which she is on Prilosec which she is just needing to take prn presently.

3. Bilateral sensory neural hearing loss since 1982.

4. Recurrent phlebitis and DVTs since 1982.

5. Status post hysterectomy in 1971 for fibroids and also had bilateral salpingo-oophorectomy at the time.

6. Hypercholesterolemia.

7. Status post carpal tunnel release in 1989 on the right side.

8. Positive PPD with negative chest x-ray in 1981.

9. Allergic rhinitis.

10. DJD of LS-spine by x-ray in 1994.

11. Bilateral talonavicular arthritis 1994.

12. Right patellar fracture 1995.

13. Osteoporosis prevention. She is due for repeat bone density study in 2005. She is on calcium carbonate and vitamin D at doses listed below.

14. Glaucoma followed by ophthalmologist.

15. Hypertension. Recently begun on hydrochlorothiazide as described above, though it is not clear that she is taking this medication.

CURRENT MEDICATIONS:
1. Atorvastatin 20 mg qhs which was recently increased to 40 mg by Allan Ellsworth, MD. She will begin this shortly.

2. Coumadin 10 mg on Monday, Wednesday, Friday and Sunday, and 5 mg on Tuesday and Thursday which is a stable dose for her for sometime.

3. Tegretol 200 mg bid.

4. Trental 400 mg daily.

5. Acetaminophen prn.

6. Prilosec 20 mg prn.

7. Calcium carbonate 1000-1500 mg daily.

8. Vitamin D 400 international units daily.

9. Hydrochlorothiazide 12.5 mg bid which is not clear if she is taking.

10. Rofecoxib 12.5 mg daily.

11. Timoptic 0.5%.

12. Latanoprost drops in both eyes at bedtime.

HEALTH MAINTENANCE: Her last mammogram was in December of 2003 and was unremarkable. Hemoccults August of 2003 were unremarkable as well. Blood pressure and cholesterol as noted above. Sigmoidoscopy in May of 2001 was negative to 30 cm. Hemoccults have repeatedly been negative.

SOCIAL HISTORY: Lives alone on Bainbridge Island. Her son has faxed me requesting a copy of her medical record to be provided to the patient as they are planning a trip to Paris which they have been saving up for for five years. In the last few years Mrs. Hoffman has been fortunate enough to have her son take her on an annual trip, usually by railroad. She enjoys these greatly.

REVIEW OF SYSTEMS: She has previously been cared for by Dr. Strandness in Vascular Surgery, but is transferring care to Dr. Zierler after the death of Dr. Strandness. She will schedule a followup appointment there later this spring.

OBJECTIVE: VITAL SIGNS: Weight 160, blood pressure 140/80, pulse 80 and regular. GENERAL: The patient appears in good spirits. Her gait, as usual, is quite unsteady which has been true for many years. Fortunately she has not experienced any falls. She does use a cane. CHEST: Clear as are her lungs. EXTREMITIES: She has chronic venous stasis changes in her lower extremities.

LABORATORY: INR today was 1.42, but previous values have been in the therapeutic range as described above. Her lipid panel in December of 2003 showed an LDL of 48, HDL 62, triglycerides 201. This was on atorvastatin 20 mg daily which has since been increased.

ASSESSMENT AND PLAN:
1. Recurrent deep venous thromboses (DVTs). She is to continue medications listed above. Her INR is unexpectedly low today. Would recheck this in one week without dosage adjustment presently. Once she returns from France, she should schedule followup in Vascular Surgery with Dr. Zierler.

2. Hypertension. She is to bring in all of her medications next week so we can see if she is taking hydrochlorothiazide. We will check basic metabolic panel assuming that she is taking the hydrochlorothiazide in order to recheck her potassium and renal function.

3. Hyperlipidemia. She is to increase her atorvastatin to 40 mg qhs. Side effects discussed. Report any muscle soreness. Followup lipid panel and liver function tests (LFTs) after six weeks on this medication.

4. Planned travel to Paris with her son. I will provide a copy of this visit to the patient at her next visit.

5. Osteopenia. Continue vitamin D and calcium carbonate. She has not been a candidate for Fosamax because of her problems with gastroesophageal reflux disease (GERD). She is due for bone density study in 2005.

Electronically Reviewed/Signed On: 02/27/04 at 11:04

_____

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cc: Allan J Ellsworth, PharmD
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D Eugene Strandness Jr, MD
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R Eugene Zierler, MD
Professor
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WEN/OM
DD:02/24/04
TD:02/24/04

U8170135

PROBLEM: MEDICATION REFILL.

SUBJECTIVE: Received medication refill from the patient's pharmacy today requesting Lipitor 20 mg daily. There is a handwritten note in the chart from Dr. Ellsworth to increase her Zocor (not Lipitor) to 40 mg daily. It is noted that her last LDL level was 148 in December. Because of this the pharmacy is requested to refill atorvastatin at a dose of 40 mg daily.

ASSESSMENT/PLAN: Authorization given for #30 with one refill.

Electronically Reviewed/Signed On: 02/26/04 at 15:13

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Seattle, WA

LMO/OM
DD:02/18/04
TD:02/19/04

U8170135

PROBLEM: PERIPHERAL VASCULAR DISEASE, LONG-TERM ANTICOAGULATION, HYPERTENSION.

SUBJECTIVE: Patient returns primarily for anticoagulation monitoring and management. We have also been paying attention to gradually increasing blood pressures. Patient has been having no difficulties with her medications or medical problems. Denies bruising, bleeding, signs and symptoms of thromboembolic event.

She does have a problem with her right hip and right knee. She describes the pain as pinching. Comes on with certain positions. Her right knee hurts when she walks too far. She received some benefit from the rofecoxib regarding this pain. No stomach upset.

Denies headache, chest pain, shortness of breath, or palpitations. She also complains of some pain in her lateral distal thigh just above the knee joints. Is not hot, warm, just tender to palpation and corresponds with varicose veins.

WORKING PROBLEM LIST INCLUDES:
1. Peripheral vascular disease.
2. Gastroesophageal reflux disease.
3. Hypertension.
4. Hypercholesterolemia.
5. Osteoarthritis.
6. History of seizures.
7. History of glaucoma.
8. Osteoporosis.

CURRENT MEDICATIONS:
1. Warfarin 10 mg Monday, Wednesday, Friday; Sunday 5 mg Tuesday and Thursday (45 mg per week).

2. Omeprazole 20 mg qd.

3. Rofecoxib 12.5 mg qd.

4. Atorvastatin 20 mg qd.

5. Pentoxifylline 400 mg daily.

6. Carbamazepine 200 mg bid.

7. Latanoprost ophthalmic drops one drop both eyes at bedtime.

8. Timoptic 0.5 mg a drop both eyes twice daily.

9. Calcium plus vitamin D two or three tablets a day.

10.Multivitamin one tablet a day.

OBJECTIVE: GENERAL: Pleasant, alert, elderly woman in no acute distress. VITAL SIGNS: Weight 162 (up 3), height 5'3", blood pressure 156/86, pulse 68. CHEST: Clear to auscultation bilaterally. HEART: Regular rate and rhythm. Normal S1 and S2. LOWER EXTREMITIES: Edema 1+.

LABORATORY: Prothrombin time as INR 2.4.

ASSESSMENT: Elderly lady with multiple medical conditions, mostly stable. Probably continues independent living, planning a trip to France with her son.

1. Anticoagulation. Stable on current dose of Coumadin.

2. Hypertension. Because SHE HAS A HISTORY OF SULFA ALLERGIES probably reasonable to initiate hydrochlorothiazide as a small crossover. She is aware of the side effects to watch for.

3. Hip pain. Probably osteoarthritis.

4. Varicose veins. Given her extensive peripheral vascular disease and previous history I am not sure that much can be done about further more proximal varicose veins. It has been some time since she visited with Vascular Surgery (Dr. Zierler). Previously followed by Dr. Strandness, is retired. She is quite unstable on her feet with a fall risk. I wonder if it would be more appropriate to consider other pharmacotherapy for protection rather than Warfarin. Will discuss next time to evaluate the varicose veins. This probably needs to be worked with her primary care physician, Dr. Neighbor, for referral.

PLAN:
1. Continue Warfarin, same dose. Return for recheck one month.

2. Initially hydrochlorothiazide 12.5 mg bid. Electrolytes to be rechecked at followup visit.

3. Discuss referral to Vascular Surgery with Dr. Neighbor and then consider referral to Dr. Eugene Zierler.

Electronically Reviewed/Signed On: 12/13/03 at 20:28

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Allan J Ellsworth, PharmD
Dept of Family Medicine,
Box 354775
Seattle, WA

AJE/OM
DD:12/07/03
TD:12/08/03

U8170135

PROBLEMS:
1. ANTICOAGULATION.
2. GASTROESOPHAGEAL REFLUX DISEASE.
3. HYPERTENSION.

SUBJECTIVE: The patient returns primarily for prothrombin time monitoring. At her last visit, she was a little supertherapeutic, and a small dosage change was implemented. She is currently taking 10 mg Monday, Wednesday, Friday and Sunday, 5 mg on Tuesday, Thursday, and Sunday (55 per week). No bruising, bleeding, thromboembolic problems. She is having difficulty with heartburn and reflux disease. She has run out of pantoprazole about a week ago, and has been using sodium bicarbonate, and eighth to a quarter of a teaspoonful twice daily. Tums do not help. The proton pump inhibitors completely keep this away. She would also like to refill her rofecoxib, which she takes fairly regularly, but not every day for foot pain, and it does not upset her stomach as other nonsteroidal anti-inflammatories do.

OBJECTIVE: Pleasant, elderly woman in no acute distress; continues to be ustable when walking. VITAL SIGNS: Weight 159 (up 4), blood pressure 164/84, pulse 78. CHEST: Clear to auscultation bilaterally. HEART: Regular rate and rhythm. Normal S1, and S2 without extra sounds. LOWER EXTREMITIES: 1+ edema bilaterally.

LABORATORY: Prothrombin time as INR, 2.4.

ASSESSMENT: Adequate anticoagulation without complications or problems on 55 mg per week dose. Gastroesophageal reflux disease with symptomatic relief with sodium bicarbonate, probably an effect of blood pressure, plus or minus weight, plus or minus leg edema. History of osteoporosis with a negative 2.09 T-score at the hip, but GERD complicates thinking about bisphosphonates. She is taking calcium 600 mg with vitamin D once daily (Costco preparation).

PLAN:
1. Continue calcium, vitamin D, but increase to two tablets daily.

2. Change pantoprazole to omeprazole.

3. Continue Coumadin same dose.

4. Recheck in one month. If blood pressure persists elevated, will need to initiate therapy at next visit.

Electronically Reviewed/Signed On: 11/30/03 at 09:43

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Allan J Ellsworth, PharmD
Dept of Family Medicine,
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AJE/OM
DD:11/05/03
TD:11/06/03

U8170135

PROBLEM: ANTICOAGULATION.

SUBJECTIVE: Patient returns for routine prothrombin time monitoring. She had her dosage increased from 55 to 60 mg a week a couple of weeks ago by Dr. Kelley Kennedy. She has not changed other medications at all. Via her memory, pretty compliant to the regimen of 10 mg on Monday, Wednesday, Friday, Saturday and Sunday; 5 mg on Tuesday and Thursday. No complaints of bruising, bleeding or signs or symptoms of thromboembolic disease.

OBJECTIVE: Prothrombin time is INR 3.6.

ASSESSMENT: Supratherapeutic anticoagulation without complications or problems.

PLAN: A 10% dose reduction (60 to 55 mg per week) as 10 mg Monday, Wednesday, Friday and Sunday; Tuesday, Thursday and Saturday 5 mg. To recheck in two weeks.

Electronically Reviewed/Signed On: 11/02/03 at 22:27

_____

Allan J Ellsworth, PharmD
Family Medicine Clinic
354775
Seattle, WA

AJE
DD:10/22/03
TD:10/23/03

U8170135

CHIEF COMPLAINT: FOOT PAIN.

HISTORY OF PRESENT ILLNESS: Jeanne came in today to have her INR checked as she has been on long-standing Coumadin for deep vein thrombosis. When she came in for this, she was also complaining of some pain in her foot. She describes it as pinching sensation that comes and goes. It is in all different parts of the foot. She is not really sure what it is associated with. She denies trauma and is not having the pain at this point. Most recently she was seen here on August 1 at which time her INR was low at 1.9. At that time, her Warfarin was increased by 5 mg per week. She is here today for recheck.

CURRENT MEDICATIONS
1. Atorvastatin 20 mg po qd.
2. Omeprazole 20 mg po qd.
3. Pentoxifylline 400 mg three times a day.
4. Carbamazepine 200 mg three times a day.

OBJECTIVE: Vital signs are stable. Exam of her right foot reveals a normal appearing foot without swelling. She has no areas of tenderness including all joints and the ankle.

LABORATORY: INR 1.4.

ASSESSMENT: Subtherapeutic anticoagulation. Right foot pain of unknown etiology.

PLAN: We will again increase her Warfarin so that she is taking 10 mg Monday, Wednesday, Friday, Saturday, and Sunday; 5 mg Tuesday and Thursday. She will return to clinic in two weeks to have this rechecked. I reassured her that her foot would probably improve on its own and it is unclear what this pain would be. She was also encouraged to get an appointment with Dr. Neighbor for regular followup.

Patient was discussed with Dr. Sharon A. Dobie.

Electronically Reviewed/Signed On: 10/14/03 at 12:28

_____

Kelley Michelle Kennedy, MD
Resident, Family Medicine Clinic
Box 354770
Seattle, WA

Electronically Co-Signed On: 10/17/03 at 16:27

_____

Sharon Ann Dobie, MD
Family Medicine Center

KMK
DD:10/08/03
TD:10/09/03

Family Medicine - Outpt Record

PT NAME: HOFFMAN, JEANNE L
NUMBER: U 8-17-01-35
DOB: 1/6/1925
DOS: 8/1/2003

PROBLEM: ANTICOAGULATION.

SUBJECTIVE: Follow-up visit to assess safety and efficacy of anticoagulation. She recently returned from a prolonged vacation. On this vacation, she slipped, fell, hurt her back, and ended up with a hospitalization in New York because of hematuria. Subsequently, cleared without reversal of her anticoagulation. When she returned to follow up, she had an elevated prothrombin time. A slight reduction in prothrombin time was made (60 mg a week to 50 mg a week). She is here today for followup. Denies bruising, bleeding, addition of new medications, signs and symptoms of thromboembolic events. She does complain of being cold (something she frequently does when her prothrombin time is low). She also seems quite unstable on her feet. This is not new, but given the recent fall and her instability to stand upright without holding onto a cane or the wall, further assessment was done.

CURRENT MEDICATIONS: Other medications are unchanged, including:
1. Atorvastatin 20 mg qd.

2. Omeprazole 20 mg qd.

3. Pentoxifylline 400 mg three times a day.

4. Carbamazepine 200 mg three times a day (therapeutic carbamazepine level within the past several months).

OBJECTIVE: VITAL SIGNS: Weight 155 lb (down 6 lb), blood pressure 134/76, pulse 78.
NEUROLOGIC EXAM: Alert and oriented times two. Normal motor strength in all groups. Normal sensation grossly. Deep tendon reflexes 2+ symmetrically, except no patellar reflex or Achilles on the left. Positive Romberg.

LABORATORY: Prothrombin time is INR 1.9.

ASSESSMENT: Subtherapeutic anticoagulation, balance problems, with symmetric screening neurologic exam.

PLAN: Increase warfarin 5 mg per week (55 mg per week), as 10 mg Monday, Wednesday, Friday,

and Sunday, 5 mg the rest of the days. Return in one month for recheck. Encouraged the patient to follow up with Dr. Neighbor, her primary provider, regarding alternative source for balance problems.

ALLAN J. ELLSWORTH, PHARMD, PAC
CLINICAL PHARMACIST, DEPARTMENT OF FAMILY MEDICINE, Box #354775

ELECTRONICALLY EDITED AND AUTHENTICATED ON: August 11, 2003 11:18:23
Allan J. Ellsworth, Pharm.D, PA-C
Department of Family Medicine

AE/
DD: 08/01/2003
DT: 08/04/2003

PT NAME: HOFFMAN, JEANNE L
NUMBER: U 8-17-01-35
DOB: 1/6/1925
DOS: 7/17/2003

PROBLEM: ANTICOAGULATION.

SUBJECTIVE: The patient has finally returned from extended vacation/road trip with her son. Drops by today to have a prothrombin time checked. Unfortunately, on her vacation she slipped and fell backwards down stairs. Several days later, she noted hematuria. Subsequently, was hospitalized. No changes in her medication regimen that she is aware of.

Has returned home now approximately five days post hospitalization and resumed her usual medications:

1. Atorvastatin 20 mg qd.

2. Omeprazole 20 mg qd.

3. Pentoxifylline three times a day.

4. Carbamazepine 200 mg tid.

5. Warfarin 10 mg daily except for Tuesdays and Thursdays when she takes 5 mg.

Hematuria has cleared. Has noted no other bruising or bleeding.

OBJECTIVE: Prothrombin time: His INR 3.3.

ASSESSMENT: Supratherapeutic anticoagulation post a fall with subsequent hematuria and hospitalization.

PLAN: A 10% to 15% reduction in prothrombin time from 60 mg a week to 50 mg a week; as 10 mg Monday, Wednesday and Friday, 5 mg the rest of the days. Return in two weeks for recheck for stability. Follow up on injury. We will try to obtain records before then.

ALLAN J. ELLSWORTH, PHARMD, PAC
CLINICAL PHARMACIST, DEPARTMENT OF FAMILY MEDICINE, Box #354775

ELECTRONICALLY EDITED AND AUTHENTICATED ON: July 29, 2003 8:35:41
Allan J. Ellsworth, Pharm.D, PA-C
Department of Family Medicine

AE/
DD: 07/17/2003
DT: 07/18/2003

>>
ANTICOAGULATION.

The patient has gone on vacation and told Dr. Neighbor she would have prothrombin time results forwarded to the clinic. Per Dr. Neighbor, no results have been received. I have been calling the patient's home weekly to remind her to get her prothrombin time checked, in the hopes that she might check phone messages. Her phone rings, then beeps without an outgoing message, and I am not sure whether these messages are even being recorded. I will continue attempting to reach the patient weekly until I complete my residency at the end of the month. Dr. Neighbor has been notified.

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ELLEN E RHINARD
CLINICAL PHARMACIST, Box #354770

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ELECTRONICALLY AUTHENTICATED ON: June 2, 2003 18:32:21
ELLEN RHINARD

>>ER<</>> <<>> <<
DD: 06/02/2003
DT: 06/02/2003

PT NAME: HOFFMAN, JEANNE L
NUMBER: U 8-17-01-35
DOB: 1/6/1925
DOS: 4/2/2003

FAMILY MEDICINE CLINIC NOTE

PROBLEM: Status post fall.

SUBJECTIVE: She slipped on the wet kitchen floor on March 15, sustaining contusions to her arms, abdominal wall, and legs for which she reports being seen at another health care facility. There was no evidence of fracture. Patient continues to feel sore but feels that she is gradually improving. She continues to have problems with steadiness of her gait and uses a cane and most of the time does so safely.

PROBLEM: UTI.

SUBJECTIVE: Incidental finding at the physician's office where she was seen, which was Jared Hendler on Bainbridge Island, was urinalysis positive for nitrates and leukocyte esterase with wbc's and bacteria present without blood. She reports she was just given the result but was not treated.

PROBLEM: Travel.

SUBJECTIVE: Her son, who two years ago took her on a long trip, is now taking her on a long trip again on train to the midwest and the east for a family reunion. She will be gone for two to three months. She needs a refill on her medications.

PAST MEDICAL HISTORY:
1. Seizure disorder.
2. Reflux esophagitis.
3. Hearing loss.
4. Hypercholesterolemia.
5. Venostasis ulcers and peripheral vascular disease.

CURRENT MEDICATIONS:
1. Atorvastatin 20 mg qd. At her last visit we had advised increasing it to 30 mg qd, but she found this too expensive and so has stayed at 20 mg qd.

2. Coumadin 10 mg qd except 5 mg on Thursdays and Sundays.

3. Tegretol 200 mg tid.

4. Trental 400 mg tid.

5. Prilosec 20 mg prn.

6. Calcium carbonate 1000 mg qd.

7. Vitamin D 400 IU qd.

8. Acetaminophen prn.

9. Elastic stockings.

REVIEW OF SYSTEMS: She also has osteoporosis, and we have described before the risks of treating her with Fosamax given her history of GERD.

OBJECTIVE: VITAL SIGNS: Weight 161, blood pressure 158/80 and on repeat 140/80, pulse 74 and regular. MUSCULOSKELETAL: Exam of her upper arms shows
some diffuse tenderness in the upper arms but no deformity or ecchymoses. She also has some diffuse tenderness over her spinal muscles in her back and an area of point tenderness over the left superior iliac crest without swelling, ecchymosis, or deformity. She does not have any significant tenderness today in the lower extremities. She does wear her elastic stockings.

LABORATORY: This March an M7 was unremarkable except for a glucose in the afternoon of 132 at 3:30 PM which was probably normal. CBC normal. Tegretol level 7.4 which is within therapeutic range. INR done two weeks ago was 2.0, stable. Patient has not had a lipid panel with LFTs which was advised at her last visit with me in October, and has not returned Hemoccult cards or had colonoscopy or sigmoidoscopy which had been advised at that visit. Her mammogram was negative in October 2002.

ASSESSMENT AND PLAN:
1. Status post fall in her kitchen in patient who has unsteady gait but is using a cane and usually is able to get around safely. I do not find any evidence today of significant sequelae from this. She should continue to improve.

2. Asymptomatic urinary tract infection. Will treat with ciprofloxacin 500 mg bid times three days.

3. Planned family trip. A medical history written two years ago was updated today, and an original

and a copy is given to her to take with her in case she needs medical attention. It includes an updated medication list.

4. Hypercholesterolemia. Continue atorvastatin at current dose. As she will not be returning until August, she should have fasting lipid panel with LFTs done at that time.

5. Osteoporosis. She should continue calcium and vitamin D supplementation. Previous plan had been repeat bone density in 2005.

6. Breast cancer screening. Negative mammogram, October 2002.

7. Colorectal cancer screening. Hemoccult kit given again. Advised sigmoidoscopy or colonoscopy.

8. Anticoagulation. Due for INR in two weeks at which time she will be on her trip. Two years ago when she went on a trip, she would stop periodically at hospitals to have her INR checked. This seems like a satisfactory plan this time as well.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE, Box #354770

ELECTRONICALLY AUTHENTICATED ON: April 14, 2003 16:32:19
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WN/
DD: 04/02/2003
DT: 04/03/2003

PT NAME: HOFFMAN, JEANNE L
NUMBER: U 8-17-01-35
DOB: 1/6/1925
DOS: 3/17/2003

PROBLEM: DIZZINESS, RECURRENT DVT/PHLEBITIS, CHRONIC ANTICOAGULATION.

SUBJECTIVE: Patient returns with chief complaint of dizziness and unsteadiness on her feet. Says she had a fall on Sunday, falling to her left side, bruising her left arm, left hip, and left buttocks and abrading her left arm with a superficial scratch. Her son has just come home to visit. Took her to see his physician. Blood work was drawn, evaluation was done. No changes were made in her medications. She is scheduled today to follow up on her anticoagulation for multiple recurrent DVTs/phlebitis and chronic anticoagulation with a goal of 2 to 3. She denies any additional bleeding, blood in urine, blood in stool, signs and symptoms associated with phlebitis and/or a stroke. She continues to have intermittent problems with numbness on her left side (see emergency note from about a month ago).

Her ongoing medical problems are much the same:
1. Significant peripherovascular disease, recurrent DVT.
2. Long-term anticoagulation.
3. Seizure disorder on the carbamazepine (last level measured in September was 8.3).
4. Decreased hearing.
5. Dyslipidemia.
6. History of positive PPD status post chemotherapy.
7. Chronic low back pain.

MEDICATIONS: Medications were reviewed:
1. Warfarin 10 mg daily, except for Tuesday and Thursday 5 mg.
2. Carbamazepine 200 mg tid.
3. Pentoxifylline 400 mg tid.
4. Rofecoxib 12.5 mg qd.
5. Pantoprazole 40 mg qd.
6. Atorvastatin 20 mg qd.

OBJECTIVE: GENERAL: A pleasant elderly woman, quite unsteady on her feet, staggers down the hall and into the exam room, but not frustrated or in acute distress with the dizziness. VITAL SIGNS: Weight 164, blood pressure 130/80, pulse 76 by the medical assistant. Orthostatic blood pressures 10 or 15 minutes later: sitting 140/70, pulse 72; standing, with time for equilibration, 150/80, pulse 72. HEENT: Normocephalic, atraumatic. Extraocular

movements intact. Pupils equal, round, and react to light. No facial asymmetry. Remaining cranial nerves intact. EARS: Tuning fork lateralized to the left ear. Air conduction was better than bone bilaterally. Decreased auditory acutiy bilaterally to gross testing. External auditory canals clear. Tympanic membranes visualized. Normal landmarks. CHEST: Clear to auscultation bilaterally. HEART: Regular rate and rhythm. No additional sounds. SKIN: A 3 to 5 cm bruise on her left arm. A 17 cm, very superficial scratch on her left posterior forearm. A 17 cm long-thin hematoma on her left posterior hip, and a 16 x 10 round hematoma/bruise on her left buttocks. NEURAL: Motor strength 5/5 and symmetrically in all groups. Deep tendon reflexes 2+, symmetrical except right patella. Achilles bilaterally were unobtainable. (Could not distract or get her to relax). Decreased sensation sharp to dull in left deltoid area; positive Romberg.

LABORATORY: Prothrombin time: INR 2.04.

ASSESSMENT: 1)Dizziness. Etiology unknown. Nothing focal. 2) Recurrent DVT. Asymptomatic. 3)Long-term anticoagulation with therapeutic prothrombin time. Clearly in "harm's way."

PLAN:
1. Continue warfarin 10 mg daily, except 5 mg on Tuesday and Thursday. Recheck in one month.

2. Labs: CBC, fecal occult blood, basic metabolic profile, with a carbamazepine level looking for generalized CNS unstabilizer.

3. Return to see Dr. Neighbor. Follow up on dizziness and lightheadedness.

ALLAN J. ELLSWORTH, PHARMD, PAC
CLINICAL PHARMACIST, DEPARTMENT OF FAMILY MEDICINE, Box #354775

ELECTRONICALLY EDITED AND AUTHENTICATED ON: April 10, 2003 23:40:48
Allan J. Ellsworth, Pharm.D, PA-C
Department of Family Medicine

AE/
DD: 03/17/2003
DT: 03/18/2003

PT NAME: HOFFMAN, JEANNE L
NUMBER: U 8-17-01-35
DOB: 1/6/1925
DOS: 2/10/2003

PROBLEM: RECURRENT DVT/Phlebitis, CHRONIC ANTICOAGULATION.

SUBJECTIVE: The patient returns for routine prothrombin time monitoring. Has had no complications or problems associated with anticoagulation. Denies bruising or bleeding. She continues on her routine warfarin regimen of 10 mg daily except for Tuesdays and Thursdays when she takes 5 mg. She has not missed any doses. She did have a brief emergency room visit not long ago for a peripheral numbness sensation on her left side. The emergency room could not find any abnormalities. The work-up at that time included CT scan.

She did not take the aspirin that was offered because of her understanding of warfarin and aspirin interaction. She was advised to return to see Dr. Neighbor. Most of the numbness has resolved, but she does have a band of numbness around her left leg. It is not associated with any changes in strength, range of motion or function; it seems to be brought on primarily by walking. It is not there all of the time. She has not had any visual changes, unilateral weakness, dysarthria, etc.

OBJECTIVE: Weight 166, blood pressure 140/80, pulse 68. Prothrombin time, as INR 1.89.

ASSESSMENT: Anticoagulation for recurrent DVT/phlebitis in a patient with known peripheral vascular disease. She takes a number of other medications, namely anticonvulsants, pentoxifylline, atorvastatin, pantoprazole, rofecoxib. Review of her prothrombin times for the last six months have fluctuated between 1.8 and 2.9 without any change in dose. Prothrombin time in the emergency room a week or so ago on the same dose was 3, and so I am not prone to want to change the dose at this time. Prudent to obtain fecal occult blood monitoring and CBC given her concomitant NSAID on a semi-regular basis.

PLAN: 1) Continue warfarin as above at the same dose.
2) Medication refill through September.
3) CBC and fecal occult blood tests next month.
4)
Return to Dr. Neighbor for primary care.

ALLAN J. ELLSWORTH, PHARMD, PAC
CLINICAL PHARMACIST, DEPARTMENT OF FAMILY MEDICINE, Box #354775

ELECTRONICALLY EDITED AND AUTHENTICATED ON: March 8, 2003 9:12:26
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

AE/
DD: 02/10/2003
DT: 02/10/2003

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 01/17/2003

EMERGENCY MEDICINE SERVICE NOTE

TIME SEEN:
1108 hours.

CHIEF COMPLAINT:
Left-sided numbness for two weeks.

HISTORY OF PRESENT ILLNESS:
Ms. Jeanne Hoffman is a pleasant 78-year-old Caucasian female who comes to the University of Washington Emergency Room with a complaint of left-sided numbness both of upper extremity, trunk, and lower extremity for two weeks. She reports she could not feel the toilet seat this morning with the left side of her body, and that is what scared her and prompted her to come in. She denies speech changes or facial droop. No problems with thought process. She denies any motor deficits. She denies any visual changes, headache. She denies any shortness of breath, chest pain, palpitations, nausea or vomiting. She denies any visual changes. Patient has no history of this numbness or tingling in the past. She has a normal widebased gait which has remained wide-based and has not changed from her baseline. She denies any fevers, chills, cough, cold, runny nose, GI or GU complaints.

REVIEW OF SYSTEMS:
As per HPI. All other systems noncontributory.

CURRENT MEDICATIONS:
1. Lipitor.
2. Coumadin.
3. Trental.
4. Tegretol.

ALLERGIES:
NO KNOWN DRUG ALLERGIES.

PAST MEDICAL HISTORY:1. Significant for peripheral vascular disease, recurrent deep venous thrombosis on long-term anticoagulation.

2. Seizure disorder.

3. Reflux esophagitis.

4. Decreased hearing.

5. Hyperlipidemia.

6. History of positive PPD status post treatment.

7. Chronic lower back pain, with an MRI in 2001 demonstrating degenerative disk disease from L1 through L5.

FAMILY HISTORY:
Noncontributory.

SOCIAL HISTORY:
Patient denies smoking, drugs, or alcohol. She denies any recent travel. She is retired and lives here in Seattle with family in the area.

VITAL SIGNS ON PRESENTATION:
Blood pressure 163/90, temperature 36, pulse 82, respirations 16, O2 saturation 98% on room air. GENERAL APPEARANCE: This is a well-developed, well-nourished Caucasian female in no apparent distress sitting in bed smiling. HEENT: Normocephalic, atraumatic. Extraocular movements intact. Pupils equal, round, and reactive to light. No facial asymmetry noted. Cranial nerves intact. Fundus is clear without papilledema NECK: Supple, with full range of motion. There were no carotid thrills or bruits and no JVD noted on neck exam. There were no thyroid masses or nodules noted on neck exam. BACK: There was no tenderness to palpation noted over cervical spine, thoracic spine, or lumbar spine. LUNGS: Clear to auscultation bilaterally, with no wheezes or rales heard. HEART: Regular rate and rhythm, with no murmurs, rubs, or gallops. ABDOMEN: Soft, nontender, nondistended, with normoactive bowel sounds. No masses, guarding, or rebound noted on abdominal exam. GENITOURINARY and RECTAL EXAM: Refused by patient. EXTREMITIES: Full range of motion throughout, with no crepitus, laxity, or obvious form of injury to the extremities. SKIN: No ecchymosis or bruising. NEUROLOGIC: Cranial nerves III through XII intact, with sensation intact tolight touch throughout except for the left upper extremity. Patient had decreased sensation to light touch in the left upper and left lower extremity as well as left trunk as well as

decreased sensation to pinprick in those same areas. Patient had good distal pulses throughout, 2+ throughout. Had 2+ deep tendon reflexes, symmetric through. Downgoing toes bilaterally. Patient had normal finger-to-nose and heel-to-shin bilaterally, with normal speech.

LABORATORY TESTS:
While in the Emergency Room, patient had an IV placed and had several labs drawn.

Chemistry panel: Sodium 145, potassium 4.3, chloride 108, bicarbonate 26, BUN/creatinine of 13.7, with glucose of 126.

White count 5.83, hematocrit 39, platelets 214, calcium 9, PT 13.5, PTT 34, INR 3.0.

A head CT was performed which demonstrated no acute intracranial
bleed, no masses, no midline shift. There is evidence of old lacunar infarcts, but no change from previous studies.

EMERGENCY DEPARTMENT COURSE:
The patient was seen and examined with Dr. Tolson. She was provided with an aspirin. While in the Emergency Room, the patient was seen and examined by Neurology, Dr. Oakley. Please refer to his note for further details. It was felt that the patient had paresthesias of unknown etiology. It was not thought to be of a cerebrovascular etiology. The case was discussed with Dr. Oakley and Dr. Neighbor (the patient's Family Medicine doctor). All were in agreement with the treatment and follow-up plan for this patient.

FINAL DIAGNOSIS:
Paresthesia of uncertain etiology.

PLAN & FOLLOW UP:
The patient will follow up in Family Medicine Clinic with Dr. Neighbor. The patient was instructed to return for worsening of symptoms, chest pain, weakness, or any other concerns she may have. She and her family were amenable to the treatment plan. All questions were answered.

DISCHARGE CONDITION: Satisfactory.

PETER CUENCA, MDRESIDENT

DEDRA R. TOLSON, MD
ATTENDING PHYSICIAN, EMERGENCY MEDICINE SERVICES BOX 356123

ELECTRONICALLY EDITED AND AUTHENTICATED ON: January 31, 2003 20:35:34
DEDRA R. TOLSON, MD
Attending Physician
Emergency Medicine Service

PC[15:28]:01/17/2003jm[16:11]:01/17/2003led/mmf:01/17/2003(16:45)

PT NAME: HOFFMAN, JEANNE L
NUMBER: U 8-17-01-35
DOB: 1/6/1925
DOS: 12/4/2002

PROBLEM: PERIPHERAL VASCULAR DISEASE, RECURRENT DEEP VEIN THROMBOSIS, LONG-TERM ANTICOAGULATION.

SUBJECTIVE: Patient returns primarily for prothrombin time monitoring. She continues on her warfarin, taking 10 mg most days, except Tuesday, Thursday, and Sunday, when she takes 5 mg. She has had no difficulty with bruising, bleeding, blood in urine, stool, or signs or symptoms associated with thromboembolic disease.

Her other medical problems include:
1. SEIZURE DISORDER.
2. REFLUX ESOPHAGITIS.
3. DECREASED HEARING.
4. HYPERCHOLESTEROLEMIA.
5. HISTORY OF POSITIVE PPD.
6. CHRONIC LOW BACK PAIN.

MEDICATIONS:
1. Atorvastatin 20 mg qd.
2. Warfarin, as above.
3. Carbamazepine 200 mg tid.
4. Pentoxifylline 400 mg tid.
5. She has also been taking acetaminophen a gram two or three times a day along with 200 mg of ibuprofen two or three times a day for the back pain.

She knows that ibuprofen can be a little bit risky with her Coumadin and other gastrointestinal complaints, but her back pain has really been bothering her lately. She is able to walk across the room without any difficulty, although she favors her left foot. She has pretty good flexion. She can touch her toes without difficulty, extension, lateral flexion. She can get her fingertips to her knees. Primarily when she walks, it hurts. The pain is not in her hip or her spine. There is no tenderness there. She has noted scoliosis, but palpation of her lumbosacral muscles in the L2 to L5 on the left side causes most of the pain. This hurts when she walks. Sitting does not cause much difficulty.

OBJECTIVE: Prothrombin time is INR 2.1.

An MRI from August 2001, the last time Dr. Neighbor evaluated her back, showed mild-to-moderate posterior disc bulging, osteophytes, and neuroforaminal narrowing in the L1 through L5 region.

ASSESSMENT: 1) Hypercoagulopathy, stable without complications or problems, long-term anticoagulation
stable without problems on current dose. 2) Low back pain with radiculopathy secondary to osteoarthritis.

PLAN: Continue warfarin at the same dose. Recheck in one month. Continue acetaminophen prn pain. Will add rofecoxib 12.5 mg qd gingerly to see if we cannot get some added relief at this point, without disrupting warfarin therapy.

ALLAN J. ELLSWORTH, PHARMD, PAC
CLINICAL PHARMACIST, DEPARTMENT OF FAMILY MEDICINE, Box #354775

ELECTRONICALLY EDITED AND AUTHENTICATED ON: December 18, 2002 14:32:27
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

AE/
DD: 12/04/2002
DT: 12/05/2002

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 10/03/2002

Patient believed that she was here for a physical examination today, though was scheduled for just a 15-minute visit and had several specific problems that she wanted to follow up on.

PROBLEM: HYPERCHOLESTEROLEMIA.

SUBJECTIVE: Compliant with medications listed below and with diet. Denies side effects including muscle soreness. She recently had LDL cholesterol done and is in for review of results.

PROBLEM: SEIZURE DISORDER.

SUBJECTIVE: Compliant with medications. Recent Tegretol level done. No recent seizures.

PROBLEM: STATUS POST FALL.

SUBJECTIVE: See note dictated 9/25/2002 which describes the circumstances of her needing to crawl through the window and suffering some abrasions. There was actually no specific fall. Patient seems to be recovering satisfactorily.

PROBLEM: COUGH.

SUBJECTIVE: Patient has periodic cough which at one point seemed to improve with Protonix described at the visit 9/25/2002. However, now she describes recurrence of nonproductive cough without fever or chills, nightsweats or recent URI. There is no history of tobacco abuse, COPD, or asthma.

PROBLEM: HEALTH MAINTENANCE.

SUBJECTIVE: In for review of health maintenance needs.

PAST MEDICAL HISTORY:
1.Hypercholesterolemia.

2.Recurrent DVT for which she has been on chronic Coumadin therapy.

3.Seizure disorder with no recent seizure.

4.GERD.

MEDICATIONS:
1.Atorvastatin 20 mg qd.
2.Coumadin stable dose.
3. Tegretol 200 mg tid.
4.Trental 400 mg tid.
5.Elastic stockings.
6.Prilosec 20 mg qd.
7. Calcium carbonate 1000 mg qd.
8.Vitamin D 400 IU qd.

PHYSICAL EXAMINATION: TMs clear. Nose clear. Throat clear. NECK: Supple without adenopathy. CHEST: Completely clear to auscultation. COR: S1 and S2 normal without murmur, gallop, or rub. EXTREMITIES: With chronic venous stasis changes, but no acute changes.

Blood pressure 122/88, pulse 74 and regular.

LABORATORY: CBC
and liver function test unremarkable. Tegretol level 8.3, in therapeutic range. LDL cholesterol 143.

ASSESSMENT AND PLAN:
1.Hypercholesterolemia in a patient with peripheral vascular disease. Goal is to have LDL less than 100. Advance atorvastatin to 30 mg qd. Recheck lipid panel with LFTs in six weeks. She is to report any unusual muscle soreness.

2.Cough which initially seemed to be improved with Protonix, but now is a recurrent complaint per the patient today. I did not identify an acute cause for her cough. There was inadequate time in the 15 minutes available for complete exploration of the etiologies with her cough. She will follow up in six weeks.

3.Seizure disorder with no recent seizures and stable Tegretol level. Continue medication.
4.Colorectal cancer screening. Hemoccult kit given. Advised colonoscopy for more thorough colorectal screening; however, patient preferred sigmoidoscopy.

5.Breast cancer screening. A mammogram ordered. Return to clinic for breast exam.

6.Osteopenia without osteoporosis. Recent bone density study showed osteopenia, but not osteoporosis at the hip and spine. We will continue vitamin D and calcium supplementation. In view of her history of GERD, as well as her complicated other medication regimen and anticoagulation, I do not believe she is a good candidate for Fosamax. Would repeat bone study in 2005.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: October 14, 2002 14:43:03
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN[21:26]:10/07/2002fl[14:33]:10/10/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 09/25/2002
Dictator: ELLEN E RHINARD

RECURRENT DVT ON CHRONIC ANTICOAGULATION.

SUBJECTIVE: The patient returns for routine anticoagulation follow up. One or two weeks ago, she had to crawl into her home via a window and got bruises all over, mostly now healed. Her left leg still has a lesion but she is not in any pain. She denies any other unusual bleeding or bruising, as well as any shortness of breath or chest pain. Her diet and exercise have been consistent. Her medications have been consistent as follows.

1. Tegretol 200 mg tid.
2. Trental 400 mg tid.
3. Lipitor 20 mg qd.
4. Protonix 40 mg qd.

Although the patient has to get up in the night frequently to urinate, in general she has no complaints. She denies constipation or diarrhea. She still coughs at night sometimes but it does not bother her. She cannot say for certain whether the cough is better or worse since she restarted Protonix at her last visit.

OBJECTIVE:
VITAL SIGNS: Blood pressure 131/63. Heart rate 66. Weight 161 lb. PHYSICAL EXAMINATION: Patient is alert and pleasant, in no acute distress. Lungs are clear to auscultation bilaterally. She only coughs a couple of times during the breathing exam and in general does not appear to be coughing much. LOWER EXTREMITIES: Patient only removes her elastic stockings on the left leg. From the mid-shin down, prominent venous stasis discoloration. On the medial aspect a couple of inches up from the ankle, there is a 0.5 x 1 cm shallow ulcer. She is protecting it with a dry gauze pad only, which is held in place by her elastic stockings. There is no drainage, swelling, or red streaking, and the patient denies any pain in this area.

LABORATORIES: INR today 2.7.

ASSESSMENT: 1. Anticoagulation therapeutic (goal 2-3).
2. Abrasion, left leg; venous stasis; peripheral vascular disease. The patient's injury does not appear to be infected, but it is very slow to heal due to her venous

stasis.
3. Cough seems to have mostly resolved with the addition of Protonix.

PLAN:
1. Continue Warfarin at current dose.
2. Recheck ProTime in four weeks.
3. Patient understands the importance of watching for signs of infection at the site of her injury. However, her current program of showering daily and changing the gauze pads a couple of times a day is adequate.
4. An appointment with Dr. Neighbor was made for October 3, for her to have a general physical. He will also be able to address her leg injury or her cough if either of these problems still bothers her.
5. Gave patient laboratory slips for CBC and Tegretol level, as these labs have not yet been checked this year. The results will be reviewed at her appointment with Dr. Neighbor.

ELLEN RHINARD, PHARM.D.
PHARMACY RESIDENT, Box #354770

ALLAN J ELLSWORTH, PHARMD
CLINICAL PHARMACIST, Box #354775

ELECTRONICALLY EDITED AND REVIEWED ON: September 30, 2002 17:31:03
ELLEN E. RHINARD, PHARM.D.
PHARMACY RESIDENT

ELECTRONICALLY EDITED AND AUTHENTICATED ON: October 2, 2002 07:13:48
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

ER/
DD: 09/25/2002
DT: 09/27/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 08/27/2002
Dictator: ALLAN J ELLSWORTH

PROBLEM: RECURRENT DEEP VENOUS THROMBOSIS, CHRONIC ANTICOAGULATION.

SUBJECTIVE: Patient returns for monthly prothrombin time visit. She has no complaints or problems. Continues to take warfarin 10 mg each day except for 5 mg on Sunday and Thursday. No bruising or bleeding that cannot be explained. Denies thrombolic event, signs or symptoms of thromboembolic events. Does complain of some cough and some nearly nightly heartburn. Wonders if she could refill the medicine that DSHS does not pay for (omeprazole). She has been out for several months. Time frame on the cough corresponds with the time frame that she has been off medication. She denies any runny nose or stuffiness, fever, or other upper respiratory symptoms.

OBJECTIVE: Prothombine time is INR 1.9.

ASSESSMENT:
1. Recurrent DVT, on chronic anticoagulation, stable warfarin dosing without complications or problems.
2. Cough for the last two or three months without allergic or upper respiratory tract signs. Does correspond somewhat with her increasing GERD symptomatology.
3. GERD. Off omeprazole because the state will not reimburse. Has been using Tums, apparently not as successfully.

PLAN: Continue warfarin at the same dose (ie, 10 mg each day except for 5 on Sunday and Thursday) with no change in dosage. Recheck pro-time again in one month. Reinitiate proton pump inhibition with pantoprazole 40 mg qd, which the state will pay for. She is told that she should expect to have no symptoms, and then watch to see if the cough does resolve over time or develop into something more pulmonary or respiratory that we can deal with. Follow up in one month.

ALLAN J ELLSWORTH, PHARMD
CLINICAL PHARMACIST, Box #354775

ELECTRONICALLY AUTHENTICATED ON: September 5, 2002 10:47:28
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

AE/
DD: 08/27/2002
DT: 08/28/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 07/29/2002
Dictator: ELLEN RHINARD, PHARM.D.

PROBLEM: ANTICOAGULATION.

S: The patient is on long-term anticoagulation for repeated thrombolic events. She denies any symptoms of unusual bleeding or bruising, as well as any symptoms of stroke or clots. She denies any changes in her medications and denies using any over-the-counter or herbal products. She says she currently takes 5 mg of warfarin on Sundays and Thursdays and 10 mg all other days. She notes that her back pain is bothering her and that 25 of her last 30 pain pills were stolen from her house recently.

O: 7/29 INR 2.4; 6/28 INR 2.9; 5/20 INR 3.1; 4/16 INR 2.5.

A: Anticoagulation is therapeutic in a relatively stable patient (goal 2 to 3).

P:
1. Continue warfarin at current dose.
2. Repeat protime in one month. The patient will make an appointment with Allan Ellsworth.
3. Patient will follow up with physician regarding pain.

ELLEN E. RHINARD, PHARM.D.
PHARMACY RESIDENT

KAM L. CAPOCCIA, PHARM.D.
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY EDITED AND REVIEWED ON: August 2, 2002 21:25:35

ELLEN E. RHINARD, PHARM.D.
PHARMACY RESIDENT

ELECTRONICALLY EDITED AND AUTHENTICATED ON: August 6, 2002 07:00:48
KAM L. CAPOCCIA PHARM.D.
Clinical Pharmacist

EER:07/29/2002 :07/29/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 07/29/2002
Dictator: SETH R SCHWARTZ

OTOLARYNGOLOGY CLINIC NOTE

SUBJECTIVE:
Ms. Hoffman is a 77-year-old woman well known to our service for bilateral sensorineural hearing loss and hearing aids. She presents for concerns of fluctuating hearing in her left ear. She indicates she had an episode of blood drainage from the ear approximately one month ago with decreased hearing. Since that time she has had no significant drainage, and her hearing has returned to baseline. She indicates that she is using her right hearing aid with good results and that her batteries are lasting from one to two weeks. She has no alteration in her baseline tinnitus and no new vertiginous symptoms. History is otherwise unchanged.

PHYSICAL EXAM: HEENT: Ms. Hoffman has symmetrical facial movement, and cranial nerve VII appears intact. There is no spontaneous nystagmus noted. Bilateral microscopic examination of the ears is performed. The right ear canal and tympanic membrane are intact and healthy in appearance with an intact drum and aerated middle ear cleft. The left side again showed a clear external canal and an intact drum. There is a small monomeric segment but no perforation. The middle ear is air containing, and the drum is mobile.

ASSESSMENT:
Ms. Hoffman has no evidence of infection. The episode may have been a perforation secondary to an ear infection which has now resolved. She appears to be functioning well with her hearing aids and will contact us if she begins to require additional amplification. If that is the case, we will obtain a new audiogram.

SETH SCHWARTZ, MD
RESIDENT, Box #356515

LARRY G DUCKERT, MD
ATTENDING PHYSICIAN, Box #357923

ELECTRONICALLY AUTHENTICATED ON: August 2, 2002 10:48:22
LARRY G. DUCKERT MD, PhD
Professor, Otology/Neurotology
Department of Otolaryngology, Head and Neck Surgery

SS/
DD: 07/29/2002
DT: 08/01/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 06/12/2002
Dictator: JEREMIAH D FRANK

FOLLOWUP RASH.

S: Jeanne is a 77-year-old woman who comes in to clinic to follow up on a rash on her leg that appeared a couple of weeks ago. When I initially saw her, it had a raised, scaly, hyperkeratotic appearance suggestive of a nonspecific eczematoid rash. She has been using triamcinolone cream on it over the last couple of weeks and reports now that the rash is decreasing in size and is no longer itchy. She is a little bit concerned that we have not provided her a definitive diagnosis, but is satisfied with the progress thus far.

O: Blood pressure 136/74, pulse 72. There are several hyperpigmented, flat, smooth spots on the right leg just distal to the knee. They appear to be uninfected and uninflamed.

A: Nonspecific eczematoid rash. I do not think there is any need to do a definitive diagnosis with tissue biopsy, given the nice response to steroid medication.

P: The patient will continue use of steroids on a twice-daily basis over the next couple of weeks. If the rash fails to improve completely or flares again once she discontinues the steroid cream, then I think maybe a biopsy would be in order at that time.

JEREMIAH D FRANK, MD
ATTENDING PHYSICIAN, Box #356390

ELECTRONICALLY AUTHENTICATED ON: July 5, 2002 09:08:59
JEREMIAH D. FRANK, MD
ATTENDING

JF/
DD: 06/13/2002
DT: 06/13/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 06/05/2002
Dictator: JEREMIAH D FRANK

TITLE: DERMATITIS.

S: Jeanne is a 77-year-old woman with multiple medical problems including seizure disorder, reflux esophagitis, recurrent DVTs, PENICILLIN ALLERGY, SEPTRA ALLERGY, and a not specified psychological disorder among other problems.

She comes in today because for the last week, she has been developing itchy, raised, scaly lesions on her leg. They have not been painful but they have been itchy and oozed a clear-looking fluid. She has been using antibiotic ointment on them without any improvement. Otherwise, she denies any systemic symptoms such as fever, malaise, muscle aches, etc.

O: Blood pressure 150/86, pulse 78, weight 159 lb. In general, a healthy-appearing elderly woman. Inspection of the legs reveals extensive stasis dermatitis over the shins and ankles. There is also diffuse shiny, atrophic skin and xerosis. There are multiple discrete, raised, hypertrophic plaques and papules measuring approximately 3 to 5 mm in diameter over the right leg below the knee. The number of these is probably six to eight total. Several of these lesions have a discharge of a clear solution. There is no tenderness to them, no erythema. No warmth. Otherwise, the skin exam is normal.

A: This is a nonspecific-appearing dermatitis that is unclear in origin, possibly an insect bite versus some sort of eczematous reaction.

P:
1. Obtained a viral skin culture for herpes, given the clear fluid discharge suggestive of ruptured vesicles.
2. Triamcinolone topical 0.1% cream.
3. Return to clinic in one week for re-examination.

JEREMIAH D FRANK, MD
ATTENDING PHYSICIAN, Box #356390

ELECTRONICALLY AUTHENTICATED ON: July 5, 2002 09:05:39
JEREMIAH D. FRANK, MD
ATTENDING

JF/
DD: 06/06/2002
DT: 06/07/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 05/20/2002
Dictator: WILLIAM E NEIGHBOR

PROBLEM: HYPERCHOLESTEROLEMIA.

SUBJECTIVE: Compliant with atorvastatin and diet. In for test results.

PROBLEM: FRACTURES.

SUBJECTIVE: See last clinic note. Plan had been to obtain bone density study. We did discuss vitamin D and calcium supplementation. MEDICATIONS:
1. Atorvastatin 20 mg qd.
2. Tegretol 200 mg tid.
3. Trental 400 mg tid.
4. Elastic stockings.
5. Prilosec 20 mg qd.
6. Vitamin C and calcium supplementation uncertain dose.

OBJECTIVE: Weight 160, blood pressure 144/80, pulse 64 and regular.

LABORATORY: Lipid panel: Total cholesterol 239, triglycerides 235, HDL 66, LDL 126.

ASSESSMENT/PLAN:
1. Hypercholesterolemia, well-controlled in patient without history of coronary heart disease. Continue atorvastatin. Recheck lipid panel with LFT in six months as her level prior to this most recent one had shown LDL elevated above 150.
2. History of fractures. Advised vitamin D 400 IU qd, and calcium 1000 mg qd. Advised bone density study, which was ordered.
3. Colorectal cancer screening. Review of her records shows that she had a limited sigmoidoscopy a year ago and recommendation was for repeat study this year, in particular for colonoscopy. She does not want to schedule this right now and we will discuss this with her at her next visit. She is also due for a breast examination this summer, and decision as to when to repeat her mammogram with her last study having been one year ago.

WILLIAM E NEIGHBOR, MD
ATTENDING PHYSICIAN, Box #354770

ELECTRONICALLY AUTHENTICATED ON: May 31, 2002 11:21:01
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WN/
DD: 05/21/2002
DT: 05/22/2002

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 04/30/2002
Dictator: R. EUGENE ZIERLER

VASCULAR SURGERY OUTPATIENT CLINIC NOTE

This patient returns to the Vascular Surgery Clinic for ongoing care of her lower extremity post-thrombotic syndrome. She has been followed in this clinic for over 20 years. She has chronic venous insufficiency involving both lower legs, with resulting subcutaneous induration and pigmentation. She has a history of ulceration in the past, although she currently has no open ulcers. She is using Jobst support stockings. She states that her chronic venous disease is relatively stable. The purpose of her clinic visit today is to obtain an updated prescription for elastic support stockings.

PHYSICAL EXAMINATION: VITALS: Blood pressure 120/80 in the right arm and 130/80 in the left arm, with pulse 74 and oxygen saturation on room air of 99%. Observation of her lower extremities reveals the familiar appearance of chronic venous insufficiency with extensive pigmentation and scarring from her previous episodes of ulceration. She has no open ulcers at this time, and her edema is well-controlled using her compression stockings.

ASSESSMENT/PLAN: In summary, this patient has chronic venous insufficiency which is being managed adequately. A prescription for two new pairs of Jobst below the knee moderate compression stockings was filled out. She was invited to return to this clinic or call with any questions related to her chronic venous insufficiency.

R. EUGENE ZIERLER, MD
ATTENDING PHYSICIAN, Box #356410

ELECTRONICALLY AUTHENTICATED ON: May 1, 2002 17:24:38
R. EUGENE ZIERLER MD
Professor

Division of Vascular Surgery

RZ/
DD: 04/30/2002
DT: 04/30/2002

CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

Patient: HOFFMAN, JEANNE LEONIE
MR#: U8170135
Visit: 03/11/2002
Dictator: WILLIAM E NEIGHBOR

PROBLEM: LEFT FOOT PAIN

S: See note by Dr. Eggertsen dated 02/25/2002. At that time her x-rays were unremarkable. She comes in today complaining of continued discomfort over the distal portion of the fifth metatarsal on the left. There has been no repeat injury. She does feel, however, that in general her foot pain is improved.

O: Examination of her left foot shows point tenderness over the distal aspect of the left fifth metatarsal. There is no tenderness in other portions of the foot and no tenderness in the midfoot.

X-ray shows osteoarthritis of the talonavicular joint as previously noted. There is no evidence of a fracture of the fifth metatarsal.

A: Foot contusion, healing. She should wear firm footwear and expect continued improvement. I did advise vitamin D and calcium supplementation in general to keep her bones strong. She does have some osteoporosis which we need to follow up for at her next visit. She will return in one month. She is also due for fasting lipid panel, which is ordered.

WILLIAM E NEIGHBOR, MD
ATTENDING PHYSICIAN, Box #354770

ELECTRONICALLY AUTHENTICATED ON: March 14, 2002 15:12:11
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WN/
DD: 03/11/2002
DT: 03/12/2002

Patient: HOFFMAN, JEANNE L
MR#: U8170135
Visit: 02/25/2002
Dictator: SAM EGGERTSEN

S: This 77 year old presents with a TWO-WEEK HISTORY OF LEFT FOOT PAIN. She has multiple medical problems, including a history of recurrent phlebitis, for which she is on anticoagulated. Her last INR was 2.6 on Coumadin 10 mg for five days per week and 5 mg on Thursday and Sunday. Her last INR was 2.6. Two weeks ago when pushing a shopping cart full of laundry on a hill, she stumbled and fell onto her right side. Since that time, she has noted pain in the dorsum of her left foot. She wears a right ankle brace chronically. She did not have contusions or bleeding with the fall. She has been ambulating with her cane. She simply decided that today was the day she should be checked for fear that she fractured something.

O: Her weight is 158 lb, blood pressure is 134/80, pulse is 80. Exam of the left foot shows chronic stasis changes and evidence of a skin graft medially. She has intact dorsalis pedis pulses and good capillary refill. There are no areas of skin breakdown. There is no contusion, no ankle swelling. She does have tenderness just distal from the tibia on the dorsum of the foot. She has decreased sharp/dull sensation over the entire foot. She states this is an old finding. She is able to ambulate. Her gait is symmetric and shuffling, assisted with the cane.

A: Foot sprain status post fall two weeks ago.

P:
1. Radiograph.
2. Continue activity and Percocet as needed.
3. Elevation.
4. Followup with Kam Capoccia and with Dr. Neighbor.

SAM C EGGERTSEN, MD
ATTENDING PHYSICIAN, Box #354770

ELECTRONICALLY AUTHENTICATED ON: February 26, 2002 07:37:21
SAM C. EGGERTSEN MD
Attending Physician
Family Medicine

SE/
DD: 02/25/2002
DT: 02/25/2002

Patient: HOFFMAN, JEANNE L
MR#: U8170135
Visit: 02/05/2002
Dictator: KAM CAPOCCIA

PROBLEM: Status post deep venous thrombosis and cerebrovascular accident requiring long-term anticoagulation.

SUBJECTIVE: The patient returns to clinic for followup of repeat rapid protime. She is doing relatively well. No bleeding or bruising. No symptoms of a thromboembolic event. She continues to walk daily with her cane and attributes this to keeping her in good health. She is currently taking warfarin 5 mg on Sunday and 10 mg all other days of the week. She has not missed any doses. Does not take aspirin or ibuprofen. Does occasionally take some acetaminophen.

OBJECTIVE: INR 2.6 (goal 2.0-3.0).

ASSESSMENT: Therapeutic anticoagulation without complications or problems.

PLAN: Advised the patient to continue her current dose of warfarin at 5 mg on Sunday and 10 mg all other days. I gave her some Hemoccult cards to complete and return since her last Hemoccult cards were in November 2000. She remembers how to do these. We reviewed the specific foods and fruits to avoid and she will return these at her next appointment. Otherwise recheck rapid protime in one month.

KAM L CAPOCCIA, PHARM.D.
CLINICAL PHARMACIST, Box #354770

ELECTRONICALLY AUTHENTICATED ON: February 11, 2002 06:32:15
KAM L. CAPOCCIA PHARM.D.
Clinical Pharmacist

KC/
DD: 02/05/2002
DT: 02/05/2002

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 12/12/2001

PROBLEM: LEFT LOWER EXTREMITY THROMBOPHLEBITIS.

SUBJECTIVE: The patient with known history of recurrent deep vein thromboses, just returned on December 5, 2001, from a long train ride across the country. She reports taking her Coumadin at the time. He INR, however, on December 10, 2001, was 1.4. Dosage was adjusted yesterday. She comes in today with a one-day history of a left medial calf swelling, tenderness and redness. Denies fevers, chills, night sweats.

OBJECTIVE: VITAL SIGNS: Per chart. Afebrile. Her left lower leg shows area of redness and induration and tenderness without any skin interruption over the posteromedial left calf. There is no popliteal space tenderness and no tenderness in the thigh.

ASSESSMENT: Left lower extremity calf thrombophlebitis, rule out deep vein thrombosis with asymptomatic extension. Particularly given her subtherapeutic Coumadin level two days ago, also her long train ride.

PLAN:
1. Continue Coumadin at the recently increased dose

2. She is scheduled for duplex for today to rule out deep vein thrombosis which may require heparinization.

3. Otherwise warm moist compresses tid for 30 minutes. Expect improvement in the next 48 hours, otherwise she is definitely to recheck.

4. She requested a refill on her Percocet 5/325 mg for her back pain, #30 given. Flu vaccine was also administered today. She should follow up with me in January if not sooner.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: December 28, 2001 15:09:08
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN:12/12/2001mq/ac:12/13/2001

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 12/10/2001

PROBLEM: STATUS DEEP VENOUS THROMBOSIS AND CARDIOVASCULAR ACCIDENT REQUIRING LONG-TERM ANTICOAGULATION.

SUBJECTIVE: The patient returns to the clinic after a lengthy trip to New York. She did have her Coumadin followed at a community health center in New York where she was found to have an INR of 4.4 on
October 15. Her dose was reduced at that time to 5 mg four days a week and 10 mg three days a week and she returns here for followup after that recent dosage change. She has not changed her activity or diet. No other change in her medications. Brings her empty bottle of warfarin with her today. Last dosage she took was last evening. Denies any active bleeding or bruising. No blood seen in her urine or stool. She is interested in returning to see Dr. Neighbor for her hearing.

The INR was 1.4 (goal 2.0 to 3.0).

ASSESSMENT: Subtherapeutic anticoagulation most likely due to recent decrease in dose.

PLAN: Will increase her dose to 5 mg on Sunday and Thursday with
10 mg the remainder of the week. She has 10-mg tablets. She has been therapeutic on this dose in the past. We will recheck her rapid pro time in two weeks to verify her current dose.

KAM L. CAPOCCIA, PHARM.D.
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: January 7, 2002 07:25:42
KAM L. CAPOCCIA PHARM.D.
Clinical Pharmacist

KC :12/10/2001mq/mw:12/11/2001

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98105

FAMILY MEDICAL CENTER
4245 Roosevelt Way NE
(206) 598-4055

8/21/01

Roger Degas
Res # R1Y-672
RE: Jean and Louis Alloin
Fax 506.859.3943

Re: JEANNE L. HOFFMAN U8170135 Female Age: 76

Dear Sir:

I have been requested by my patient Jeanne Hoffman and her son Louis Alloin to provide the following medical information pertinent to planned travel of Jeanne Hoffman. I understand from Jeanne that she will be traveling with her son Louis Alloin. Written communication with Mr. Alloin dated 8/17/01 suggests that he is the Family Heritage Tour 2001 Director. I had written a prior letter on July 31 which provided only the information requested of me at the time. I am now providing a complete medical summary and specific recommendations for accommodations during travel.

CURRENT MEDICAL PROBLEM:
Low back pain with nerve impingement.
MRI in August 2001 showed: 1. Mild to moderate degenerative disc and facet joint disease at multiple levels. 2. Mild to moderate central stenosis 3. Moderate right L4-5 and left L5-S1 neural foramina narrowing.

PAST MEDICAL HISTORY:
1. History of seizure disorder. . She is treated with Tegretol, and has not recently had a seizure.

2. History of reflux esophagitis. Currently not a problem.

3. History of bilateral hearing loss since 1982, stable by patient's report.

4. History of recurrent deep venous thrombosis for which she is treated with Coumadin, and Trental, and elastic stockings, and has periodic follow up in Vascular Surgery Clinic.

5. Status post hysterectomy for fibroids in 1971 with bilateral salpingo-oophorectomy.

6. Hypercholesterolemia with last cholesterol being 219 and LDL 139 in September 1999. Recently, cholesterol lowering medications have been added to her dietary regimen..

7. History of positive PPD and negative chest x-ray by history. Documented in 1991 in her Family Medical Clinic record. Asymptomatic.

8. History of right ankle fracture for which
she has been seen in Bone and Joint Clinic. The ankle fracture was in the distant past, but she has been given an ankle brace which has helped her.

9. History of left wrist fracture with Kienbock disease for which she if followed in Hand Clinic, and has had surgical repair.

10. Urinary Tract infection in the Spring of 2001.

11. Poor balance

MEDICATIONS:
1. Atorvastatin 20 mg qd.
2. Coumadin. Dosage as of July 27, 2001 is 5 mg on Sunday and Thursday; 10 mg daily the other days of the week.
3. Tegretol 20o mg tid.
4. Trental 400 mg tid.
5. Elastic stockings.

ALLERGIES AND DRUG REACTIONS
ALLERGY TO PENICILLIN AND SEPTRA.

HEALTH MAINTENANCE:
Her last influenza vaccine was a year ago. She is due for that. Had pneumococcal vaccine in 1991. Sigmoidoscopy to 30 cm in May 2001 secondary to inadequate preparation. Plan is colonscopy in May 2002.

RECOMMENDATIONS FOR TRAVEL:

1. For her back, avoid lifting more than 10 pounds; continue exercises she was given by physical therapy. During travel she will need assistance with her luggage as well as assistance in getting on and off trains and buses.

2. For her balance, it is advisable that she use a cane to help her maintain her balance.

3. Because Mrs. Hoffman can become confused in new environments and has hearing difficulties, it is necessary that she be closely watched by her son or another assistant during the travels.

4. Diet. She should be on an American Heart Association Phase I low fat diet. Because of taking Coumadin, she should consume green leafy vegetables and spinach in moderation--as she already knows. There are no other dietary restrictions.

5. Medications. She administers herself her own medications and should continue to be able to do so during her trip.

Sincerely yours,

William E. Neighbor, MD
Associate Professor
Family Medicine
206.598.4055

CC:
Louis Alloin
225 High School Road NW2
Bainbridge Island, Wa 98110
206.855.0815

WILLIAM E NEIGHBOR, MD
ATTENDING PHYSICIAN,
Box #354770

ELECTRONICALLY AUTHENTICATED ON: August 21, 2001 14:45:34
WILLIAM NEIGHBOR, MD

WN: 08/21/2001
Patient Name:
Patient No:
Patient DOB:
Admit/Serv. Date:
Disc./Tran. Date:
Page:
Hoffman, Jeanne L
8-17-01-35
01/06/1925
08/21/2001

3
CLINIC NOTE
Family Medicine
University of Washington Medical Center
1959 N. E. Pacific Street
Seattle, WA 98195

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 08/15/2001

PROBLEM: LOW BACK PAIN.

SUBJECTIVE:
See note dated July 31, 2001. The patient reports that her back pain seems improved. She was seen by Physical Therapy but chose to continue the exercises on her own, without continued followup in Physical Therapy. She briefly showed me the exercises that she is doing and they seem appropriate. She occasionally has radiation of the pain from either the right or left lower back to either the right or left upper leg. There is no radiation below the leg. There is no weakness in the legs, and no bowel or bladder dysfunction.

OBJECTIVE:
PHYSICAL EXAMINATION:
VITAL SIGNS: Weight was 162, stable; blood pressure was 150/80, pulse 80 and regular. BACK: Examination of her spine showed it to be straight. I was not able to elicit paraspinal muscle tenderness or tenderness over the spinous processes of the lumbosacral spine today. The SI joints seemed nontender. Straight-leg raising test was negative bilaterally. Examination of her hip showed limited abduction bilaterally, but otherwise a full range of motion. Internal rotation was full. External rotation was limited bilaterally, but nontender. NEUROLOGIC: Reflexes were diminished at the left knee, but she stated this has always been the case. Ankle reflexes were 0 and bilaterally symmetrical. Toes were downgoing. On strength testing, the great toe extensors and ankle dorsiflexors and plantar flexors were bilaterally symmetrical.

RADIOLOGY:
An MRI scan of her lumbosacral spine showed mild to moderate degenerative joint and facet joint disease at multiple levels in the lumbosacral spine. There was mild to moderate central stenosis. There was moderate right L4-5 and left L5-S1 neural foraminal narrowing.
ASSESSMENT:
Low back pain secondary to degenerative joint disease and radiculopathy. There is no evidence of other pathology on her MRI except for spinal stenosis. Whether this is clinically significant is difficult to determine. She is not reporting the typical rest claudication symptoms for spinal stenosis

at the present time. There is no bowel or bladder dysfunction to suggest cauda equina syndrome.

PLAN:
At the present time, I would encourage her to continue her physical therapy exercises. She seems to be improving gradually on her own. It is reassuring we find no other pathology. She will follow up on her back in one month.

PROBLEM: RIGHT WRIST PAIN.
SUBJECTIVE:
See last clinic note. The wrist pain is completely resolved.

OBJECTIVE:
X-rays of her wrist were normal, and were called to her.

ASSESSMENT:
Right wrist pain, status post a fall, now resolved, and x-rays are negative.

PLAN:
Return as needed.

PROBLEM: CHILLS.
SUBJECTIVE:
At the end of her visit, she brought up that in the last few days, she has felt a bit "chilly."

OBJECTIVE:
A urinalysis showed leukocyte esterase positive, and WBCs present. However, culture has been negative as of the date of this dictation.

ASSESSMENT:
"Chills," without evidence of urinary tract infection.

PLAN:
Given that she had brought this up at the end of her visit, I simply told her to schedule another appointment if this continued to be a problem.

ADDENDUM:
Her son wants to take her on a two-month trip on a railway. I did write a letter and faxed it to him and to the company, requesting assistance for her. However, the patient discussed this with me today and states that she really does not want to go on the trip, and thinks that a two-week trip would be long enough. I actually tend to agree with her, given her back situation. I indicated this to her.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: September 5, 2001 14:47:16
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN:08/17/2001bdt:08/21/2001

FAMILY MEDICAL CENTER
BOX 354770
(206) 598-4055

July 31, 2001

ROGER DOYAS
FAX: 506-859-3943

RE:HOFFMAN, JEANNE
U 8-17-01-35

Dear Mr. Doyas:

I am writing at the request of my patient, Jeanne Hoffman. I understand that she will be traveling with her son later this month. Because of several medical problems including chronic low back pain as well as generalized arthritis, she will need assistance with her luggage during the travels.

Sincerely,

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: August 7, 2001 23:01:29
WILLIAM E. NEIGHBOR MD
Associate Professor

Family Medicine

WEN:07/31/2001pjl:08/01/2001

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 07/31/2001

PROBLEM: HYPERCHOLESTEROLEMIA, LOW BACK PAIN, RIGHT WRIST PAIN.

CURRENT MEDICATIONS:
1. Atorvastatin 20 mg qd.
2. Coumadin.
3. Tegretol 200 mg tid.
4. Trental 400 mg tid.
5. Elastic stockings.

SUBJECTIVE: Compliant with above medications and diet.
See my last clinic note. The patient has improved somewhat. She has been taking Percodan a few times each week for low back pain. Nonsteroidal anti-inflammatory medications have not been possible for her because of her Coumadin use and the risk of gastrointestinal bleed. She has also been using Tylenol. However, while she has had chronic recurrent back pain over several years, this last episode, which now has lasted two months, is one of the worst that she has experienced. She denies any bowel or bladder dysfunction. One week ago, she fell onto her right wrist. She had a previous fracture of her left wrist, but did not injure the left wrist.

OBJECTIVE: Weight 163 lb, stable, blood pressure 150/80, pulse 76 and regular. Laboratory: Since her last visit, total cholesterol 215. However, triglycerides 148, HDL cholesterol 56 and LDL cholesterol 129. Liver function tests normal. Exam shows tenderness over L4-5 spinous processes. There is also some paraspinal muscle tenderness. Straight-leg test is negative. Reflexes are unchanged from her last visit to me. She has always had decreased reflex in her left knee. Radiology studies: LS spine films at her last visit have shown worse L4-5 degenerative joint disease and bilateral hip degenerative joint disease. The patient has been seen in Physical Therapy on two occasions, but missed a couple of visits. Examination shows tenderness over the radial aspect of the wrist on the volar aspect. No snuffboxtenderness. She clearly has pain on range of motion of her wrist. There is no swelling or ecchymosis.

ASSESSMENT:
1. Hypercholesterolemia in a patient with no known coronary

heart disease, now with satisfactory LDL control.
2. Low back pain, likely secondary to degenerative joint disease, but given this is an unusually more severe episode for her than usual, suggest additional studies, given her pain has lasted for two months.
3. Right wrist injury, status post a fall.

PLAN:
1. Continue diet and atorvastatin. Recheck lipid panel in December 2001.
2. Continue her same medications and advise continued physical therapy. Schedule MRI of her LS spine. She will follow up with me in one month. I will call with results as they become available to us. As she plans travel with her son later this month, I will write a letter to an individual whose name she gave me indicating that she will need assistance with luggage.
3. Right wrist film. If negative, advise ice and followup in one week.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: August 7, 2001 23:01:51
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN:07/31/2001mq/cd:07/31/2001

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 06/21/2001

PROBLEM: LOW BACK PAIN FOLLOWUP.

S: Jeanne is a 76-year-old woman who has a history of chronic low back pain and was seen by Dr. Neighbor about two weeks ago with a flare of low back pain and sciatica. At that time, he obtained lumbosacral spine films which were negative for any obvious pathology. He referred her for physical therapy which she has done once and given her some Percodan for pain control. She comes back today, two weeks later, reporting some improvement in her low back pain. She denies any current sciatica symptoms, any numbness or tingling in her lower extremities. She has not required very much of the Percodan for pain relief.

O: Blood pressure is 128/70, pulse is 76. In general a healthy-appearing elderly woman in no distress. Her gait is normal. She is able to flex and extend at the waist without any difficulty. There is no focal bony tenderness along the midline spinous processes. There is no paraspinous muscular tenderness or spasm either. Strength in the lower extremities is 5/5 and symmetric. The ankle jerk reflexes are 2+ bilaterally. The patellar reflex is 2+ on the right and 1+ on the left which the patient claims is her normal pattern.

A: Slowly improving low back pain with sciatica symptoms.

P: Because of improvement, I do not think there is any indication for MRI scanning or bone scanning as Dr. Neighbor had questioned, but I do wish to have her follow up with Dr. Neighbor in four to six weeks to reassess her progress.

JEREMIAH D. FRANK, MD
RESIDENT

SHARON A. DOBIE, MD

ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 356390

REVIEWED ON: June 28, 2001 10:12:47
JEREMIAH D. FRANK, MD
Resident

ELECTRONICALLY AUTHENTICATED ON: July 13, 2001 13:47:25
SHARON A. DOBIE MD
Attending Physician
Associate Professor in Family Medicine

JDF:06/21/2001mq/jt:06/23/2001

CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,

354770

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 06/06/2001

PROBLEM: LEFT LOW BACK PAIN AND SCIATICA.

S: A 76-year-old female with a history of recurrent low back pain in the past complains of a one month history of left lower back and buttock pain radiating to the anterior lateral thigh and occasionally below the knee without bowel or bladder dysfunction or weakness in the left lower leg. There has been no recent injury. She did happen to take some Percodan which she had left over from her wrist surgery which significantly helped her back pain without side effects.

MEDICATIONS:
1. Atorvastatin 20 mg qd.
2. Coumadin. Stable dose.
3. Tegretol 20 mg tid.
4. Trental 400 mg tid.
5. Elastic stockings.

O: Weight 161, stable. Blood pressure 151/80. Pulse 80 and regular. She is clearly uncomfortable from her lower back, particularly on motion. Examination shows the spine is straight. There is tenderness over the left lower paraspinal muscles and the left gluteal muscles. Range of motion of the hip shows increased discomfort in abduction and adduction. No pain on internal or external rotation of the hip. Straight leg test positive on the left. Sensation intact in the lower extremity as is her strength in ankle dorsiflexion and plantar flexion. Reflex at her left knee is decreased compared to the right, however, the patient states that this has always been true for years.

A: Left lower back pain and sciatica in a patient with a recurrent back pain over years. She recalls that she used to need traction at home for her back. However, because this is the first significant episode she has had in some time and given her age, we need to rule out other pathology.
P:
1. Lumbosacral spine films and sedimentation rate.
2. Refer to physical therapy for brief back exercise training and appropriate care of her back.
3. Percodan 5 mg 1 po 2 to 3 times daily prn back pain #15 dispensed. She understands she is to

use this
judiciously. Would not advise muscle relaxants because of her history of fall risk. Would not advise nonsteroidal anti-inflammatory medications because of her chronic anticoagulation.
4. Follow up at one month to evaluate improvement. If lack of improvement, would consider bone scan or MRI to rule out other pathology.

PROBLEM: HYPERCHOLESTEROLEMIA.

S: She is compliant with atorvastatin 20 mg qd but is past due for lipid panel and liver function test.

A: Hypercholesterolemia.

P: Lipid panel and liver function test ordered.

PROBLEM: FOLLOWUP HEALTH MAINTENANCE.

S: Mammogram negative. Her sigmoidoscopy was only to 30 cm but was normal. Recommendation was annual Hemoccults and to consider colonoscopy. I advised repeat Hemoccults in May 2002 and will consider colonoscopy at that time.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: June 12, 2001 08:29:24
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN:06/06/2001mq/jt:06/07/2001

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 05/14/2001

S:
This 76-year-old woman was scheduled for flexible sigmoidoscopy screening by her family physician, Dr. William Neighbor. The patient has a long history of multiple medical problems, including seizure disorder, reflux esophagitis, hearing loss, history of recurrent phlebitis and deep venous thrombosis, currently taking Coumadin 10 mg daily except for Sundays at 5 mg. SHE IS ALLERGIC TO PENICILLIN. She has had a hysterectomy in the past and a bilateral salpingo-oophorectomy. She has been diagnosed with a psychological disorder and hypercholesterolemia. She denies recent problems with the lower GI tract. The patient has a family history positive for polyps in her father but no known cancer in the immediate family. Because the patient was taking Coumadin, an understanding was made with the patient that if we saw some abnormalities, they would not be biopsied at the present time.

Following informed consent, the patient was prepped and draped in the usual manner. She had received one Fleet's enema at the time of the procedure. The external findings were normal. Digital rectal examination was unremarkable. The sigmoidoscope was introduced and was advanced to 30 cm. There appeared to be a very difficult advancement and it was difficult to open up the bowel with adequate amounts of air. At about 30 cm, the exam was causing the patient adequate discomfort to discontinue the exam. It was therefore discontinued and the scope was withdrawn without complication. The air was withdrawn as the scope was withdrawn. There were no polyps, tumors, or masses, but there was one small hyperplastic area at about 10 cm that did not warrant biopsy. A retroflex view just above the rectal sphincter revealed normal findings.

After the procedure, the patient appeared to be quite woozy and unsteady on her feet. She was checked carefully as she seemed to recover, and we stayed with the patient
to make sure she was not going to fall.
A:
Normal sigmoidoscopic examination to about 30 cm with further advancement not possible without excessive patient discomfort.

P:
The patient was informed regarding the findings. She was advised regarding any potential side

effects or complications and will notify us if any difficulties. This particular patient I would consider yearly hemoccult testing and/or the possibility of full colonoscopy. Repeat flexible sigmoidoscopies are unlikely to get much beyond the 30 cm mark. Screening method will depend on the patient's general health and patient preference.

Dr. Mandy Gittler was the resident involved in the case.

DAVID P. LOSH, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: May 30, 2001 10:54:25
David P. Losh MD

DPL:05/14/2001jp:05/15/2001

CC:DAVID P LOSH
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 05/07/2001

OTOLARYNGOLOGY CLINIC NOTE

For the record, Jeanne returns today for followup of a sensorineural hearing deficit. She is wearing an aid in the right ear and is satisfied with its performance. Both ears are clear microscopically to reveal intact drums and normal appearing canals. The option of rehabilitation of the left ear with an instrument is discussed and she will pursue this in our clinic.

LARRY G. DUCKERT, MD
ATTENDING PHYSICIAN, DEPARTMENT OF OTOLARYNGOLOGY BOX 357923

ELECTRONICALLY EDITED AND AUTHENTICATED ON: May 15, 2001 10:24:54
LARRY G. DUCKERT MD, PhD
Professor, Otology/Neurotology
Department of Otolaryngology, Head and Neck Surgery

LD :05/07/2001mq/jt:05/09/2001

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 04/18/2001

MEDICATIONS: As listed on November 1, 2000.

PROBLEM: FOLLOWUP HEALTH MAINTENANCE.

SUBJECTIVE: Patient has not yet received her mammogram, which was ordered today. Hemoccult negative times three, sigmoidoscopy ordered.

PROBLEM: HISTORY OF SEIZURE DISORDER.

SUBJECTIVE: Continues Tegretol. Her CBC, platelets, and liver function tests were normal.

PROBLEM: RECURRENT DEEP VENOUS THROMBOSIS BY HISTORY.

SUBJECTIVE: Patient currently asymptomatic, taking her Coumadin and using elastic stockings appropriately.

OBJECTIVE: INR today 2.18.

Review of her INR shows considerable fluctuation. Her INR will likely bounce back closer to her average of 2.5 without any change of therapy, based upon what we know of her.

ASSESSMENT: Anticoagulation. Suspect her INR will bounce back.

PLAN: Continue current dose of Coumadin, and recheck one month for INR.

PROBLEM: HYPERCHOLESTEROLEMIA.

SUBJECTIVE: Compliant with Zocor.

OBJECTIVE: Total cholesterol was 292, triglycerides 373, HDL 63, LDL 162, on Zocor 20 mg qd.

Liver function tests normal.
ASSESSMENT: Hypercholesterolemia in patient with no known coronary heart disease, but with poor LDL control.

PLAN: Change to atorvastatin 20 mg qd. Repeat LFTs with liver function tests in two months, then see me.

PROBLEM: RECENT URINARY TRACT INFECTION.

SUBJECTIVE: At her last visit on November 1, 2000, urinalysis indicated urinary tract infection, for which she was treated with ciprofloxacin 500 mg bid. She reports that she no longer has problems with her urination. However, when inquiring further, she states that she continues to have nocturia three to four times nightly.

OBJECTIVE: No exam for this problem. Repeat urinalysis shows positive leukocyte esterase. On microscopic exam, 1+ white blood cells, moderate bacteria on minimally contaminated specimen. Her M-7 was normal in November.

ASSESSMENT: Recurrent versus
persistent urinary tract infection.

PLAN: Urine culture, and will re-initiate course of ciprofloxacin.

PROBLEM: RIGHT UPPER ARM INTERDERMAL NEVUS.

SUBJECTIVE: At her last visit in November, I was concerned about the interdermal nevus as it appeared irritated, and had some new blood vessel formation.

OBJECTIVE: Repeat examination today shows a fleshy papilloma on the right upper arm, completely consistent with an interdermal nevus. There is no neovascularization, and no ulceration or other evidence to suggest basal cell carcinoma. Patient reports again today that she has had this for years without any change.

ASSESSMENT: Interdermal nevus.

PLAN: Recheck prn.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: April 26, 2001 11:09:49
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN:04/18/2001mq/jt:04/20/2001

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 03/15/2001

ORTHOPEDIC CLINIC NOTE

HISTORY OF PRESENT ILLNESS:
Ms. Hoffman returns for a recheck of her chronic right ankle pain. She states that she has been using the air stirrup when she goes for long walks, and this has significantly improved her pain.

She states that if she is just ambulating around the home, or for short distances, she does not wear the air stirrup. Because she has venous insufficiency, she wears Jobst stockings bilaterally, and does not have complaints of swelling in the right ankle.

She does note that she has had increasing numbers of falls, which have not been due to any instability or pain in the ankle, but she reports that she simply falls without tripping or slipping. She states that she was standing sweeping, and the next thing that she knew, she was on the ground.

She denies any dizziness or shortness of breath prior to these falls.

PHYSICAL EXAMINATION:
EXTREMITIES: Right ankle with no significant swelling. She has tenderness over the anterior talofibular ligament, which is mild and more tenderness over the calcaneofibular ligament. She has some limited ankle and subtalar motion, although it is difficult for her to relax, and I am not sure how much of this is due to her inability to have a good examination. There is no evidence of any instability on varus, valgus or drawer testing.

DIAGNOSTIC FINDINGS:
Radiographs from October 2000 were reviewed, which show that she has some degenerative changes in the ankle, with joint-space narrowing. She also has an anterior-talar spur.

ASSESSMENT AND PLAN:
We again discussed the degenerative changes, and there also appears to be some subchondral cysts in the talus. We discussed that certainly we could excise the osteophyte from the distal talus, or consider further surgical treatment, such as an ankle arthrodesis, or ankle arthroplasty. However, at this point she is relatively asymptomatic, using
simply an ankle stirrup and orthotics, which she has in her sneakers.

At this point, we will follow up with her on an as-needed basis. Certainly, we will see her if she develops any new problems or increased pain.

In addition, I requested that she check in with her family care physician today for further evaluation of the frequent falls.

NANCY J. KADEL, MD
ATTENDING PHYSICIAN, DEPARTMENT OF ORTHOPAEDICS BOX 356500

ELECTRONICALLY AUTHENTICATED ON: April 16, 2001 09:40:56
NANCY J. KADEL, MD
Attending Physician
Dept of Orthopaedics

NK:03/15/2001mq/ac:03/19/2001

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 02/28/2001

ORTHOPEDICS CLINIC NOTE

SUBJECTIVE:
Ms. Hoffman is in for followup of Kienbock disease for which she underwent a vascularized bone grafting approximately a year ago. She continues to do reasonably well, though has limited motion of 20 degrees of flexion, 20 degrees of extension and 10 degrees each of radial and ulnar deviation. She still has some pain in the area, though it is better than it was before her treatment. She is doing most activities.

RADIOGRAPHS:
Today show that there has been some additional collapse of the lunate, but it is not a significant change.

ASSESSMENT AND PLAN:
As she is doing functionally fairly well, we will see her back in approximately six months for repeat radiographs at that time.

NICHOLAS B. VEDDER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 359796

NBV:02/28/2001mq/jt:03/02/2001

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:02/28/2001
DOB:01/06/1925
PAGE

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CC:THOMAS E TRUMBLE
BONE & JOINT CENTER
UWMC/ROOSEVELT
,
354740

MARY GILBERT
UWMC/ROOSEVELT
BONE & JOINT CENTER
,
354740

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOB: 01/06/1925
DOS: 11/01/2000

PROBLEM: A 75-YEAR-OLD FEMALE IN FOR HEALTH MAINTENANCE EXAMINATION.

PAST MEDICAL HISTORY:
1. History of seizure disorder with last abnormal EEG being in 1996. She is treated with Tegretol, and has not recently had a seizure.

2. History of reflux esophagitis. Currently quiescent.

3. History of bilateral hearing loss since 1982, stable by patient's report.

4. History of recurrent deep venous thrombosis for which she is treated with Coumadin, and Trental, and elastic stockings, and has periodic follow up in Vascular Surgery Clinic. She is also on Coumadin which is monitored in our clinic. She has had good control.

5. Status post hysterectomy for fibroids in 1971 with bilateral salpingo-oophorectomy.

6. Hypercholesterolemia with last cholesterol being 219 and LDL 139 in September 1999. Managed with diet alone.

7. History of positive PPD and negative chest x-ray by history. Documented in 1991 in her Family Medical Clinic record. Asymptomatic.

8. History of right ankle fracture for which she has been seen in Bone and Joint Clinic. The ankle fracture was in the distant past, but she has been given an ankle brace which has helped her.

9. History of left wrist fracture with Kienbock disease for which she if followed in Hand Clinic, and has had surgical repair.

FAMILY MEDICAL HISTORY:
Unchanged.

MEDICATIONS:
1. Coumadin 5 mg dose, managed through our Anticoagulation Clinic. 2. Tegretol 200 mg tid.3. Trental 400 mg tid.
4. Zocor 20 mg qhs.
5. Elastic stockings.

ALLERGIES AND DRUG REACTIONS
ALLERGY TO PENICILLIN AND SEPTRA.

HEALTH MAINTENANCE:
Her last influenza vaccine was a year ago. She is due for that. Had pneumococcal vaccine in 1991. Her blood pressure has been normal. Cholesterol is above. She is due for a mammogram and breast examination. Hemoccult is negative one year ago. She did not have a sigmoidoscopy and has not had that
at all, although she is now amenable to it. Does not smoke or drink alcohol to excess.

REVIEW OF SYSTEMS:
She has chronic difficulties with imbalance, but this has not resulted in recent falls, and has not changed. She sees her eye doctor and dentist. She has had no pulmonary or cardiovascular complaints. No abdominal complaints including nausea, vomiting, or change in her bowel movements. Relating to her urinary system, she has noted in the last one to two years increased frequency of urination particularly at night. There has been no history of urinary tract infections. Neurologic review of systems as above, she has had no recent seizures.

OBJECTIVE.
VITAL SIGNS: Weight 160, blood pressure 140/84. Review of her blood pressure show they were in between 120 and 130 systolic, over 70 to 85 diastolic. Pulse 80 and regular. SKIN: She has, on her right shoulder, a skin polyp which has some new vascular changes. She has a few seborrheic keratoses on her back. Remainder of skin examination unremarkable. HEENT: Tympanic membranes clear. Nose clear. Throat clear. NECK: Supple without thyromegaly. She does have hearing aids. CHEST: Clear. COR: S1 and S2 normal, without murmur, gallop, or rub. ABDOMEN: Soft and nontender without organomegaly. EXTREMITIES: Show changes related to venous stasis disease. Reflexes in the knees are bilaterally symmetrical. BREASTS: Unremarkable. Axillae unremarkable. PELVIC: Not done as patient is status post hysterectomy in the distant past for benign disease and does not require Pap smears.
ASSESSMENT and PLAN:
1. Health maintenance. Mammogram ordered. Hemoccult given. Sigmoidoscopy if negative. Next health maintenance exam in one year.

2. Seizure disorder. Controlled with Tegretol. Check CBC, platelets and liver function tests.

3. Bilateral sensorineural hearing loss followed in the ENT. Has hearing aids.

4. Recurrent deep venous thrombosis. She is to continue anticoagulation monitoring through our clinic, and continue Trental and elastic stockings.

5. Hypercholesterolemia. Managed with Zocor. Due for liver function tests and lipid panel.

6. ALLERGY TO SULFA AND PENICILLIN.

7. Status post left wrist fracture with Kienbock disease and repair.

8. Urinary frequency. Check M7 and urinalysis. Follow up in two weeks to discuss this problem further and decide on management.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: November 16, 2000 20:50:07
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN:11/01/2000mq/jt:11/03/2000

SURGERY CLINIC NOTE

SUBJECTIVE:
Ms. Hoffman is in for followup approximately two months status post pin removal from a vascularized bone graft to her lunate for Kienbock's on the left side. She feels that she still has some pain on the volar aspect of her wrist with some movements but she is not sure which ones. She is only slowly regaining some movement in her wrist.

OBJECTIVE:
She has been out of immobilization and is doing fairly well. Her motion with the left wrist is limited to approximately 20 degrees of extension and 30 degrees of flexion in the left wrist. Her wound is clean and dry without erythema or exudate. There is no evidence of soft tissue swelling.

ASSESSMENT:
Status post pin removal for vascularized bone graft lunate for left wrist Kienbock's. Doing well.

PLAN:
The patient will return for follow up in six months time for clinical evaluation as well as follow up x-ray examination.

The patient was seen and examined with attending Dr. Nicholas Vedder.

Dictated by Robert Dexter.

NICHOLAS B. VEDDER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 359796

RD :07/19/2000mq/jt:07/24/2000

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:07/19/2000
DOB:01/06/1925
PAGE

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

ORTHOPEDIC CLINIC NOTE

HISTORY OF PRESENT ILLNESS:
Ms. Hoffman is a very pleasant 75-year-old woman who underwent vascularized bone grafting of the left wrist lunate bone in January 2000, and had her hardware removed over a week ago, but failed her appointment with Dr. Vedder yesterday.

She returns today for suture removal.

PHYSICAL EXAMINATION:
SURGICAL SITE: The wound appears clean, dry and intact. The suture line is well epithelialized. There is a single running Prolene stitch, which is removed under sterile conditions, and the wound edges were made well approximated. Steri-Strips are used to maintain integrity of the wound, and the patient was advised to defer bathing of the wound area for 48 hours.

ASSESSMENT AND PLAN:
I have asked her to return to Dr. Vedder's clinic in six weeks.

CHRISTOPHER H. ALLAN, MD
ATTENDING PHYSICIAN, BONE & JOINT CENTER BOX 354740

ELECTRONICALLY AUTHENTICATED ON: June 16, 2000 18:54:35
CHRISTOPHER H. ALLAN MD
Attending Physician
Department of Orthopaedics

CA:06/08/2000mq/fl:06/12/2000

CC:NICHOLAS B VEDDER
HMC
DEPT OF SURGERY
,
359796

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35

ADMISSION DIAGNOSIS:
Retained hardware left wrist.

ADMITTING SERVICE/PHYSICIAN:
Orthopedics, Thomas Trumble, MD

OPERATIONS/DIAGNOSTIC PROCEDURES:
Hardware removal on 5/25/00.

HISTORY OF PRESENT ILLNESS:
Ms. Hoffman is a patient who required open reduction and internal fixation of distal radius fracture with a K wire. She unfortunately has a problem requiring anticoagulation for other medical problems. She has symptomatic hardware and requests that her hardware be removed. After a discussion regarding the risks and benefits of hardware removal, she has consented to go forward with this. Due to her anticoagulation status, she was required to be admitted overnight prior to her procedure.

HOSPITAL COURSE:
On the evening of 5/24/2000, the patient was admitted to the Orthopedic Service, where the General Internal Medicine Consult Service also followed her. Her Coumadin was stopped. Her INR was back down to a normal level. The following morning, she went to the operating room and had her hardware removed. There were no complications.

Postoperatively, the patient was admitted to Orthopedic Service and remained on the ward for several days while she was heparinized and then recoumadinized with the help of Medicine Service. She had no complications. Her pain was controlled with oral medicines and when her INR was therapeutic, she was discharged from the hospital.

DISPOSITION:
The patient was discharged to home in the care of her family with teaching on how to do dressing changes for her wrist.

DISCHARGE MEDICATIONS:
None.

DISCHARGE FOLLOWUP:
In one week at the Bone and Joint Center for wound check.

MATTHEW R. CAMUSO, MD
RESIDENT

THOMAS E. TRUMBLE, MD
ATTENDING PHYSICIAN, BONE & JOINT CENTER BOX 354740

ELECTRONICALLY AUTHENTICATED ON: July 25, 2000 16:23:38
Thomas E. Trumble MD
Attending Physician
Hand and Microvascular Surgery

MRC:07/20/2000ss:07/25/2000

PT NAME: HOFFMAN, JEANNE
NUMBER: U 8-17-01-35
DOS: 05/25/2000

PREOPERATIVE DIAGNOSIS:
Symptomatic implants, left wrist.
Status post vascularized bone grafting for Kienbock's disease.

POSTOPERATIVE DIAGNOSIS:
Same.

PROCEDURE:
Removal of symptomatic implants times two.

SURGEONS:
Thomas Trumble, MD, Attending Physician

OTHER PERSONNEL: Mat Camuso, MD, Resident

ANESTHESIA: General.

PREPARATION: Iodine paint, one gram intravenous antibiotics.

DESCRIPTION OF PROCEDURE:
After the proper level of anesthesia was obtained, the patient was prepped and draped in the usual fashion. A tourniquet was set prior to surgery. The patient's previous longitudinal incision was carefully incised and dissection was carried down to the area of the implants in the capitate. This was guided by fluoroscopy. The extensor tendons were retracted to either side. The implants were located under fluoroscopy and then removed. The wound was irrigated with saline and closed with interrupted 4-0 Vicryl suture and running subcuticular 4-0 Prolene pull out suture. A bulky dressing was applied with a volar plaster splint. The patient was then taken to the recovery area.

THOMAS E. TRUMBLE, MD
ATTENDING PHYSICIAN, BONE & JOINT CENTER BOX 354740

ELECTRONICALLY AUTHENTICATED ON: August 1, 2000 08:07:29
Thomas E. Trumble MD
Attending Physician
Hand and Microvascular Surgery

ELECTRONICALLY AUTHENTICATED ON: February 6, 2001 11:24:56
Thomas E. Trumble MD
Attending Physician
Hand and Microvascular Surgery

TT:07/25/2000cab:02/01/2001

05/22/2000

PROBLEM: DVT/CVA/ANTICOAGULATION.
SUBJECTIVE:
The patient returns to clinic for a followup pro-time. She denies any unusual pain, burising or bledding or evidence of thromboembolic event, has not had any change in medication or diet. She states that she is currently taking Coumadin 5 mg on Sunday and 10 mg the rest of the days for a goal INR of 2-3, for deep venous thrombosis and cerebrovascular accident. She states that she is going to discontinue use of Coumadin for the next two days, at which time on Wednesday she will have three pins removed from her hand from a previous surgery. The night of the pin removal, she will restart her Coumadin and return within two weeks for a followup pro-time.

OBJECTIVE:
INR 2.0.

ASSESSMENT:
Therapeutic anticoagulation.

PLAN:
Discontinue Coumadin for the next two days and restart at current dose. Return in two weeks for a followup pro-time.

DAVID R. CLARK, PHARM.D

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY EDITED AND AUTHENTICATED ON: May 27, 2000 17:25:38
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

DRC:05/22/2000abc:05/24/2000

MEDICINE CONSULT SERVICE - PREOPERATIVE CONSULTATION

REFERRING PHYSICIAN:
Nicholas B. Vedder, MD, Department of Orthopedic Surgery.

IDENTIFYING DATA:
Ms. Jeanne Hoffman is a pleasant, 74-year-old woman who is well known to me from a previous consultation. She had a vascular bone- graft of the left wrist in January, 2000. She is now here for a preoperative evaluation prior to hardware removal in her left wrist. Please refer to my previous dictation for a complete summary of her medical issues.

ACTIVE MEDICAL PROBLEMS:
1.Kienbock disease (as noted previously): The patient underwent surgery on January 21, 2000. She tolerated this procedure well, according to Dr. Vedder's notes. Radiographs demonstrate that her bone-graft is apparently incorporating, and that her Kienbock is stable.

She is now being scheduled for an operative procedure to remove the hardware pins. She is being seen in a preoperative Medicine consultation for this upcoming procedure.

2.Peripheral vascular disease: The patient has had this problem for at least 30 years. She has a history of venous stasis and venous stasis ulcers, as well. She also has a history of multiple deep venous thromboses, as well as pulmonary emboli.

She is on chronic anticoagulation, and she reports that her pro time has been stable. She has been on Coumadin for at least 20 years. She reports no recent problems with regard to lower extremity clot symptoms or ulcers. She continues to wear compression stockings.

3.Hypercholesterolemia.

4.Petit mal seizure disorder: She reports that this problem has been stable. She has mild, brief episodes. Her last episode was approximately two months ago.

5.Glaucoma: This is currently stable. She is taking eye drops.6.Gastroesophageal reflux disease: Currently stable. She takes Prilosec on occasion.

ALLERGIES:
NO KNOWN DRUG ALLERGIES.

CURRENT MEDICATIONS:

1.Coumadin 10 mg po qd, except on Sunday 5 mg.
2.Tegretol 200 mg po tid.
3.Simvastatin 20 mg po qd.
4.Trental
400 mg po tid.
5.Prilosec 20 mg po qd.
6."Glaucoma drops" (the patient did not bring these medications with her, and she does not recall their names. I requested that she bring them in to the hospital when she comes in for her surgery).

EXERCISE TOLERANCE:
The patient currently reports that she is able to walk approximately two miles on level ground without stopping. She can climb four flights of stairs without difficulty.

PHYSICAL EXAMINATION:
GENERAL: The patient is a pleasant, elderly female, who appears younger than her stated age. VITAL SIGNS: Blood pressure 130/70. Pulse 78 and regular. Oxygen saturation 99% on room air. Weight 73.2 kg (161.4 lb). HEENT: Normocephalic, atraumatic. Sclerae are anicteric. Conjunctivae are pink. Oropharynx is benign, without lesion. Jaw mobility is full.

NECK: Full range of motion. Carotid pulses are 2+ bilaterally, without audible bruit. There is no thyromegaly or lymphadenopathy. LUNGS: Clear to auscultation bilaterally, with excellent air excursion. There are no wheezes, rales, rubs, or rhonchi audible. HEART: Regular rate and rhythm, normal S1 and S2. There is no S3 or S4. There is a 1-2/6 systolic murmur at the left sternal border.

ABDOMEN: Soft and nontender. There is a midline hypogastric scar, which is well-healed. Bowel tones are normal. There is no hepatosplenomegaly. EXTREMITIES: There is no clubbing or cyanosis. There are significant hemosiderin deposits on the left shin. She has compression hose. NEUROLOGICAL: Alert and oriented times three. Pupils equal, round, and reactive to light. Cranial nerves III through XII are grossly intact bilaterally. Motor strength is 5/5 in all major muscle groups. Sensory exam is normal to light touch in all extremities. Reflexes are 2+ throughout and symmetric. Coordination is normal on finger-to-nose testing. Gait is within normal limits.

ELECTROCARDIOGRAM:
Dated May 22, 2000 demonstrates a normal sinus rhythm with a right bundle branch block. There are Q waves in the inferior lead, which are old when compared to the prior tracing of January 14, 2000.

PREOPERATIVE ASSESSMENT:
This is a pleasant 74-year-old who is now being scheduled for hardware removal, after a prior vascularized bone-graft of the left wrist.

Her other medical problems include:
1.Peripheral vascular disease with venous stasis.
2.History of hypercoagulability.
3.Hypercholesterolemia.
4.Petit mal seizure disorder.
5.Glaucoma.
6.Gastroesophageal reflux disease.

Ms. Hoffman is at moderately increased risk, primarily due to her known coagulopathy.

RECOMMENDATIONS:
As was done with her previous surgical procedure, the patient will need to be admitted one day prior to her surgical procedure for heparinization, as she comes off of her Coumadin. This heparin drip can be continued until six hours prior to her surgical procedure, and then discontinued.

Postoperatively it can be resumed, at the discretion of her orthopedists when they feel that hemostasis is reasonably assured. Typically, this is 12 to 24 hours postoperatively.

Her Coumadin, as well, can be resumed on the evening after her surgical procedure if hemostasis is stable.
With regard to perioperative recommendations in this patient's care I would recommend the following:

1.The patient was instructed to discontinue her Coumadin between now and the time of her surgery.

2.The patient should be admitted 24 hours prior to her surgical procedure. Upon admission to the hospital, her pro time should be checked. If the INR is less than 2.0, she should be started on a heparin drip and adjusted per our University of Washington Medical Center protocol.

3.The heparin drip should be discontinued six hours prior to her surgical procedure.

4.Postoperatively, the patient's heparin may be resumed, once hemostasis is reasonably assured to the satisfaction of her surgeons. This can be done without bolus if necessary.

5.The patient's Coumadin can be resumed on the evening
after her surgical procedure, if hemostasis is reasonably assured.

6.Postoperative attention should be given to pulmonary toilet.

7.Postoperative attention should be given to deep venous thrombosis prophylaxis, with SCDs until

her heparin is resumed. The patient was instructed to bring her eye drops and hearing aids with her to the hospital.

8.She should be monitored for postoperative delirium. Note that the patient had some mild delirium in the Recovery Room, which resolved quickly.

It was certainly a pleasure seeing Ms. Hoffman again in consultation. If I can be of any further assistance in her perioperative care, please do not hesitate to contact me. I can best be reached through the University of Washington Medical Center's paging operator at (206) 598-6190.

PHILIP A. VEDOVATTI, MD
ATTENDING PHYSICIAN, DEPARTMENT OF MEDICINE BOX 356166

ELECTRONICALLY AUTHENTICATED ON: June 11, 2000 23:36:45
PHILIP A. VEDOVATTI MD
Attending Physician
Medicine Consult Service

PAV:05/24/2000jld:05/24/2000

CC:D EUGENE STRANDNESS
DEPARTMENT OF SURGERY
,
356410

WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

NICHOLAS B VEDDER
HMC
DEPT OF SURGERY
,
359796

ALLAN J ELLSWORTH
FAMILY MEDICINE CLINIC
UWMC/ROOSEVELT
,
354775

SURGERY CLINIC NOTE

Ms. Hoffman is in for followup of the vascularized bone graft to her lunate for Kienbock's on the left side. She also underwent carpal tunnel release at the same time.

She has been out of immobilization since her last visit and is doing fairly well. She has limited motion with 30 degrees of extension and 20 degrees of flexion. She is working on strengthening.

Radiographs today show that her bone graft appears to be incorporating and she has had no further progression of her Kienbock's. Her capitate shortening appears to have healed as well. We will therefore plan an operative procedure to remove her pins. This will be scheduled in the near future.

NICHOLAS B. VEDDER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 359796

NV:05/03/2000dm:05/05/2000

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:05/03/2000
DOB:01/06/1925
PAGE

ROOSEVELT

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET

SEATTLE, WASHINGTON 98195

CC:MARY GILBERT
UWMC/ROOSEVELT
BONE & JOINT CENTER
,
354740

THOMAS E TRUMBLE
BONE & JOINT CENTER
UWMC/ROOSEVELT
,
354740

BAINBRIDGE ISLAND POLICE DEPARTMENT
INCIDENT REPORT – GENERAL / PROPERTY

Incident #1	Incident #2	Incident #3	Case #
Suicide Attempt			*2000-00632*

Date Reported	Time Reported	Primary Officer	Assisting Officer	
03/28/00	*15:55*	*Berg*		☐ Weapon Used ☐ Property Seized ☐ Drugs Seized

Date Occurred From / To	Time Occurred From / To	Occurred Location	Time Dispatched	Time Arrived
3/28/0	*15:55*	*225 High School Rd. #2*	*15:58*	*16:01*

☒ Attempted ☐ Completed
☐ Force ☐ No Force
☐ Alcohol Involved ☒ Drugs Involved

MO INFORMATION

Method of Entry: ☐ Pried ☐ Kicked ☐ Broke ☐ Cut ☐ Other

Point of Entry: ☐ Front ☐ Rear ☐ Side ☐ Upstairs ☐ Downstairs ☐ Basement ☐ Attic ☐ Window ☐ Door ☐ Vent ☐ Other

Point of Exit: ☐ Front ☐ Rear ☐ Side ☒ Upstairs ☐ Downstairs ☐ Basement ☐ Attic ☐ Window ☐ Door ☐ Vent ☐ Other

How Left Scene: ☐ On Foot ☐ By Car ☐ Unknown

LOCATION TYPE

☐ Bar/Tavern/Lounge ☐ Commercial Office ☐ Construction Site ☐ Convenience Store ☐ Restaurant/Fast Food
☐ Financial Institution ☐ Government Bldg ☐ Grocery/Supermarket ☐ Park ☐ Field/Woods
☐ Gas Station ☐ Church/Synagogue ☐ Highway/Street ☐ School ☒ Residence/Home
☐ Storage Facility ☐ Hotel/Motel ☐ Parking Lot ☐ Department Store ☐ Liquor Store
☐ Other Store ☐ Unknown

PROPERTY

Codes: S – Stolen L = Lost F = Found R = Recovered E – Evidence

CODE	ARTICLE DESCRIPTION	MAKE	MODEL	SERIAL #	VALUE

Evidence Obtained? ☐ Yes ☒ No

SUMMARY

An anonymous RP called 9-1-1 to report a suicide attempt in progress at 225 High School Rd. apt. #2. On arrival, officers contacted a female subject who was staggering on her feet and swaying. She appeared as though she may have been under the influence of drugs. She was mildly combative with officers and medical personnel. She admitted to having taken numerous medications with the intent of committing suicide. She was airlifted to Harborview Medical Center for treatment and evaluation by mental health workers.

Received
MAR 3 1 2000

0571976

OFFICER *Berg* DATE *3/28/00*

03/28/2000 TUE 21:22 [TX/RX NO 6357] ☑002

03/28/2000 22:23 206-780-8596 BAINBRIDGE IS POLICE PAGE 01

009100007725

BAINBRIDGE ISLAND POLICE DEPT.
625 WINSLOW WAY E.
BAINBRIDGE IS., WA 98110
PHONE/206-842-5211--FAX/206-780-8596

CONFIDENTIAL FORM - IF RECEIVED IN ERROR PLEASE DESTROY

FAX TRANSMITTAL FORM

DATE: 3/28/00 **TIME:**

TO:

NAME: MENTAL HEALTH PERSONNEL

COMPANY: HARBORVIEW MEDICAL CENTER

FAX NO: (206) 731-2650 **PHONE NO:** (206) 731-3074

CITY: SEATTLE, WA.

FROM:

SENDER NAME: LT. L.W. BERG

NAME OF CONTACT: BAINBRIDGE ISLAND POLICE DEPT.

SUBJECT OF FAX: JEANNE L. HOFFMAN

CASE #2000-00632 (SUICIDE ATTEMPT)

NOTE: WE ARE TRANSMITTING 6 PAGES, INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL OF THE PAGES, OR IF THERE IS A QUALITY PROBLEM, PLEASE CONTACT THE SENDER AT 206-842-____.

COMMENTS:

03/28/2000 TUE 21:22 [TX/RX NO 6357] ☑001

03/28/2000 22:23 206-780-8596 BAINBRIDGE IS POLICE PAGE 03

009100007726

BAINBRIDGE ISLAND POLICE DEPARTMENT
INCIDENT REPORT – NAMES / VEHICLES

CASE # *2000-00632*

NAMES: S = Suspect W = Witness IO = Other P = Parent RP = Reporting Party B = Business V = Victim RO = Owner M = Missing X = Runaway
VEHICLES: S = Suspect V = Victim I = Impound ST = Stolen

Code	Name (Last, First Middle)	DOB	Race	Sex	Hgt	Wgt	Hair	Eyes
V	*Hoffman, Jeanne L.*	*01/06/25*	*w*	*f*	*5-2*	*150*	*Gry*	*Bro*

Residence Address (Number, Street, City, State, Zip): *225 High School Rd. #2 B.I.*

Residence Phone	Business Phone	Other Address (Mailing, Business, School – Specify)
(206)		

Other Description (Clothing, Scars, Marks, Tattoos, Etc)	Additional Information (DL #, SSN, FBI #, SID #, etc)

Missing Person Location/Last Seen	Date/Time	Destination	Cause of Absence	Endangered (Y/N)

Physical or Mental Disorder ☐ Yes ☐ No
Dental Records ☐ Yes ☐ No
Disorder Type:
Dental Record Location:

Vehicle Code	License #	State	Type	Year	Make	Model	Style	Color

VIN	Damage/Location	Other Description	Last Seen

Owner	Address	Value

	Hair	Eyes
'		*bro*

, School – Specify)

)

idangered (Y/N)

	Color

en

03/28/2000 TUE 21:22 [TX/RX NO 6357] ☑003

Bainbridge Island Police Department

C.R. 2000-00632

Reporting Date	:	03/28/00 at 15:58 hours
Reporting Officer	:	L.W. Berg, 812
Narrative Report	:	Suicide Attempt

0571976

On this date at approx. 15:58 hrs., Cen-Com advised of a possible suicide in progress at 225 High School Rd. #2 (The Rhododendron Apartments). Cen-Com advised that an anonymous caller had advised that someone in apartment #2 was going to kill themselves.

Ofc. Stevens, Res. Ofc. Goller, and I responded. When we arrived on scene, Ofc. Goller went around to the back of the apartment, while Ofc. Stevens and I went to the front door. While Ofc. Stevens knocked on the front door, I looked inside the apartment through the kitchen window, which is next to the door. I observed a female subject sit up from a prone position in the living room area. The female began walking towards the door, but appeared very unstable on her feet. The female appeared to me at first, to be intoxicated. She staggered towards the door, stopping a couple of feet short of the door.

The female, later ID'd as Jeanne Hoffman, stood swaying forward and back for approx. one minute, before answering the door. She had been swaying so much that I thought she might fall over. When Hoffman opened the door, she only opened it about 12 inches, saw that it was the police, and then began to shut the door. I asked Hoffman to wait a moment, which she did. I asked her what was going on, and she said, "Nothing", and started to shut the door again. I put my foot in the door to keep Hoffman from shutting it, and asked her if she was okay. She told me that she was, and told me to take my foot out of the door.

I could clearly see that Hoffman was not okay. It was also clear to me that she was not intoxicated, as I could smell no odor of intoxicants on her breath. Her speech was slightly slurred, she was having great difficulty keeping herself in a standing position, and her eyes lids were fluttering, while her eyes began to roll back in her head. I told Hoffman that we were not leaving, and forced the door open and entered along with Ofc. Stevens. When we entered, Hoffman tried to become aggressive with us, but could not, due to her condition. She raised her hands, but began to fall backwards into the kitchen area. Ofc. Stevens and I caught her, at which time she began to flail about. I grabbed her right arm while Ofc. Stevens grabbed hold of her left arm.

We held Hoffman in this position, both to keep her from falling and / or trying to strike us. I then advised Cen-Com to send in medical personnel. When the aid crew arrived on scene, Guy Roche assisted Stevens and I in bringing Hoffman into the living room where we laid her on the floor. During this time, Hoffman insisted that we just leave her alone.

Hoffman was asked several times if she had taken any medication. She finally told us that she had, saying, "I took anything I could get my hands on". Hoffman would not tell us what she had taken, or why she had done this.

Once in the aid car, Hoffman told the paramedic and me that she had taken most of her medication, but had not taken any alcohol. She told the paramedic that she had wanted to kill herself, but would not tell us why she wanted to die. Hoffman was airlifted to Harborview Medical Center in Seattle, for treatment and mental health evaluation.

At approx. 18:30 hrs., Cen-Com advised that a Douglas Hoffman was requesting a phone call to report his mother, Jeanne Hoffman as missing. I called Hoffman and advised him of the situation involving his mother. He told me that his mother had been under some pressure recently, also saying that "This is how she deals with it". Hoffman told me that this is not the first time his mother has done something like this.

At approx. 20:30 hrs., I called over to Harborview Medical Center. I was advised that

☐ Copy made for Detectives

#812 Page 1

Bainbridge Island Police Department **C.R. 2000-632**

Reporting Date : 03-28-00 at 1558 hours
Reporting Officer : Ofc. E. Stevens, 821
Supplemental Report : Suicide Attempt

On 3-28-00, at approximately 1558 hours, CenCom advised Bainbridge Units of an anonymous caller reporting that the resident of 225 High School Road #2 was committing suicide.

Lieutenant Berg, Officer Goller, and I arrived at approximately 1601 and approached the residence. I knocked on the door and looked in the window to see an elderly female stand up in the living room. I waited for a short time and the subject did not come to the door. Lt. Berg told me that the female was just standing there. I knocked on the door again and the female opened the door a few inches and said "He's not here, go away." She then began closing the door.

I put my foot between the door and the door jam to prevent it from being closed and asked if we could come in. The female, later identified as Jeanne Hoffman, told me that she didn't want us to come in. I could see that Hoffman was having trouble standing up straight and her eyes kept shutting as if they were sleepy.

Lt. Berg and I entered the residence and told her that somebody called and reported that she might be trying to hurt herself. She said something to the effect of "You're damn right". She then leaned back as if she was going to collapse. Lt. Berg and I caught her and held her up. At this point she became combative, telling us to leave her alone.

Lt. Berg asked Hoffman if she had taken anything and she said yes. She said she had taken "everything she could get her hands on". The aid crew arrived and began asking Hoffman what she had taken. She refused to tell them and said that she didn't want to go to the hospital. At one point she said that she "just wanted to die".

See Lieutenant Berg's report for further information.

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

Ofc. E. Stevens	821	Bainbridge Island Police Department
OFFICER'S SIGNATURE	BADGE NUMBER	AGENCY
Bainbridge Island, Washington		March 28, 2000
PLACE SIGNED		DATE SIGNED

☐ **Copy made for Detectives** **#821** **Page 1**

Bainbridge Island Police Department **C.R. 2000-00632**

Hoffman had been admitted, and that I could fax a copy of the police report to the hospital, so that they could use it to help them in evaluating her. I faxed a copy of the report to Harborview at approx. 21:15 hrs.

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

L.W. Berg	812	Bainbridge Island Police Department
OFFICER'S SIGNATURE	BADGE NUMBER	AGENCY
Bainbridge Island, Washington		3/28/00
PLACE SIGNED		DATE SIGNED

☐ Copy made for Detectives

#812 Page 2

03/28/2000 TUE 21:22 [TX/RX NO 6357] ☑005

Performed By:
Performed Date Time:
Verified By:
Verified Date Time: 04/30/2025

HOFFMAN, JEANNE **ID:008170135** **14-JAN-2000 14:53:00** **UW MEDICAL CENTER**

74 yr
Female Caucasian

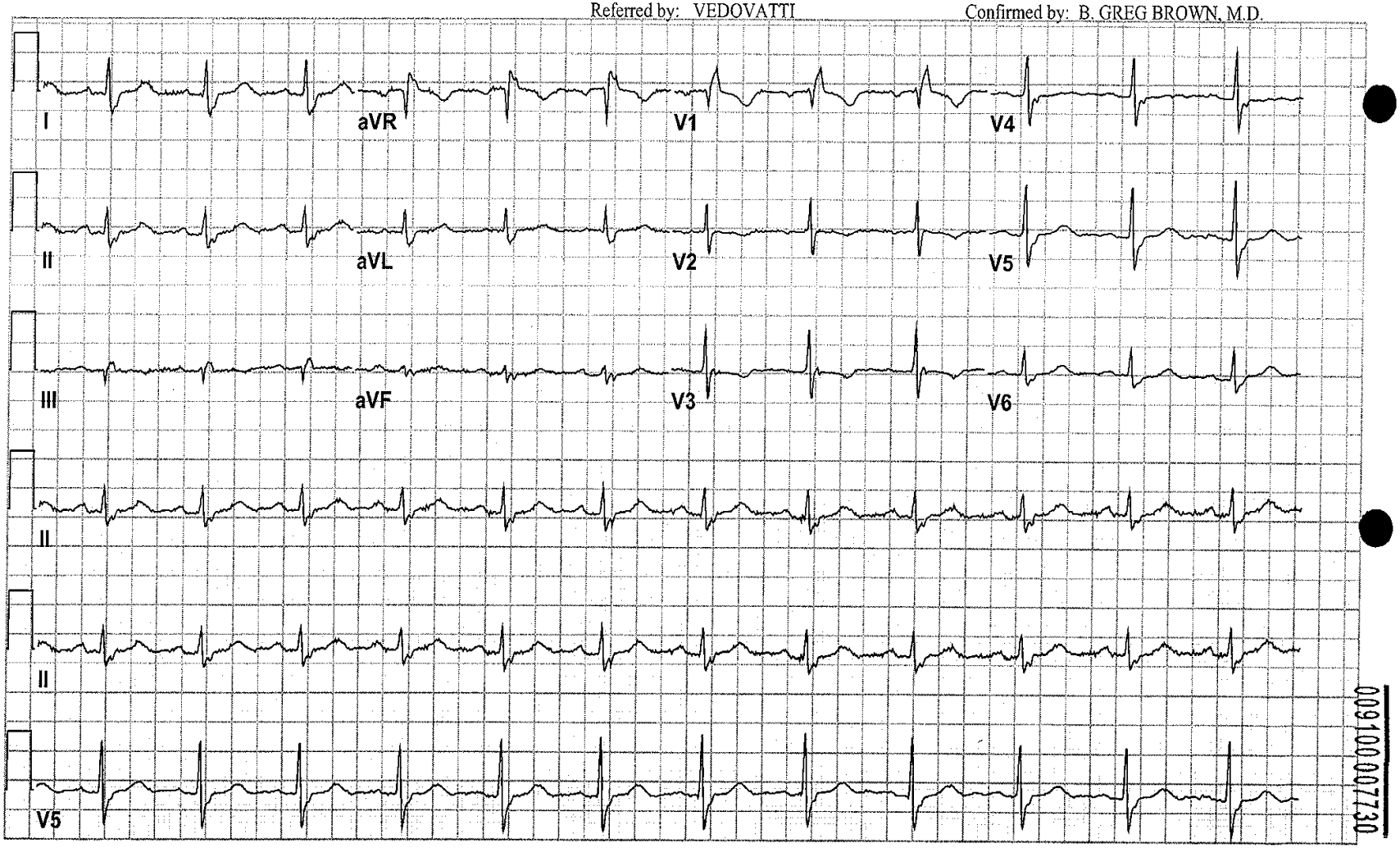
Loc:21

Vent. rate	73	BPM
PR interval	164	ms
QRS duration	130	ms
QT/QTc	440/485	ms
P-R-T axes	35 4	26

NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 25-MAR-1998 12:39,
RIGHT BUNDLE BRANCH BLOCK IS NOW PRESENT

0571976

Referred by: VEDOVATTI Confirmed by: B. GREG BROWN, M.D.



25mm/s 10mm/mV 150Hz 005A 12SL 250 CID: 1

EID:107 EDT: 11:11 19-JAN-2000 ORDER:

Page 1 of 1

Category: Outside Records
Date of Service: 03/31/2000 00:00
Document Status: Authenticated
Title: Outside Record - General
Document Version : 0

Encounter Number: MIGH057197620003
Facility: HMC
Encounter Type:
Admit Date Time:
Discharge Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Jeanne Hoffman - DOB 01/06/1925

2469 of 3366

PATIENT INFO

REPORTING AGENCY	IDENTIFIER #	BLS / ALS	SERIAL #	INCIDENT #	CENSUS TRACT OR CODE	INCIDENT DATE
	1 X D 0 T 2	BLS ☐ ALS ☒			0009000001252	03/28/00

PATIENT'S LAST NAME	FIRST	M.I.	PHONE	INCIDENT LOCATION
HOFFMAN	JEANNE			225 Highschool 907 2 Jn-21

ADDRESS	STREET	CITY	STATE	ZIP CODE	AGE	BIRTH DATE	SEX	PATIENT #
SAME						01/06/25	F	1 OF 1

INSURANCE CODE	SOCIAL SECURITY OR MEDICAID #	GROUP INSURANCE #	PUBLIC ASSISTANCE ☐ YES ☐ NO	PRIVATE PHYSICIAN

BILL TO NEAREST RELATIVE	LAST NAME	FIRST	MIDDLE INITIAL	PHONE NUMBER

ADDRESS	STREET	CITY	STATE	ZIP CODE

HOSPITAL CONTACTED	TIME	PHYSICIAN CONTACTED	TIME	OTHER	TIME

MEDICATIONS TAKEN
PEDIOX/Ery II 400mg Prilosec 20mg Trental 200mg Hydrocod/
Warfarin 5mg Zocor 20mg ↑ DAILY PRESCRIBED MEDS FOUND @ HOME.

NARRATIVE: (INCLUDE CHIEF COMPLAINT, HISTORY, PT. EXAM, IMPRESSION, THERAPY)

S:) 75yo F — UNCOOPERATIVE / COMBATIVE ADMITS TO POLY DRUG INGESTION FOR ATTEMPTED SUICIDE.

0571976

O:) BP 140/P WHILE TETANIC
HR 112 SINUS TACHYCARDIC
RESP

A:) POLY DRUG SUICIDE ATTEMPT

P:) M.I.M.D. via TELEPHONE

FLOW CHART/TIME

Indicate												
Mental Status												
Heart Rate												
Rhythm (ECG)												
Respirations												
Blood Pressure												
Pupils												

CPR BY:				Citizen CPR Information	WITNESSED	ESTIMATED TIME FROM COLLAPSE TO:	OUTCOME:
FIRE DEPT.	☐	AMBULANCE	☐	NAME	YES ☐	AGENCY CALL (____)	EXPIRED ☐
PARAMEDIC	☐	MD/RN	☐	ADDRESS	NO ☐	CPR (____)	ADMIT ☐
CITIZEN	☐	OTHER	☐	PHONE	UNK ☐	DEF. CARE (____)	UNK ☐

TRANSPORT TO: | TRANSPORT BY:

FIRST AGENCY ON SCENE | COUNTY AGENCY | BLS | CODE RESPONSE | INCIDENT CODE | MECHANISM | TYPE

NARRATIVE: (INCLUDE CHIEF COMPLAINT, HISTORY, PT. EXAM, IMPRESSION, THER

INGESTION FOR ATTEMPTED SUICIDE.

O:) BP 140/P WHILE TETANIC
HR 112 SINUS TACHYCARDIC
RESP

0571976

A:) POLY DRUG SUICIDE ATTEMPT

P:) M.I M.D. VIA TELEPHONE

FLOW CHART/TIME

Indicate ○ ♀♀												
Mental Status												
Heart Rate												
Rhythm (ECG)												
Respirations												
Blood Pressure												
Pupils												

CPR BY:
FIRE DEPT. ☐ AMBULANCE ☐
PARAMEDIC ☐ MD/RN ☐
CITIZEN ☐ OTHER ☐

Citizen CPR Information
NAME
ADDRESS
PHONE

WITNESSED
YES ☐
NO ☐
UNK ☐

ESTIMATED TIME FROM COLLAPSE TO:
AGENCY CALL (_____)
CPR (_____)
DEF. CARE (_____)

OUTCOME:
EXPIRED ☐
ADMIT ☐
UNK ☐

TRANSPORT TO:

TRANSPORT BY:

FIRST AGENCY ON SCENE
COUNTY AGENCY ID #
BLS ☐ ALS ☐
CODE RESPONSE ☐ NON-CODE ☐
INCIDENT CODE MECHANISM TYPE

SEVERITY: IMMEDIATE LIFE THREAT ☐ 1. URGENT ☐ 2. NON-URGENT ☐ 3. NOT APPLICABLE ☐ 4.

PROCEDURES

EXAM ☐	ORAL AIRWAY ☐	WOUND CARE ☐	C.P.R. ☐	ECG QUICK L ☐	D.C. SHOCK ☐	FLUID THERAPY ☐
PSYCHOLOGICAL ☐	OBTURATOR ☐	SPLINT REDUCTION ☐	M.A.S.T. ☐	ECG MONITOR ☐	MEDS ☐	TYPE & CROSS ☐
O_2 ☐	E.T. TUBE ☐	BURN CARE ☐	EXTRICATION ☐	ECG TRANS ☐	INTRACARDIAC ☐	BASELINE BLOOD ☐

AGENCY TIME

	UNIT	TIME OF CALL	DISPATCHED	RESPONDED	ARRIVED AT SCENE	RESP. TIME	LEFT SCENE	ARRIVE FACILITY	BACK IN SERVICE	O/S TIME	MILES
1.											
2.											
3.											

PERSONNEL LEVEL OF CERTIFICATION

1. 0094000001253 2. LUNDIN D.O. 3.

EMERGENCY MEDICAL REPORT

Patient Name:
Patient No:
Patient DOB:
Admit/Serv. Date:
Disc./Tran. Date:
HOFFMAN, JEANNE
0-57-19-76
01/06/1925
03/28/2000
03/29/2000

ATTENDING PHYSICIAN AND SERVICE:
Ali Samii, MD, ATTENDING, Neurology Service

PROCEDURES:
Gastric lavage was performed in the emergency room and showed the presence of pill fragments.

IDENTIFICATION:
Ms. Hoffman was a 75-year-old woman, who was brought by paramedics following alleged overdose on
prescription medication in a suicide attempt.

HISTORY OF PRESENT ILLNESS:
The patient was a 75-year-old woman, who was brought by medics after she was said to have overdosed on
prescription medications in a suicide attempt. She was brought to the Harborview Medical Center Emergency Room, where gastric lavage was performed with recovery of pill fragments. The patient was
found lying on the floor with eyes closed but responsive. Her vital signs in the field were a blood pressure
of 155/86 and a heart rate of 96. She was reportedly not willing to answer questions. The patient stated
that she took prescription medication overdose in a suicide attempt. She did not specify the amount

or the
type of medication that she had ingested. She tried to kill herself at about 1600 hours on the day of admission. She did not report the reason for this suicide attempt. She denied drinking or smoking. She
also denied illicit drugs. The patient also declined having any release of information to her family.

PAST MEDICAL HISTORY:
1. Peripheral vascular disease.
2. History of multiple deep venous thromboses.
3. Seizure disorder.
4. Primary open angle glaucoma.

ALLERGIES:
TAPE ALLERGY.
THE PATIENT HAS NO KNOWN DRUG ALLERGIES.

CURRENT MEDICATIONS:
1. Pentoxifylline, 400 mg tid.
2. Prilosec, 20 mg po qd.
3. Tegretol, 200 mg po tid.
4. Hydrocodone/acetaminophen, one tablet po q 8 hours.
5. Coumadin, 10 mg po q PM.
6. Simvastatin, 20 mg po qhs.

SOCIAL HISTORY:
The patient lives alone.

HABITS:
The patient denied smoking
or EtOH abuse. She also denied drug use.

PHYSICAL EXAMINATION ON ADMISSION:
VITALS: Blood pressure 139/81, temperature 36, pulse 86, respirations 18.
GENERAL: The patient was an elderly woman, who was crying and locked in restraints. She was in bed and in no acute distress.
HEENT: Unremarkable.
NECK: Supple.
CHEST: The lungs were clear to auscultation.
CARDIOVASCULAR: Heart regular rate and rhythm without murmurs.
ABDOMEN: Soft and with positive bowel sounds.

EXTREMITIES: No edema.
NEUROLOGIC:
MENTAL STATUS: The patient was alert and oriented to person, place, and date.
SPEECH: Her speech was fluent, but she refused to answer questions.
CRANIAL NERVES: Extraocular movements intact. The patient refused pupil examination. Her visual fields were intact to confrontation. Facial motor and sensation were intact over the midline, and the tongue was in the midline.
MOTOR: The sternocleidomastoid and trapezius strength were 5/5. Strength was 5/5 throughout, except for 4/5 left wrist extension/wrist flexion/grip secondary to pain.
COORDINATION: Normal finger-to-nose.
REFLEXES: Her deep tendon reflexes were 2+ in both upper extremities. Knee reflexes were 2+ on the right side and not obtained on the left side. The patient reported that she has a known ankle jerk deficit on the left side. Toes were down-going bilaterally. The ankle jerks were absent bilaterally.

LABORATORY, IMAGING, TESTING DATA ON ADMISSION:
Sodium 139, potassium 3.5, chloride 105, bicarbonate 24, BUN 14, creatinine 0.9, glucose 169, calcium 9.1, white count 4.88, hematocrit 39, PT 23, INR 2, PTT 28, acetaminophen level 5, EtOH level negative, carbamazepine level 14.3, urinalysis normal, liver function tests showed albumin 3.2, total bilirubin 1.1, alkaline phosphatase 84, GOT 26, GPT 8, urine toxicology screen was negative. Repeated carbamazepine serum level the next day was 8.8, calcium 1.18, magnesium 1.7, phosphate 3.6. Repeated coagulase on the next day of hospitalization showed PT 28.3, INR 2.6, PTT 31.

HOSPITAL COURSE:
Mrs. Hoffman was admitted to the neurology service after a suicide attempt with prescription medication overdose. Her urine toxicology screen was negative, as were her acetaminophen and EtOH levels. Electrocardiogram showed normal sinus rhythm and no acute changes. INR of 2. The patient was known to take Coumadin, 10 mg q PM, for her history of multiple deep venous thromboses. The patient also had a seizure disorder for which she was taking Tegretol, 200 mg po tid. Her serum Tegretol level on admission was 14.7. On the next day of admission it was 8.8.

A gastric lavage was performed in the emergency room with recovery of pill fragments. She was placed on suicide precautions, and the psychiatry team was contacted. She remained stable during the entire hospitalization. The patient refused to talk during the entire hospitalization. She demanded that no family members be advised of her health condition. The psychiatry team evaluated the patient and considered her to be suicidal. The patient refused voluntary admission to the psychiatry service.

She was maintained on restraints, given the risk of harm to herself. She was referred to the mental health professionals, who detained her for an involuntary admission to geriatric psychiatry at Northwest Hospital.
During her hospitalization on the neurology service, the patient was maintained on telemetry without any changes in her cardiac rhythm, and she remained hemodynamically stable. Telemetry was discontinued on the next hospital day. The patient was discharged to Northwest Hospital for continuation of treatment, and she was to be detained for 72 hours.

DISCHARGE DIAGNOSIS:
1. Suicide attempt with poly medication overdose.
2. History of peripheral vascular disease.
3. History of multiple deep venous thromboses.
4. History of seizure disorder.
5. History of primary open angle glaucoma.

DISPOSITION:
The patient was placed on a 72-hour hold by the mental health professionals for involuntary hospitalization on the geriatric psychiatry service of Northwest Hospital.

DISCHARGE INSTRUCTIONS:
The patient needs close monitoring of her INR levels, given the Coumadin overdose.

ES/rg
DD: 03/30/2000
DT: 03/31/2000
DU:

Edit 07/05/2000 ep
Ednea Simon, MD
Resident

Ali Samii, MD
Attending
Neurology

This report is unverified until signed.

00321-03310

008900009776

ASSOCIATION OF UNIVERSITY PHYSICIANS

HARBORVIEW MEDICAL CENTER
Seattle, Washington

ASSOCIATED UNIVERSITY DENTISTS

PATIENT REGISTRATION

TYPE	SOURCE	FMC/PCC	POLICE HOLD	FROM JAIL	NOTIFIED: POLICE	MED EXAM	FAMILY	BY WHOM	VALUABLES
OP			N	N	N	N	N		

PATIENT'S NAME: HOFFMAN, JEANNE LEONIE
PATIENT NO.: H-0-57-19-76
SFD BLOOD NO.:
OCCUPATION: HOMEMAKER
ALSO KNOWN AS:
ADMITTED/REGISTERED DATE: 28MAR00 TIME: 1659
DISCHARGED DATE: TIME:
PATIENT'S PERMANENT ADDRESS: 225 HIGH SCHOOL RD RHODODENDRON APTS 2 BAINBRIDGE ISLA, WA 98110

SEX	RACE	MARITAL STATUS	RELIGION	AGE	BIRTHDATE	BIRTH PLACE	SOCIAL SECURITY NO.	VETERAN	CITIZEN	PATIENT'S LANGUAGE
F	C	W	NP	75	06JAN1925		531-26-4736			

HOME PHONE	BUSINESS PHONE	MESSAGE/LOCAL PHONE	ADDITIONAL INFORMATION	INTERPRETER REQUIRED	REGISTERED BY
(206)855-0815	NONE	(206)363-6292		NO	MPB

PATIENT/SPOUSE'S MAIDEN NAME	MOTHER'S MAIDEN NAME	FATHER'S NAME	PATIENT NO. X-REF	PRE-REG. DATE	REVIEW DATE
					31MAR00

LEGAL NEXT OF KIN
NAME: NONE, GIVEN BYPATIENT
RELATIONSHIP: NONE PROV
HOME PHONE:
BUSINESS PHONE:
ADDRESS:

PERSON TO NOTIFY
NAME: NONE, GIVEN BYPATIENT
RELATIONSHIP: NONE PROV
HOME PHONE:
BUSINESS PHONE:
ADDRESS:

STAY/SERVICE INFORMATION

REFERRAL PHYSICIAN'S NAME
REFERRAL PHYSICIAN AGENCY
AGENCY'S NAME
PHONE 1
PHONE 2
ADDRESS

OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE CODE	OCCURRENCE DATE	OCCURRENCE SPAN CODE	FROM	THRU

CONDITION CODES
MEDICAL SERVICE
ATTENDING PHYSICIAN: 000000**********
ADMITTING DIAGNOSIS

CONDITION: SAT. / UNSAT. / CRIT.

SPECIAL DISCHARGE PLANNING REQUIRED	TRANSFERRED FROM	PATIENT LIVES ALONE	ADMITTING DIET ORDER	PATIENT BOARD FROM	ROOM, BED

DATE AND TIME INJURED	TIME ARRIVED	MODE OF ARRIVAL	INJURED ON JOB?	PATIENT'S COMPLAINT
28MAR00	1659	ALNW, AMR 993	N	R/O OD

PLACE WHERE INJURY OCCURRED: BAINBRIDGE ISLAND
CIRCUMSTANCES:

SPONSORS

PRIMARY CODE	R.I.	SECONDARY CODE	R.I.	TERTIARY CODE	R.I.
M65	N	W77	N		

PRIMARY: MEDICARE
SECONDARY: DEPT OF SOC & HEALTH S
L & I?: NO
L & I CLAIM NO.:
SPECIAL SPONSOR:
BUDGET NO.:

FINANCIAL INFORMATION

MEDICARE/MEDICAID

MEDICARE NO.	A. EFFECTIVE DATE	B. EFFECTIVE DATE	TO YEAR	DSHS PIC NO.	DSHS CASE NO.
531-26-4736A				JL010625HOFFMD	18A93181555

HAS PATIENT APPLIED FOR PUBLIC ASSISTANCE?
DATE APPLIED:
DSHS ELIGIBILITY FROM DATE: 01MAR00
TO DATE: 31MAR00
NUMBER OF DEPENDENTS:
$ MONTHLY INCOME:

GUARANTOR

GUARANTOR'S NAME	SOCIAL SECURITY NO.	RELATIONSHIP	HOME PHONE	BUSINESS PHONE
HOFFMAN, JEANNE LEONIE	531-26-4736	SELF	(206)855-0815	NONE

GUARANTOR'S ADDRESS: 225 HIGH SCHOOL RD RHODODENDRON APTS 2 BAINBRIDGE ISLA, WA 98110
EMPLOYER'S NAME:
CODE:
ADDRESS:
GUARANTOR OCCUPATION: HOMEMAKER
CO-GUARANTOR'S NAME:
BUSINESS PHONE:
ADV. DIR.: UNKNOWN
STATUS: UNK

HMC 0479 REV DEC 84 MEDICAL RECORD

008900009777

CONSENT FOR CARE

I, the patient/patient's legal representative, hereby grant permission to University of Washington Medical Centers and University of Washington Physicians/Dentists to perform such examinations and medical and therapeutic procedures as may be professionally deemed necessary or advisable for my/the patient's diagnosis and treatment.

I acknowledge that the University of Washington Medical Centers are teaching hospitals and that teachers, trainees and students may observe or participate in the care provided.

I consent to the examination, use and distribution for educational, scientific and research purposes by the University of Washington medical staff of all biological materials such as body fluids, tissues and organs removed during the course of the above treatment/procedure with privilege of ultimate use and disposal resting with said medical staff. I hereby acknowledge that all such biological materials may be used for the development of one or more research, diagnostic, or therapeutic products. I authorize such potential use and distribution at the discretion of the University of Washington medical staff.

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize University of Washington Medical Centers to release:

1. Any or all of my/the patient's medical information from and to the referring physicians/dentists, health care providers including a public health nurse or home health agency referral, insurance companies and other third party sponsors to facilitate health care, procession of claims, and audit of payments for this period of hospitalization and/or treatment. I understand that the information released may include records in these subject areas: HIV/AIDS, sexually transmitted disease, mental health or mental health treatment and drug and alcohol abuse treatment.
2. Patient information limited to name and general health condition (i.e., my/the patient's health status described in terms of "critical", "poor", "fair", "good", "excellent", or terms denoting similar conditions).
3. My/the patient's religious preference, to the Pastoral Care Program for the purpose of providing pastoral care services.

We keep a record of the health care services we provide you/the patient. You may ask us to see and copy that record. You may also ask us to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may get information regarding access to your record from UWMC Patient Data Services in BB304, or by calling 206-598-4344 8:00 a.m. to 4:00 p.m. Monday through Friday, or at HMC Patient Data Services in BS10, or by calling 206-731-3102 8:30 a.m. to 4:00 p.m. Monday through Friday.

These consents may be revoked at any time except to the extent already relied upon, and unless earlier revoked by written notice filed with the Patient Data Services Department and shall expire three years after the date of last treatment.

FINANCIAL AGREEMENT

We agree to:

1. The release of all financial information to the University of Washington Medical Centers and/or University of Washington Physicians/Dentists to include verification by them and/or their agents.
2. Pay to the order of the University of Washington Medical Centers and/or University of Washington Physicians/Dentists all insurance benefits otherwise payable to us, but not to exceed the balance due for services rendered.

We agree to pay to the order of the University of Washington Medical Centers (UWMC - HMC) and/or the University of Washington Physicians/Dentists for services rendered. We understand that the processing of insurance claims is a service and does not relieve us of our financial obligation. We agree that University of Washington Medical Centers and/or the University of Washington Physicians/Dentists may impose reasonable interest, late charges, costs and/or reasonable attorney's fees should our account become delinquent. We agree that any lawsuit for collection of our account may be brought in King County, Washington. We understand that financial responsibility will be waived or reduced if we are determined eligible for charity care.

For Medicare Beneficiary

I request payment of authorized Medicare benefits to me, or on my behalf, for any services furnished to me by or in University of Washington Medical Centers, including Physician Services. I authorize any holder of medical and other information about me to release to Medicare and its agents any information needed to determine these benefits for related services.

We have read and understand the above and hereby affix our signatures.

SIGNATURES							
	SIGNATURE (PATIENT OR PERSON AUTHORIZED TO GIVE CONSENT)	DATE	WITNESS NAME AND TITLE	DATE	TELEPHONE WITNESS NAME AND TITLE	DATE
	Not			3-28-00		
	IF SIGNED BY PERSON OTHER THAN PATIENT, PROVIDE REASON AND RELATIONSHIP TO PATIENT:	DATE	~~GUARANTOR~~ ☐ SAME AS PATIENT OR PERSON AUTHORIZED TO GIVE CONSENT	DATE	SUBSCRIBER ONLY	DATE
			Jenwell	3/28/00		

PT.NO. H 0 57 19 76

NAME KOLFMAN, JEANNE LEONIE
06JAN1925 YRS 75 F

DOB

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
UNIVERSITY OF WASHINGTON PHYSICIANS
SEATTLE, WASHINGTON

PATIENT REGISTRATION CONSENT/FINANCIAL AGREEMENT

UH 0051 REV DEC 98

WHITE - MEDICAL RECORD
CANARY - FINANCIAL SVCS.
PINK - UWP
G. ROD - PATIENT

008900 009778

HARBORVIEW MEDICAL CENTER

PATIENT PROPERTY NOTICE , WAIVER AND ASSUMPTION OF RISK

Harborview Medical Center (HMC) staff respects and promotes the rights of all patients. Patients should expect that efforts are taken to promote a safe and secure environment. HMC will make reasonable efforts to safeguard the personal property of patients, however property is generally the responsibility of patients and their families and HMC cannot guarantee the security of personal property. To minimize potential harm to personal property including loss, misplaced, stolen or damaged items, the following practices will be observed:

- HMC has two choices for storing personal property of patients during hospitalization:

  1. One choice is placing items in the HMC "Valuables and Property Storage System." This choice involves HMC placing valuables (examples, watch, jewelry, dentures and glasses,) or property into a secure area. This "Valuables and Property Storage System" utilizes a witnessed (2 person) property check-in process, is generally for non-essential items and access to this may be limited by hours of operation.

  2. Another choice for storing property is in the patient's room. The patient is generally responsible for these items and these items are generally accessible to the patient. HMC will provide limited locked storage spaces for patient storage of personal property in the hospital room during hospitalization.

- Patients are strongly encouraged to leave and/or send all non-essential belongings and valuables home;

- Biohazards or severely damaged clothing are generally discarded immediately unless required for forensic evidence. (Biohazards means when clothing or other items are contaminated in the judgment of medical staff and presents a health risk.)

- HMC will dispose of unclaimed patient belongings as allowed by law after proper notice and time period for retrieval of items. When patient belongings are not claimed after 30 days, notice will be given and if such property remains unclaimed for an additional 60 days then it shall be disposed of as allowed by law.

- Further information about HMC's property policies and procedures will be provided as needed or requested to the patient/patient's authorized representative.

DATE	***PATIENT'S PERSONAL PROPERTY LIABILITY AGREEMENT***
PT. NO. 03 28 00	I, the undersigned, have read or have been informed about the above policy. I/patient understand that I/patient am responsible for all property brought to Harborview Medical Center. I/patient understand that the hospital recommends all non-essential items be left at home or be sent home with family or friends. I/patient understand that the hospital provides a "valuables and property storage system" for important personal property and that access to this area may be limited by hours of operation. I/patient understand that I/patient am responsible for all personal belongings kept in the hospital room. I/patient agree to hold the hospital and its employees harmless from liability for my/patient's property if it is lost, misplaced, stolen or damaged when such property is not placed in the "valuables system storage" or otherwise under the direct control of the hospital. I/patient further acknowledge the potential harm to property maintained by the hospital due to circumstances beyond the hospital's control (e.g., fire, earthquake) and hereby release the hospital from any liability in such circumstances.
NAME H 0 57 19 76 HOFFMAN, JEANNE LEONE 06JAN1925 YRS 75	PATIENT'S SIGNATURE VLOC
	PATIENT'S AUTHORIZED REPRESENTATIVE — DATE
	WITNESS' SIGNATURE 3-28-00 — DATE

* H 1 1 0 4 *

Discharge Meds

Language Info

Primary Language: English
Needs Interpreter: No

Allergies

Allergy	Type of Reaction
No Latex Allergy	Not Applicable.
PCN.	Rash.
Sulfa.	Rash.
Tape.	

Medications

Medication	Dose	Frequency	Comments
Trental	400mg	3 times per day	
Tregretol	200 mg	3 times per day	
Zocor	20 mg	Every day	
Omeprazole	20 mg	Every day	
Latanoprost	1 gtt OU	Every evening before bedtime	

Special Instructions

H 0 57 19 76

HOFFMAN , JEANNE LEONIE

JAN 06, 1925 F

333 3EH 03/28/2000

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER
SEATTLE, WASHINGTON Chart Copy

Discharge Meds

HMC N 0349 REV OCT 99 Page 1 of 1

This page from: 28-Mar-2000 at 20:00 - to - 29-Mar-2000 at 21:59

Discharge

Patient Info

Service:	
Admitting Diagnosis:	Attempt suicide, overdose on prescriptioin mes, seizure disorder.
Primary Language:	English
Needs Interpreter:	No
Challenges to Learning:	depressed

Functional Independence Score

Communicates:	Independent
Feeds Self:	Independent
Ambulation:	Independent
Total:	12

Allergies

Allergy	Type of Reaction
No Latex Allergy	Not Applicable.
PCN.	Rash.
Sulfa.	Rash.
Tape.	

DC Arrangements

To: Northwest geropsych
Where Pt can be reached:
DC Transportation: Ambulance.
Date/Time: 3/29/00 2000
Additional Information:

Activity/Precautions

As tolerated/Normal.
Teaching Outcome: Discussion with pt shows understanding.

Hygiene

You can use a tub or shower to bathe.
Teaching Outcome: Discussion with pt shows understanding.

Wounds

Not applicable.
Teaching Outcome: N/A

Diet/Swallowing

Eat as tolerated.
Teaching Outcome: Discussion with pt shows understanding.

Risk Factors

Do not drink alcohol. This includes beer,Proper diet and exercise will help your condition or disease.
Teaching Outcome: Discussion with pt shows understanding.

Disease/Injury Process

N/A
Teaching Outcome: N/A

Equipment/Supplies

No equipment or supplies.
Teaching Outcome: N/A

Signs/Symptoms

N/A
Teaching Outcome: N/A

Drug/Food Interactions

N/A
Teaching Outcome: N/A

Follow Up Care

See Clinic Appointment below. Please check INR 3/30, 3/31, 4/1, if rising hold coumadin. If less than or equal 2.6 resume coumadin 10 mg po q day.
INR on 3/28= 2.2 and 3/29= 2.6

cl

Signatures: GSP Gro S. Pallipamu, RN

H 0 57 19 76

HOFFMAN , JEANNE LEONIE

JAN 06, 1925 F

333 3EH 03/28/2000

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER
SEATTLE, WASHINGTON Chart Copy

Discharge

HMC N 0349 REV OCT 99 Page 1 of 2

This page from: 28-Mar-2000 at 20:00 - to - 29-Mar-2000 at 21:59

Discharge

Follow Up Care

Teaching Outcome: Pt answers questions correctly.Discussion with pt shows understanding.

Clinic Visit

Clinic: UW Fam med.
Date/Time: next avalible w/ MD Neighbor
c2
Appt needs to be made: Please call 598-3300 and make an appointment.

Social Work Instructions

_____

Patient/Caregiver Signature _____

Signatures: GSP Gro S. Pallipamu, RN

H 0 57 19 76

HOFFMAN , JEANNE LEONIE

JAN 06, 1925 F

333 3EH 03/28/2000

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER
SEATTLE, WASHINGTON Chart Copy

Discharge

From: 28-Mar-2000 at 20:03 To: 29-Mar-2000 at 21:59 Printed: 31-Mar-2000 at 00:30

I&O Flowsheet

				03/28 20:50	22:00	22:00	03/29 01:54	06:00	14:00	14:00	16:06	19:29
TOT	GRAND	Total	Intake		123	**123**		**123**	755	**755**		240
			Output		475	**475**		**475**	700	**700**	500	
			Net		-352	**-352**		**-352**	+55	**+55**	-500	+240
			24Hr		-352	**-352**		**-352**	+55	**+55**	-445	-205
IN	Cryst	NS 80 ml/hr NS 1000.00 ml		#1 ↑ 1000	103.0	**103.0**		**103.0**	255.0	**255.0**		
	Oral	PO Fluids			20.0	**20.0**		**20.0**	500.0	**500.0**		240.0
	Diet	Diet	Type						General			General
			% Taken						25			10
OUT	Urine	Urine			475.0	**475.0**	x1-miss hat	**475.0**	700.0	**700.0**	500.0	
Charted By				GSP	GSP	GSP	DC	GSP	SBT1	SBT1	GSP	GSP

Signatures: GSP Gro S. Pallipamu, RN
DC Debbie Chow, RN
SBT1 Susan B. Thomas, RN

H 0 57 19 76

HOFFMAN , JEANNE LEONIE

JAN 06, 1925 F

333 3EH 03/28/2000

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HARBORVIEW MEDICAL CENTER
SEATTLE, WASHINGTON Chart Copy

I&O Flowsheet

HMC N 0349 REV OCT 99 Page 1 of 1

This page from: 28-Mar-2000 at 20:50 - to - 29-Mar-2000 at 19:29

From: 28-Mar-2000 at 20:03 To: 30-Mar-2000 at 06:00 Printed: 31-Mar-2000 at 00:30

24 Hour I&O Summary

				03/29 06:00	03/30 06:00
IN	Cryst	Crystalloid-Saline		103	255
	Oral	Oral		20	740
OUT	Urine	Urine		475	1200
TOT	GRAND	Total	Intake	123	995
			Output	475	1200
			Net	-352	-205

Signatures: GSP Gro S. Pallipamu, RN
SBT1 Susan B. Thomas, RN

H 0 57 19 76

HOFFMAN , JEANNE LEONIE

JAN 06, 1925 F

333 3EH 03/28/2000

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER
SEATTLE, WASHINGTON Chart Copy

I&O Summary

HMC N 0349 REV OCT 99 Page 1 of 1

This page from: 29-Mar-2000 at 06:00 - to - 30-Mar-2000 at 06:00

From: 28-Mar-2000 at 20:00 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:30

Flowsheet Assessment

			03/28 20:00	03/29 00:00	08:00	16:00
GCS	Eye Opening		4	4	4	4
	Best Verbal Response		5	5	5	5
	Best Motor Response Arm	R/L	6/6	6/6	6/6	6/6
	Best Motor Response Leg	R/L	6/6	6/6	6/6	6/6
	Total Score		15	15	15	15
GCS	Eye Opening		4	4	4	4
	Best Verbal Response		5	5	5	5
	Best Motor Response Arm	R/L	6/6	6/6	6/6	6/6
	Best Motor Response Leg	R/L	6/6	6/6	6/6	6/6
	Total Score		15	15	15	15
CV	Rhythm		Sinus BBB	Sinus BBB	Sinus	Reg
	Peripheral Pulses	RUE	+	+	+	+
		LUE	+	+	+	+
		RLE	+	+	+	+
		LLE	+	+	+	+
	Edema Assessment	Type	General	General	General	General
		Location	L hand L arm			L hand c1
RESP	Breath Sounds	RUL	Clear	Clear	Clear	Clear
		RML	Clear	Clear	Clear	Clear
		RLL	Clear	Clear	Clear	Clear
		LUL	Clear	Clear	Clear	Clear
		LLL	Clear	Clear	Diminish	Clear
GI	Abdomen		Soft Tender	Soft Tender	Soft Tender	Soft Tender
	Bowel Sounds		Normal	Normal	Normal	Normal
		Flatus	Present	Present	Present	Present
	Stool	Consistency	None		None	None
		Color				
		Treatment				
GU	Urine	Route	Foley		Void	Void
		Color	Amber		Amber	Amber
		Character	Clear		Clear CI c2	Clear
SKIN	Skin Vitals	Appearance	Normal	Normal	Normal	Normal
		Temp	Warm	Warm	Warm	Warm
		Moisture	Dry	Dry	Dry	Dry
Patient Education	Topic #1 Category:		UntOrient Treatment CurrMeds	Treatment	Treatment CI	Treatment CurrMeds
	Education Method #1	Method	Verb Info	Verb Info	Verb Info	Verb Info
		Who	Patient	Patient	Patient	Patient
		Response	Understnd	Understnd	Patient Refuses	Understnd
		Follow Up		Continue	FamilyEd CI	Continue Reinforce
Charted By			GSP	DC	SBT1	GSP

Signatures: GSP Gro S. Pallipamu, RN
DC Debbie Chow, RN
SBT1 Susan B. Thomas, RN
CI Cindy Ibrahim, RN

H 0 57 19 76

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Neuro Assessment

HMC N 0349 REV OCT 99 Page 1 of 2

This page from: 28-Mar-2000 at 20:00 - to - 29-Mar-2000 at 16:00

From: 28-Mar-2000 at 20:00 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:30

c 1-- Corrected by: Gro S. Pallipamu, RN at: 16:06 03/29/00; Original data: General
Entered by: Gro S. Pallipamu, RN at: 16:06 03/29/00

c 2-- Corrected by: Cindy Ibrahim, RN at: 09:19 03/29/00; Original data: Foley
Entered by: Cindy Ibrahim, RN at: 09:19 03/29/00 Amber
Clear

Signatures:

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Neuro Assessment

HMC N 0349 REV OCT 99 Page 2 of 2

This page from: - to -

From: 28-Mar-2000 at 20:03 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:30

All Notes and Assessments

03/28	22:28	Assessment — Gro S. Pallipamu, RN Cardiovascular Cardiovascular Problem #1(,Arrythmias): Arrythmias. Interventions/Actions: Monitor tele, monitor v/s's. assess for any CP, HOB elevated, Fluids administered Evaluation/Recommendation: Pt is in sinus rythm w/ BBB. VVS, pt denies any CP, NS going at 80cc/hour. Continue to monitor and evaluate Psychosocial Psych/Social Problem #1(,Suicidal ideation): Suicidal ideation. Interventions/Actions: Make only 1 demand/request at a time, Emotional support provided, Decrease stimulation, Restraints applied, Simplify requests/instructions, Suicidal precautions in place. Evaluation/Recommendation: When RN asked pt if pt still was thiking about hurting her self pt stated " I do not care". Appears to be coping with plan. Continue to monitor and evaluate
03/29	02:08	Assessment — Debbie Chow, RN Psychosocial Psych/Social Problem #1(,Suicidal ideation): Suicidal ideation. Interventions/Actions: restraints as ordered, pt supervised to Bathroom. Evaluation/Recommendation: Denies suicidal ideation at the time. continue to closely monitor.
	14:49	Assessment — Susan B. Thomas, RN Psychosocial Psych/Social Problem #1(,Suicidal ideation): Suicidal ideation . Interventions/Actions: Restraints applied, Limited visitors, Monitor potential for self harm pt in 3 pt restraints supervised ambulation to BR. Evaluation/Recommendation: Continue to monitor and evaluate, Continued risk of injury to self.
	19:20	Assessment — Gro S. Pallipamu, RN Cardiovascular Cardiovascular Problem #1(,Arrythmias): Arrythmias. Interventions/Actions: auscultated S1 and S2. assess for any CP, monitor v/s's. HOB elevated, Fluids encouraged Evaluation/Recommendation: pt heart reat reg, tele was d/c earlier today. Vital signs stable, pt is to be transfered to NW geropsych. this pm. MHP arrag. placement. Psychosocial Psych/Social Problem #1(,Suicidal ideation): Suicidal ideation. Interventions/Actions: Decrease stimulation, Emotional support provided, Make only 1 demand/request at a time, Simplify requests/instructions, Suicidal precautions in place, Monitor potential for self harm. Evaluation/Recommendation: Pt is alert orint x3, Appears to be coping with plan. When RN asked pt if pt is still thinking about hurting herself pt stated " why not". pt is in 2 points restraints. VVS. pt is to be transfered to NW greopsych this evening. MHP arranged placement.

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Progress Notes

HMC N 0349 REV OCT 99 Page 1 of 1

This page from: 28-Mar-2000 at 22:28 - to - 29-Mar-2000 at 19:20

Patient History

ADT Weight/Height (Review Only)

Age:	75 years 2 months 3 weeks		
Dry Weight:	kgs	lbs	Source:
Height:	ft in	cm	BSA:
Service:			

Medical Demographics

Admitting Diagnosis: Attempt suicide, overdose on prescriptioin mes, seizure disorder.
Mechanism of Injury:

Chief Complaint/Brief History of Situation Leading up to Admission

General Demographics

Patient Admitted From:	Emergency Room
Information Obtained From:	Patient
Primary Language:	English
Needs Interpreter:	No
Level of Education:	
Current Living Situation:	Alone
Support after Discharge:	Lives independently
Patient ID Band in Place:	Yes
Occupation:	retired

Allergies

Allergy	Type of Reaction
No Latex Allergy	Not Applicable.
PCN.	Rash.
Sulfa.	Rash.
Tape.	

Allergy Band in Place:

Diagnostics/Events/Procedures

Date	Description

Problem/Health Focus List

Date	Description	Status

Consent Authority/Patient Rights/Legal Concerns

Is Pt. Competent?	Pt can consent for self
Advanced Directives:	No, not interested
DPOA:	Patient/Family reports no guardian or POAHC
Legal Issues:	None.

PER SOCIAL WORK: CONTACT THE FOLLOWING PEOPLE IN THE FOLLOWING ORDER FOR HEALTH CARE DECISION MAKING:

1:
2:
3:
4:

Significant Other/Family

Name	Relationship	Telephone Number	Location

Medication History - Please include complementary/alternate medications

Current Medication	Dose	Frequency	Last Dose
COUMADIN	1 TAB	HS	Today
TEGRETOL	1 TAB	BID	Today
ZOCOR	1 TAB	HS	Today

Signatures: GSP Gro S. Pallipamu, RN

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Patient History

HMC N 0349 REV OCT 99 Page 1 of 3

This page from: - to -

Patient History

Patient Health History

Neurological: Seizures.	**Cardiovascular:** Vascular insufficiency, Hx of clots
Pulmonary: Normal.	**Gastrointestinal:** Normal.
GU: Normal.	**Reproductive:** Menopausal,. LMP:
Endocrine: Normal.	**Heme/Oncology:** Normal.
Musculoskeletal/Skin: Normal.	**Mobility/Home Accessibility:** Normal.
Safety:	**Psych/Social:** Depression.

Cognitive/Communication

Hearing:	HOH
Vision:	Uses glasses
Communications:	Normal
Cognitive Function:	Independent

Nutrition

Recent Weight Loss:	None
Dietary intake change:	No change
Special Diet:	None
Needs diet instruction:	No
Chewing/Swallowing:	Normal/Normal

Risk for Infection

TB Risk Factors:	None.
Immunosuppression Risk:	None
Chicken Pox/MMR:	Yes, had chicken pox, measles

Substance Use

Tobacco use:	Cigarettes	packs/tins per day:	N/A
		years used:	N/A
Interested in quitting:	N/A		
Alcohol use:	Occasional	years used:	6 months
Drug use:			
Additional Info:			

Past Surgeries: L hand sugery, pins in place.	**Values/Beliefs Impacting Care:** None

Patient/Family Education Needs

Education need for:	
Challenges to Learning:	depressed

Signatures: GSP Gro S. Pallipamu, RN

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Patient History

HMC N 0349 REV OCT 99 Page 2 of 3

This page from: - to -

Patient History

Patient/Family Education Needs

Plan of Care reviewed with: Patient
Input Solicited from: Patient

Potential DC Plan/Community Integration

Plan discharge to: Plan to discharge home.

Primary Care Providers

Name	Provider Type	Telephone Number	Clinic
Neighbor	Primary MD		UW clinic

c2

Clinical Pathway

Research Studies

Date	Status	Study

Reason Admission Assessment Not Done In 8 Hours

Transfer Summary

Patient History Initially Completed by

c 1-- Corrected by: at: 20:06 03/28/00; Original data:
Entered by: at: 20:06 03/28/00

Age: years months weeks
Dry Weight: kgs lbs Source:
Height: ft in cm BSA:

c 2-- Corrected by: Gro S. Pallipamu, RN at: 19:10 03/29/00; Original data:
Entered by: Gro S. Pallipamu, RN at: 21:36 03/28/00

Nabor Primary MD UW clinic

Signatures: GSP Gro S. Pallipamu, RN

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Patient History

From: 28-Mar-2000 at 20:03 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:30

Respiratory Assessment

		03/28 20:10	22:10	03/29 00:00	00:15	08:00	12:00	16:00
O2 FLOW	L/min L/min				2.0	2.0		
O2 DEVICE	Device	RA	RA c1	RA	Cann	Cann	RA	RA
Charted By		GSP	GSP	DC	DC	SBT1	SBT1	GSP

c 1-- Corrected by: Gro S. Pallipamu, RN at: 22:24 03/28/00; Original data: Cann
Entered by: Gro S. Pallipamu, RN at: 22:24 03/28/00

Signatures: GSP Gro S. Pallipamu, RN
DC Debbie Chow, RN
SBT1 Susan B. Thomas, RN

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Respiratory Therapy

HMC N 0349 REV OCT 99 Page 1 of 1

This page from: 28-Mar-2000 at 20:10 - to - 29-Mar-2000 at 16:00

Category: Progress Notes
Date of Service: 03/29/2000 00:00
Document Status: Authenticated
Title: Medication Administration Record - Inpt
Document Version : 0

Encounter Number: HXH05719761607315032
Facility: HMC
Encounter Type: Inpatient
Admit Date Time: 03/28/2000 20:03:00
Discharge Date Time: 03/29/2000 20:30:00

From: 28-Mar-2000 at 00:00 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:30

Medication Report

Known Allergies :	**Tape. Allergy**	**Sulfa.**	**PCN.**	**No Latex**
Special Instruction :				

Signatures:

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Medications

HMC N 0349 REV OCT 99 Page 1 of 1

This page from: 28-Mar-2000 at 00:00 - to - 29-Mar-2000 at 00:00

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: H0571976
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 09:59:00 AM

Social Work

Admitting

Service:	
Admitting Diagnosis:	Attempt suicide, overdose on prescriptioin mes, seizure disorder.
Mechanism of Injury:	

Demographics

Patient Demographics:	
Referral Reason:	
Referral Source:	
Info Obtained from:	
Patient Address:	
Patient Phone #:	
Current Living Situation:	Alone
Transportation:	
Level of Education:	
Primary Language:	English
Occupation:	retired

Consent Authority/Patient Rights/Legal Concerns

Consent Authority:	Pt can consent for self
Advanced Directives:	No, not interested
Guardian/POA for Healthcare:	Patient/Family reports no guardian or POAHC
Legal Issues:	None.

PER SOCIAL WORK: CONTACT THE FOLLOWING PEOPLE IN THE FOLLOWING ORDER FOR HEALTH CARE DECISION MAKING:

1:
2:
3:
4:
5:

Significant Other/Family/Please see above for Consent

Name	Relationship	Telephone Number	Location

Pt/Family Functioning

Community/Family/Harborview Support

External Case Manager/SW:	
HMC Social Work:	
HMC Nurse Coord:	

Current Community Services

Name	Service Type	Telephone Number	Comment

Primary Care Providers

Name	Provider Type	Telephone Number	Clinic
Neighbor	Primary MD		UW clinic

c1

Finance Resources/Income/Health Care Coverage

Sources of Payment:	
Sources of Income:	
Medicare#:	
Medicaid PIC#:	
Medicaid Case#:	
Medicaid Client#:	
Insurance Name:	
Commercial Insur Group#:	
Commercial Insur Subscriber#:	
Insurance Phone Number:	
Insurance/Financial Coord:	
Work Hx/Additional Info:	

Signatures: GSP Gro S. Pallipamu, RN

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Social Work

HMC N 0349 REV OCT 99 Page 1 of 2

This page from: - to -

Social Work

Psych/Soc/Behave/Cope:	**Values/Beliefs/Religious Practices:**
Depression.	None

Substance Use

Tobacco use: Cigarettes packs/tins per day: N/A
years used: N/A
Interested in quitting: N/A
Alcohol use: Occasional years used: 6 months
Drug use:
Additional Info:

Physical Limitations, Activities of Daily Living

Pt Understanding and Adjustment to illness

Potential Changes to residence/lifestyle due to illness

Barriers to Discharge

Plan

Patient Agrees:

Social Assessment Initially Completed

by

Signatures: GSP Gro S. Pallipamu, RN

From: 28-Mar-2000 at 20:00 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:31

Vital Signs Flowsheet

		03/28 20:00	20:10	21:00	22:00	22:10	23:00	03/29 00:00	00:15
	Temperature °C		36.4 Ty			36.3 Ty		36.5 Ty	
	Heart Rate		78			83		80	
RESP	Actual		16			14		16	
BP	Noninvasive BP S/D	/	136/ 81	/	/	143/ 79	/	131/ 79	/
	(M)	( )	(99)	( )	( )	(100)	( )	(96)	( )
	Source		Cuff LA			Cuff LA		Cuff LA	
OXY	SpO2		97			97		**85** MD aware	97
	L/min								2.0
	Device		RA			RA c1		RA	Cann
PAIN	Sedation Assessment		None					Sleep	
	Pain Assessment Location		denies					denies	
	Intensity/Scale								
	Description								
ACTV	Activity/Independence Activity		Ad Lib					Bedrest	BRP
	Independence		Supervise						Supervise
TX	Safety Checks		✔					✔	
IV LINE	IV Line Appearance Site: R Antecubital Type: Periph IV Cares Gauge: Start Date: 03/28/00 20:00		DryIntact NoRed SiteCheck Flushed					Clean DryIntact SiteCheck	
SAFETY	Reason for Restraints	InjToSelf		InjToSelf	InjToSelf		InjToSelf	InjToSelf	
	Restraint Status	Continued		Continued	Continued		Continued	Continued	
	Waist	TuffCuff		TuffCuff	TuffCuff		TuffCuff	TuffCuff	
	Chest	None		None	None		None	None	
	RUE	TuffCuff		TuffCuff	TuffCuff		TuffCuff	TuffCuff	
	RLE	None		None	None		None	None	
	LUE	None		None	None		None	None	
	LLE	TuffCuff		TuffCuff	TuffCuff		TuffCuff	TuffCuff	
	Total Points	3		3	3		3	3	
	Behavioral Restraint Obs. 00	✔		✔	✔		✔	✔	
	Q15 Min Minimum 15	✔		✔	✔		✔	✔	
	30	✔		✔	✔		✔	✔	
	45	✔		✔	✔		✔	✔	
	ADL's Food/Fluid	✔		✔	✔		✔	✔	
	Q2 Hrs Minimum Elimination	Foley		Foley	Foley		✔	✔	
	Clothed/Covered	Y		Y	Y		Y	Y	
	ROM	Y		Y	Y		Y	Y	
	Reassessment/continue Restraint	Self Harm		Self Harm	Self Harm		Self Harm		
	Q4 Hours Minimum								
PreOp	Temperature °C		36.4 Ty			36.3 Ty		36.5 Ty	
	Heart Rate		78			83		80	
	Noninvasive BP S/D	/	136/ 81	/	/	143/ 79	/	131/ 79	/
	(M)	( )	(99)	( )	( )	(100)	( )	(96)	( )
	Source		Cuff LA			Cuff LA		Cuff LA	
	Eye Opening	4						4	
	Best Verbal Response	5						5	
	Best Motor Response Arm R/L	6/6						6/6	
	Best Motor Response Leg R/L	6/6						6/6	
	Total Score	15						15	
	SpO2		97			97		**85** MD aware	97
	L/min								2.0
	Device		RA			RA c1		RA	Cann
Charted By		GSP	GSP	GSP	GSP	GSP	GSP	DC	DC

Signatures: GSP Gro S. Pallipamu, RN
DC Debbie Chow, RN

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Vital Signs

HMC N 0349 REV OCT 99 Page 1 of 4

This page from: 28-Mar-2000 at 20:00 - to - 29-Mar-2000 at 00:15

From: 28-Mar-2000 at 20:00 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:31

Vital Signs Flowsheet

		03/29 01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
	Temperature °C								36.8 Ty
	Heart Rate								74
RESP	Actual								16
BP	Noninvasive BP S/D (M) / ( ) Source	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	/ ( )	129/ 68 (88) Cuff LA
OXY	SpO2								96
	L/min								2.0
	Device								Cann
PAIN	Sedation Assessment								None
	Pain Assessment Location Intensity/Scale Description								denies
ACTV	Activity/Independence Activity Independence								BRP Ambulates SBA
TX	Safety Checks								✔
IV LINE	IV Line Appearance Site: R Antecubital Type: Periph IV Cares Gauge: Start Date: 03/28/00 20:00								Intact IVFluid SiteCheck
SAFETY	Reason for Restraints	InjToSelf	InjToSelf	InjToSelf	InjToSelf	InjToSelf	InjToSelf	InjToSelf	InjToSelf CI
	Restraint Status	Continued	Continued	Continued	Continued	Continued	Continued	Continued	Continued CI
	Waist	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff CI
	Chest	None	None	None	None	None	None	None	None CI
	RUE	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff CI
	RLE	None	None	None	None	None	None	None	None CI
	LUE	None	None	None	None	None	None	None	None CI
	LLE	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff CI
	Total Points	3	3	3	3	3	3	3	3 CI
	Behavioral Restraint Obs. Q15 Min Minimum 00	✔	✔	✔	✔	✔	✔	✔	✔
	15	✔	✔	✔	✔	✔	✔	✔	✔
	30	✔	✔	✔	✔	✔	✔	✔	✔
	45	✔	✔	✔	✔	✔	✔	✔	✔ CI

c 1-- Corrected by: Gro S. Pallipamu, RN at: 22:24 03/28/00; Original data: Cann
Entered by: Gro S. Pallipamu, RN at: 22:24 03/28/00

Signatures: DC Debbie Chow, RN
CI Cindy Ibrahim, RN
SBT1 Susan B. Thomas, RN

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JAN 06, 1925 F

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Vital Signs

HMC N 0349 REV OCT 99 Page 2 of 4

This page from: 29-Mar-2000 at 01:00 - to - 29-Mar-2000 at 08:00

From: 28-Mar-2000 at 20:00 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:31

Vital Signs Flowsheet

		03/29 01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00
SAFETY	ADL's Food/Fluid	✔	✔	✔	✔	✔	✔	✔	✔
	Q2 Hrs Minimum Elimination	✔	✔	✔	✔	✔	✔	✔	✔
	Clothed/Covered	Y	Y	Y	Y	Y	Y	Y	Y
	ROM	Y	Y	Y	Y	Y	Y	Y	Y CI
	Reassessment/continue Restraint Q4 Hours Minimum			Self Harm				Self Harm Self Harm	Self Harm CI
PreOp	Temperature °C								36.8 Ty
	Heart Rate								74
	Noninvasive BP S/D	/	/	/	/	/	/	/	129/ 68
	(M)	( )	( )	( )	( )	( )	( )	( )	(88)
	Source								Cuff LA
	Eye Opening								4
	Best Verbal Response								5
	Best Motor Response Arm R/L								6/6
	Best Motor Response Leg R/L								6/6
	Total Score								15
	SpO2								96
	L/min								2.0
	Device								Cann
Charted By		DC	DC	DC	DC	DC	DC	CI	SBT1

Signatures: DC Debbie Chow, RN
CI Cindy Ibrahim, RN
SBT1 Susan B. Thomas, RN

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Vital Signs

HMC N 0349 REV OCT 99 Page 3 of 4

This page from: 29-Mar-2000 at 01:00 - to - 29-Mar-2000 at 08:00

From: 28-Mar-2000 at 20:00 To: 29-Mar-2000 at 20:30 Printed: 31-Mar-2000 at 00:31

Vital Signs Flowsheet

		03/29 09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00
	Temperature °C				37.3 Ty				37.5 Ty
	Heart Rate				74				77
RESP	Actual				16				18
BP	Noninvasive BP S/D (M) Source	/ ( )	/ ( )	/ ( )	141/ 77 (98) Cuff LA	/ ( )	/ ( )	/ ( )	145/ 71 (96) Cuff LA
OXY	SpO2				96				97
	Device				RA				RA
PAIN	Sedation Assessment				Mild				None
	Pain Assessment Location Intensity/Scale Description				denies				denies
ACTV	Activity/Independence Activity Independence				BRP Ambulates SBA				Bedrest BRP Supervise
HYGN	Hygiene Cares Independence				Linen chg Peri care				
TX	Safety Checks				✔				✔
IV LINE	IV Line Appearance Site: R Antecubital Type: Periph IV Cares Gauge: Start Date: 03/28/00 20:00				DC'd				
SAFETY	Reason for Restraints	InjToSelf	InjToSelf	InjToSelf	InjToSelf	InjToSelf	InjToSelf	InjToSelf	
	Restraint Status	Continued	Continued	Continued	Continued	Continued	Continued	Continued	
	Waist	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	
	Chest	None	None	None	None	None	None	None	
	RUE	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	
	RLE	None	None	None	None	None	None	None	
	LUE	None	None	None	None	None	None	None	
	LLE	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	TuffCuff	
	Total Points	3	3	3	3	3	3	3	
	Behavioral Restraint Obs. 00 / Q15 Min Minimum 15 / 30 / 45	✔ ✔ ✔ ✔	✔ ✔ ✔ ✔	✔ ✔ ✔ ✔	✔ ✔ ✔ ✔	✔ ✔ ✔ ✔	✔ ✔ ✔ ✔	✔ ✔ ✔ ✔	
	ADL's Food/Fluid / Q2 Hrs Minimum Elimination / Clothed/Covered / ROM	✔ ✔ Y Y	✔ ✔ Y Y	✔ ✔ Y Y	✔ ✔ Y Y	✔ ✔ Y Y	✔ ✔ Y Y	✔ ✔ Y Y	
	Reassessment/continue Restraint Q4 Hours Minimum	Self Harm	Self Harm	Self Harm	Self Harm	Self Harm	Self Harm	Self Harm	
PreOp	Temperature °C				37.3 Ty				37.5 Ty
	Heart Rate				74				77
	Noninvasive BP S/D (M) Source	/ ( )	/ ( )	/ ( )	141/ 77 (98) Cuff LA	/ ( )	/ ( )	/ ( )	145/ 71 (96) Cuff LA
	Eye Opening								4
	Best Verbal Response								5
	Best Motor Response Arm R/L								6/6
	Best Motor Response Leg R/L								6/6
	Total Score								15
	SpO2				96				97
	Device				RA				RA
Charted By		CI	CI	CI	SBT1	SBT1	SBT1	SBT1	GSP

Signatures: CI Cindy Ibrahim, RN
SBT1 Susan B. Thomas, RN
GSP Gro S. Pallipamu, RN

H 0 57 19 76

HOFFMAN , JEANNE LEONIE

JAN 06, 1925 F

333 3EH 03/28/2000

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER
SEATTLE, WASHINGTON Chart Copy

Vital Signs

HMC N 0349 REV OCT 99 Page 4 of 4

This page from: 29-Mar-2000 at 09:00 - to - 29-Mar-2000 at 16:00

009100006596

ADVANCE DIRECTIVE FLOWSHEET

Admitting/ASU Dept./Pt. Care Coordinator Personnel

Documentation	Date	Signature
☒ Patient Rights and Advance Directive information given.	3/28/00	[signature]
☐ **Yes, patient has Advance Directive** ☐ Living Will ☐ Durable Power of Attorney ☐ EMS - No CPR		
☐ Copy of Advance Directive with admission paperwork.		
☒ **No, patient does not have an Advance Directive.**	3/28/00	[signature]
☐ **Patient unresponsive/incapacitated** ☐ Family/Significant Other given patient rights/A.D. info. ☐ Family/Significant Other unknown or unavailable.		
☐ Patient is non-English speaking and no interpreter available.		

DOCUMENTATION:

PT NO. H 0 57 19 76
NAME HOFFMAN, JEANNE L
06JAN1925 YRS 75 F
28MAR00
DOB

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

ADVANCE DIRECTIVE FLOWSHEET

H1100

HMC1100 REV JUL 99

DOCUMENTATION:

PT.NO.

NAME

DOB

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

ADVANCE DIRECTIVE FLOWSHEET

HMC1100 REV JUL 99 BACK

009100006597

NO ABBREVIATIONS - PRESS HARD - USE A BALLPOINT PEN

ADMIT DATE	ADMIT TIME	ADMISSION DIAGNOSIS
3/28		Polydrug OD

ADMITTING PHYSICIAN AND SERVICE: Nduno Samii
DISCHARGE PHYSICIAN AND SERVICE: Same

ICD-9 CODE

PRINCIPAL DIAGNOSIS THIS HOSPITALIZATION: Suicide Attempt

OTHER DIAGNOSIS AFFECTING THIS HOSPITALIZATION: Polydrug OD

SURGICAL PROCEDURES (BRIEF DESCRIPTION - SHOW DATES):

PATIENT DISPOSITION
- ☐ HOME/SELF CARE
- ☐ HOME/HOME HEALTH
- ☐ SNF (SKILLED NURS. FAC.)
- ☐ OTHER HOSPITAL
- ☐ OTHER
- ☐ LEFT AGAINST ADVICE
- ☐ EXPIRED
- ☐ REHABILITATION
- ☐ PSYCHIATRY

SPECIAL PATIENT NEEDS
Language
- ☐ Med Calendar
- ☐ Mediset
- ☐ Non Child Proof

Other

FOLLOW UP:		
Clinic: UW Fam med	Clinic: UW Fam med	Clinic:
When: Next ave	When: Next Avenue	When:
With Dr. ~~Ellsworth~~	With Dr. Neighbor	With Dr.
New Patient ☐	New Patient ☐	New Patient ☐

SELF CARE INSTRUCTIONS FOR PATIENT:

PRIMARY CARE PROVIDER: Same

CLINIC LOCATION:

Page ___ of 1

Fill at HMC ☐ YES ☐ NO

ALLERGIES:

DISCHARGE PRESCRIPTIONS (LIST STRENGTH AND SIG.)	QTY (max 1 mo) indicate # for prns
1. Trental 400mg po TID	0
2. Tegretal 200mg po TID	
3. Zocor 20mg po qd	
4. Prilosec 20mg po qd	
5. Latanaprost 1 opt OU q hs	
6.	
7.	
8.	
9.	

Intelus E93101

PREVENT DIVERSION- INDICATE # OF PRESCRIPTIONS WRITTEN	PHYSICIAN NUMBER	DEA NUMBER	ANTICIPATED DISCHARGE DATE AND TIME
032 ~~10~~ 5 PD	1944020		3/29

PRINT PHYSICIANS NAME & PAGER NUMBER HERE: Pam Laughlin MD 1080-0629

PHYSICIAN SIGNATURE (SUBSTITUTION PERMITTED): PLaughlin MD

PHYSICIAN SIGNATURE (DISPENSE AS WRITTEN):

H PHO. 57 19 76
HOFFMAN, JEANNE L
06JAN1925 YRS 75 F
28MAR00

D.O.B.

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

DISCHARGE AND PRESCRIPTION RECORD

H0380

HMC 0380 NOV 98

WHITE - MEDICAL RECORD
CANARY - NURSING

009100006598

☐ PLACEMENT ☐ HOME HEALTH AGENCY

FROM ☐ UW MEDICAL CENTER ☐ HARBORVIEW MEDICAL CENTER | UNIT | PHONE | CONTACT PERSON

PATIENT'S ADDRESS | PHONE

SOCIAL SECURITY NUMBER | MARITAL STATUS M S W D L | RELIGION C P J O | AGE | SEX | RACE A B C O S | OTHER

RELATIVE/GUARDIAN NAME | RELATIONSHIP | ADDRESS | PHONE

INSURANCE ☐ MEDICARE ☐ MEDICAID | PIC NO. | CASE NO.

OTHER INSURANCE ☐ | CASE NO. | PHONE

ATTENDING PHYSICIAN | CONSULTING PHYSICIAN | PHYSICIAN AFTER TRANSFER

TO BE COMPLETED BY PHYSICIAN

PHYSICIAN ORDERS

DIET: Regular

ACTIVITY ORDERS (ACTIVITY LEVEL, RESTRICTIONS, PRECAUTIONS): Ad Lib

SPECIAL TREATMENTS (WOUND, IV):

RECENT LAB WORK DATE INR 3/28 2.2 3/29 2.6

THERAPIST NEEDS Please ✓ INR 3/30, 3/31, 4/1. If rising, hold coumadin. If ≤ 2.6 Resume coumadin 10mg po q pm.

REHABILITATION PLAN (IF APPLICABLE)

☒ I certify that post hospital skilled nursing care is medically necessary on a continuing basis for any of the conditions for which he/she received care during this hospitalization.

☐ I certify that my above orders as defined regarding home health services are medically necessary because my patient is confined to home. These services are related to the conditions for which inpatient hospital or *ECF* care was given.

PHYSICIAN'S PHONE NUMBER 731-1542 | DATE 3/29/00

PHYSICIAN'S SIGNATURE P Jewogni MD M.D.

SOCIAL WORKER'S COMMENTS

032910

SOCIAL WORKER SIGNATURE

ATTACHMENTS (COPIES)
- ☐ HISTORY AND PHYSICAL
- ☐ PATHOLOGY REPORT
- ☐ RADIOLOGY REPORT
- ☐ NURSING FACILITY I.D. SCREEN
- ☐ DISCHARGE AND PRESCRIPTION RECORD
- ☐ DISCHARGE SUMMARY
- ☐ POST DISCHARGE NEEDS SUMMARY
- ☐ PATIENT'S PROPERTY RECORD
- ☐ OTHER

PT.NO. H 0 57 19 76

NAME HOFFMAN, JEANNE L
06JAN1925 YRS 75
28MAR00
F

D.O.B.

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON
PATIENT TRANSFER AUTHORIZATION

H0616

HMC 0616 REV OCT 94

WHITE - MEDICAL RECORD
CANARY - CARE AGENCY
PINK - SOCIAL SERVICES

009100006599

AN IMPORTANT MESSAGE FROM MEDICARE

YOUR RIGHTS WHILE YOU ARE A MEDICARE HOSPITAL PATIENT

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, **your discharge date must be determined solely by your medical needs**, not by "DRGs" or Medicare payments.
- You have the right to be fully informed about decisions affecting your Medicare coverage and payment for your hospital stay and for any post-hospital services.
- You have the right to request a review by a Peer Review Organization of any written Notice of Noncoverage that you receive from the hospital stating that Medicare will no longer pay for your hospital care. Peer Review Organizations (PROs) are groups of doctors who are paid by the Federal Government to review medical necessity, appropriateness and quality of hospital treatment furnished to Medicare patients. The phone number and address of the PRO for your area are:

  The Professional Review Organization for Washington (PRO/W)
  10700 Meridian Avenue North, Suite 300
  Seattle, WA 98133-9075
  (206) 368-8272 Seattle Area
  1-800-445-6941 Toll Free

TALK TO YOUR DOCTOR ABOUT YOUR STAY IN THE HOSPITAL

You and your doctor know more about your condition and your health needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. **If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post-hospital care, don't hesitate to ask your doctor**. The hospital's patient representative or social worker will also help you with your questions and concerns about hospital services.

IF YOU THINK YOU ARE BEING ASKED TO LEAVE THE HOSPITAL TOO SOON

- Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a "Notice of Noncoverage." You must have this Notice of Noncoverage if you wish to exercise your right to request a review by the PRO.
- The Notice of Noncoverage will state either that your doctor or the PRO agrees with the hospital's decision that Medicare will no longer pay for your hospital care.
  + If the hospital and your doctor agree, the PRO does not review your case before a Notice of Noncoverage is issued. But the PRO will respond to your request for a review of your Notice of Noncoverage and seek your opinion. You cannot be made to pay for your hospital care until the PRO makes its decision, if you request the review by noon of the first work day after you receive the Notice of Noncoverage.
  + If the hospital and your doctor disagree, the hospital may request the PRO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation the PRO must agree with the hospital or the hospital cannot issue a Notice of Noncoverage. You may request that the PRO reconsider your case after you receive a Notice of Noncoverage but since the PRO has already reviewed your case once, you may have to pay for **at least one day of hospital care** before the PRO completes this reconsideration.

IF YOU **DO NOT** REQUEST A REVIEW, **THE HOSPITAL MAY BILL YOU** FOR ALL COSTS OF YOUR STAY BEGINNING WITH THE THIRD DAY AFTER YOU RECEIVE THE NOTICE OF NONCOVERAGE. THE HOSPITAL, HOWEVER, CANNOT CHARGE YOU FOR CARE UNLESS IT PROVIDES YOU WITH A NOTICE OF NONCOVERAGE.

HOW TO REQUEST A REVIEW OF THE NOTICE OF NONCOVERAGE

- If the Notice of Noncoverage states that your **physician agrees** with the hospital's decision:
  + You must make your request for review to the PRO by **noon of the first work day** after you receive the Notice of Noncoverage by contacting the PRO by phone or in writing.
  + The PRO must ask you for your views about your case before making its decision. The PRO will inform you by phone and in writing of its decision on the review.
  + If the PRO agrees with the Notice of Noncoverage, you may be billed for all costs of your stay beginning at noon of the day **after** you receive the PRO's decision.
  + Thus, you will **not** be responsible for the cost of hospital care before you receive the PRO's decision.
- If the Notice of Noncoverage states that the **PRO agrees** with the hospital's decision:
  + You should make your request for reconsideration to the PRO **immediately** upon receipt of the Notice of Noncoverage by contacting the PRO by phone or in writing.
  + The PRO can take up to three working days from receipt of your request to complete the review. The PRO will inform you in writing of its decision on the review.
  + Since the PRO has already reviewed your case once, prior to the issuance of the Notice of Noncoverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your Notice of Noncoverage **even if the PRO has not completed its review.**
  + Thus, if the PRO continues to agree with the Notice of Noncoverage, **you may have to pay for at least one day of hospital care.**

NOTE: The process described above is called "immediate review." If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare's decision to no longer pay for your care at any point during your hospital stay or after you have left the hospital. The Notice of Noncoverage will tell you how to request this review.

POST-HOSPITAL CARE

When your doctor determines that you no longer need all the specialized services provided in a hospital, but you still require medical care, he or she may discharge you to a skilled nursing facility or home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare and supplemental insurance policies have limited coverage for skilled nursing facility care and home health care. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, patient representative and your family in making preparations for care after you leave the hospital. **Don't hesitate to ask questions.**

ACKNOWLEDGEMENT OF RECEIPT-My signature only acknowledges my receipt of this Message from the hospital named below and does not waive any of my rights to request a review or make me liable for any payment.

HOSPITAL	
Harborview Medical Ctr-Sea Wa 98104	
SIGNATURE OF BENEFICIARY OR PERSON ACTING ON BEHALF OF BENEFICIARY	
X C Johnson YRBL - presented to Jeanne Hoffman	
DATE	MILITARY TIME
3/28/00	1845

PT.NO.
H 0 57 19 76
NAME HOFFMAN, JEANNE L
DOB JAN 1925 YRS 75
28MAR00
D.O.B.

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON
AN IMPORTANT MESSAGE FROM MEDICARE

UD7411

UH 0741 MAY 94

WHITE - MEDICAL RECORD
CANARY - FINANCIAL SERVICES
PINK - PATIENT

009100 006600

ASSOCIATION OF UNIVERSITY PHYSICIANS

HARBORVIEW MEDICAL CENTER
Seattle, Washington

ASSOCIATED UNIVERSITY DENTISTS

PATIENT REGISTRATION

IP	POLICE HOLD	FROM JAIL	NOTIFIED: POLICE	MED EXAM	FAMILY	BY WHOM	VALUABLES	PATIENT'S NAME: HOFFMAN, JEANNE LEONIE						PATIENT NO.: H-0-57-19-76	
TYPE: 1	SOURCE: 7	FMC/PCC	SFD BLOOD NO.	OCCUPATION: HOMEMAKER				ALSO KNOWN AS						ADMITTED/REGISTERED DATE: 28MAR00 TIME: 2003	
PATIENT'S PERMANENT ADDRESS: 225 HIGH SCHOOL RD RHODODENDRON APTS 2 BAINBRIDGE ISLA, WA 98110														DISCHARGED DATE	TIME
SEX: F	RACE: C	MARITAL STATUS: W	RELIGION: NP	AGE: 75	BIRTHDATE: 06JAN1925	BIRTH PLACE: WA	SOCIAL SECURITY NO.: 531-26-4736		VETERAN: N	CITIZEN	PATIENT'S LANGUAGE				
HOME PHONE: (206)855-0815	BUSINESS PHONE: NONE	MESSAGE/LOCAL PHONE: (206)363-6292	ADDITIONAL INFORMATION								INTERPRETER REQUIRED: NO	REGISTERED BY: DEE			
PATIENT/SPOUSE'S MAIDEN NAME: ALLOIN	MOTHER'S MAIDEN NAME: CAIALLET-D	FATHER'S NAME: ALLOIN, LOUIS-D	PATIENT NO. X-REF						PRE-REG. DATE		REVIEW DATE: 31MAR00				
LEGAL NEXT OF KIN NAME: HOFFMAN, DOUGLAS	RELATIONSHIP: SON	HOME PHONE: (206)842-8360	BUSINESS PHONE												
ADDRESS															
PERSON TO NOTIFY NAME: NONE, GIVEN BYPATIENT	RELATIONSHIP: NONE PROV	HOME PHONE	BUSINESS PHONE												
ADDRESS															

STAY/SERVICE INFORMATION

REFERRAL PHYSICIAN'S NAME: NEIGHBOR, WILLIAM A05253	AGENCY'S NAME	PHONE 1: (206)548-5613	PHONE 2												
ADDRESS: DEPT OF FAMILY MEDICINE SEATTLE, WA 98195-4775															
OCCURRENCE CODE / DATE	OCCURRENCE CODE / DATE	OCCURRENCE CODE / DATE	OCCURRENCE CODE / DATE	OCCURRENCE CODE / DATE		OCCURRENCE SPAN CODE / FROM / THRU									
CONDITION CODES	MEDICAL SERVICE: 06 NEUROLOGY	ATTENDING PHYSICIAN: 241540SAMII, ALI													
ADMITTING DIAGNOSIS: POLYDRUG OVERDOSE														CONDITION SAT. X / UNSAT. / CRIT.	
SPECIAL DISCHARGE PLANNING REQUIRED: N	TRANSFERRED FROM	PATIENT LIVES ALONE	ADMITTING DIET ORDER: GENERAL						PATIENT BOARD FROM		ROOM, BED: E306-2				
DATE AND TIME INJURED: 28MAR00	TIME ARRIVED: 1854	MODE OF ARRIVAL	INJURED ON JOB?: N	PATIENT'S COMPLAINT											
PLACE WHERE INJURY OCCURRED: BAINBRIDGE ISLAND	CIRCUMSTANCES														

SPONSORS

	PRIMARY CODE	PRIMARY R.I.	PRIMARY	SECONDARY CODE	SECONDARY R.I.	SECONDARY	TERTIARY CODE	TERTIARY R.I.	TERTIARY
IPO	M65	N	MEDICARE	W77	N	DEPT OF SOC & HEALTH S			
OPD	M65	N	MEDICARE	W77	N	DEPT OF SOC & HEALTH S			
DEN									

L & I? / L & I CLAIM NO.

SPECIAL SPONSOR / BUDGET NO.

FINANCIAL INFORMATION

MEDICARE/MEDICAID

MEDICARE NO.: 531-26-4736A	A. EFFECTIVE DATE	B. EFFECTIVE DATE	TO YEAR	DSHS PIC NO.: JL010625HOFFMD	DSHS CASE NO.: 18A93181555	
HAS PATIENT APPLIED FOR PUBLIC ASSISTANCE?	DATE APPLIED	DSHS ELIGIBILITY FROM DATE: 01MAR00	TO DATE: 31MAR00	NUMBER OF DEPENDENTS	$ MONTHLY INCOME	

GUARANTOR

GUARANTOR'S NAME: HOFFMAN, JEANNE LEONIE	SOCIAL SECURITY NO.: 531-26-4736	RELATIONSHIP: SELF	HOME PHONE: (206)855-0815	BUSINESS PHONE: NONE	
GUARANTOR'S ADDRESS: 225 HIGH SCHOOL RD RHODODENDRON APTS 2 BAINBRIDGE ISLA, WA 98110					
EMPLOYER'S NAME	CODE	ADDRESS			GUARANTOR OCCUPATION: HOMEMAKER
CO-GUARANTOR'S NAME	BUSINESS PHONE	ADV DIR: NO 28MAR00 NOT ON FILE			

HMS 8479 REV DEC 84 MEDICAL RECORD

ALL APPROPRIATE SPACES MUST BE COMPLETED

009100006601

PATIENT NAME: LAST HOFFMAN FIRST JEANNE MI | DOB 6-6-25 | AGE 75 | SEX ☐ M ☒ F | WEIGHT Approx 100 Kg | TODAY'S DATE / ADM DATE 3/28/00

STREET ADDRESS | CITY Bainbridge | STATE Island WA | ZIP 98110 | DEPART (MILITARY TIME) 1626

PHONE NO. ( ) | LEGAL NEXT OF KIN Unk | NOTIFIED OF TRANSPORT ☐ YES ☐ NO | ARRIVE 1633 | PATIENT ARRIVAL 1635

REFERRING HOSPITAL / CITY SHA 21 / Med 21 Bainbridge | RELATIONSHIP | ACCOMPANIED ☐ YES ☐ NO | DEPART 1640

REFERRING PHYSICIAN / PARAMEDIC / BLS | L.N.O.K. PHONE NO. ( ) | ARRIVE 1641

PHONE NO. ( ) | INSURANCE / GROUP / POLICY NO. | DEPART 1644

RECEIVING HOSPITAL ☐ VM ☐ SWED. ☐ CHMC ☐ PROV ☒ HMC ☐ UWMC | SOCIAL SECURITY NO. | ARRIVE 1649

OTHER | SIGNIFICANT MEDICAL Hx Unk | DEPART 1655

RECEIVING M.D. / UNIT Gen Med / ED | ARRIVE 1657

DIAGNOSIS O.D polydrug | DEPART

Hx OF INJURY found Stated "took every pill in the house" | HOME MEDICATIONS Percocet (x11 Prilosec Tegretol, Hydrocodone Warfarin 20 car | ARRIVE / END

ALLERGIES Unk | TOTAL PATIENT TIME

AIRCRAFT / PILOT(S) N444NG Jay SAW

MEDICAL CREW KATE PEARL

NEURO

☐ ALERT
☒ AROUSABLE
☐ STUPOROUS
☐ COMATOSE
☒ ORIENTED
☐ DISORIENTED
☐ PARALYTICS
☐ OTHER:

PUPILS

2 3 4 5 6 7 8

	(R)	(L)
	4 mm	mm
	☐	☒ REACTIVE
	☐	☐ NONREACTIVE
	☐	☒ BRISK
	☐	☐ SLUGGISH

CARDIOVASCULAR

HEART TONES: ☒ NORMAL ☐ Ⓜ ☐ RUB ☐ GALLOP

RHYTHM / ECTOPY NSR + ectopy | EXTREMITY ☐ EDEMA ☐ JVD

PULSES -LOCATION: L (UE) R | L (LE) R

	L (UE)	R	L (LE)	R
AMPLITUDE	2+			
EXTREMITY COLOR	pk			
EXTREMITY TEMP	wm			

FT INITIAL VITALS

BP	154/86
P	96
R	20
T	

RESPIRATORY

BREATH SOUNDS L R
☒ ☒ CLEAR
☐ ☐ DECREASED
☐ ☐ RALES
☐ ☐ RHONCHI
☐ ☐ WHEEZES

SKIN

☒ WARM ☐ COOL
☒ DRY ☐ MOIST
☒ PINK ☐ PALE
CAP REFIL 2 SECS.

GI

BOWEL SOUNDS
☐ PRESENT
☐ ABSENT
☒ NPO
TIME LAST MEAL

03 28 00

PTA I/O

INTAKE	IV	
	PO	
OUTPUT	NG	
	URINE	
TIMESPAN		

REFERRAL HOSPITAL LAB RESULTS

DATE / TIME / ABG / CBG		O_2 THERAPY				
pH	pCO_2	PO_2	BICARB	BE	O_2 SAT	
DATE / TIME	Na	K	Cl	CO_2	Glu	Cr	BUN
Hct / Hgb		WBC	OTHER			

REFERRAL HOSPITAL MEDICATIONS IN LAST 6 HOURS

DIPHTHERIA / TETANUS ☐ YES ☐ NO

DRUG	DOSAGE	ROUTE	TIME

THERAPIES

PTA	F.T.	N/A		PTA	F.T.	N/A	
☐	☐	☒	NG / OG	☐	☐	☒	CO_2 DETECTOR
☐	☐	☒	FOLEY	☐	☐	☒	VENTILATOR: 900C / MVP / AV
☐	☒	☐	IV LINES / PLACEMENT R AC L	☐	☐	☒	CHEST TUBE R L
☐	☐	☒	IO R L	☐	☐	☒	FLUTTER VALVE R L
☐	☐	☒	IV PUMP	☐	☒	☐	RESTRAINTS / SEATBELTS
☐	☐	☒	CENTRAL IV	☐	☐	☒	BABYBOX / ISOLETTE NTE
☐	☐	☐	UAC / UVC at cm.	☐	☒	☐	WARMING ADJUNCTS
☐	☐	☐	ARTERIAL LINE				HAT / WRAP / FLUIDS / P WARMER
☐	☐	☐	BLOOD ADMINISTRATION	☐	☐	☒	MAST PANTS
☒	☒	☐	MONITOR	☐	☐	☒	CPR / DEFIB
☐	☒	☐	O2 THERAPY: NP / MASK / BAG	☐	☐	☒	PACEMAKER MA RATE
☐	☐	☒	ET TUBE SZ CM	☒	☒	☐	BB / CC
				☐	☐	☒	OTHER (SPECIFY)

PT.NO.

H 0 57 19 76
HOFFMAN, JEANNE LEONIE
NAME
06JAN1925 YRS 75 F

D.O.B.

UW MEDICAL CENTER - CHILDREN'S HOSPITAL & MEDICAL CENTER
HARBORVIEW MEDICAL CENTER - PROVIDENCE MEDICAL CENTER
SEATTLE, WASHINGTON

FLIGHT LOG - PAGE ONE
AIRLIFT NORTHWEST

* H 0 3 7 3 *

PAGE 1 OF 3

HMC 0373 MAR 96

WHITE - MEDICAL RECORD
CANARY - DEPARTMENT

ROTARY WING CODES

code	city
ADAMS	
01	Othello
	Ritzville
CHELAN	
02	Blewett
	Cashmere
	Clelan
	Fish Lake
	Holden
	Lake Wenatchee
	Leavenworth
	Stehekin
	Wenatchee
CLALLUM	
03	Clallum Bay
	Forks
	La Push
	Neah Bay
	Port Angeles
	Sekiu
	Sequim
CLARK	
04	Vancouver
COWLITZ	
05	Castle Rock
	Kelso
	Longview
	St. Helens
	Toutle River
	Woodland
GRAYS HARBOR	
06	Aberdeen
	Hoquiam
	Humptulips
	McCleary
	Oakville
ISLAND	
07	Camano Island
	Coupeville
	Oak Harbor
	Whidbey Island
JEFFERSON	
08	Brinnon
	Dabob
	Klaloch
	Port Ludlow
	Port Townsend
	Queets
	Quilcene
EAST KING	
09	I - 90 to Snoq. Pass
	Avondale
	Bellevue
	Carnation
	Cottage Lake
	Denny Creek
	Duvall
	Fall City
	Issaquah
	Kennydale
	Kirkland
	Lester
	Marymoor Park
	Mercer Island
	North Bend
	Pine Lake
	Redmond
	Skykomish
	Snoqualmie
	Stevens Pass
	Tiger Mountain
	Totem Lake
	Woodinville
NORTH KING	
10	Seattle city limits
	inc. Bridges
	Medic 63 territory
	Bothell
	Highlands
	Juanita
	Kenmore
	Lake Forest Park
	Richmond Beach
	St. Edwards State Park
South King	
11	Algona
	Angle Lake
	Auburn
	Black Diamone (?)
	Burien
	Covington
	Cumberland
	Des Moines
	Enumclaw
	Federal Way
	Green River
	Greenwater
	Hobart
	Kanaskat
	Kent
	Maple Valley
	Maury Island
	Midway
	Normandy Park
	Pacific
	Ravensdale
	Redondo
	Riverton
	Sea-Tac
	Shorewood
	Skyway
	Tukwila
	Vashon Island
KITSAP	
12	Bainbridge Island
	Bethel
	Blake Island
	Bremerton
	Burley
	Hansville
	Kingston
	Olalla
	Port Gamble
	Port Orchard
	Poulsbo
	Silverdale
	Winslow
KITTITAS	
13	Cle Elum
	Easton
	Ellensburg
	Hyak
	Roslyn
	Sno Pass Ski Areas
LEWIS	
14	Centrailia
	Chahalis
	Morton
	Packwood
	Randle
	White Pass
MASON	
15	Allyn
	Belfair
	Dewatto
	Hartsten Island
	Lake Cushman
	Matluck
	Potlatch
	Shelton
	Tahuya
OKANAGON	
16	Brewster
	Bridgeport
	Omak
	Pasayten Wilderness (partial)
	Twisp
	Winthrop
PACIFIC	
17	Ilwaco
	Raymond
	South Bend
	Willapa Harbor
PIERCE	
18	Anderson Island
	Bonney Lake
	Buckley
	Crystal Mountain
	Eatonville
	Fife
	Fort Lewis
	Fox Island
	Gig Harbor
	Key Peninsula
	Lake Tapps
	Lakewood
	McChord AFB
	McNeil Island
	Milton
	Parkland
	Purdy
	Puyallup
	Spanaway
	Steilacoom
	Sumner
	Tacoma
SAN JUAN	
19	all San Juan Islands
SKAGIT	
20	Anacortes
	Mt. Vernon
	Sedro Woolley
SNOHOMISH	
21	Alderwood Manor
	Arlington
	Clearview
	Darington
	Everett
	Gold Bar
	Granite Falls
	Index
	Lake Stevens
	Lynnwood
	Maltby
	Martha Lake
	Marysville
	Mill Creek
	Monroe
	Mukilteo
	Paine Field
	Snohomish
	Stanwood
	Startup
	Sultan
THURSTON	
22	Olympia
	Rochester
	Tenino
	Yelm
WAHKIAKUM	
23	Cathlamet
WHATCOM	
24	Bellingham
	Mt. Baker
YAKIMA	
25	Sunnyside
	Toppenish
	Yakima
OTHER	
30	Asotin
	Benton
	Columbia
	Douglas
	Ferry
	Franklin
	Garfield
	Grant
	Klickitat
	Lincoln
	Pend Oreille
	Skamania
	Spokane
	Stevens
	Walla Walla
	Whitman
40	ALL OREGON
50	ALL CANADA
99	ALL ABORTED

FIXED-WING CODES

00	ALASKA
10	CALIFORNIA
20	IDAHO
30	MONTANA
40	OREGON
50	EAST. WA
60	WEST. WA
70	OTHER USA
80	BC, CANADA
90	ALL OTHER (CA, MEXICO)
99	ABORTED

HMC 0373 REV MAR 96

ALL APPROPRIATE SPACES MUST BE COMPLETED

DATE 03/28/00

	TIME	PTA	1642	1641	1650	H4							TOTALS
VITAL SIGNS	BP NIBP / PALP / ALINE	140 / P	155 / 86	155 / 88	158 / 88	106/66							
	P	112	96	94	94	120							
	R / VENT		20	20	20								
	T / ISOL					37°							
	O_2 SAT		100%	100	100								
	CHEST PAIN 0 - 10												
	CHEMSTRIP												
NEURO*	PUPILS L / R		4 4			4 4							
	EYE OPENING		3										
	BEST MOTOR RESPONSE		6										
	BEST VERBAL RESPONSE		5										
	PEDS TRAUMA SCORE												
O_2	% / MODE	0	100%	NRB									
	TYPE / RATE												
VENT.	V_T / PAP		NA										
	PEEP / SX												
	ABG/CBG												
MEDICATIONS		0											
INTAKE IV'S													50
	PO	NPO											
	BLOOD												TOTAL IN 50
OUTPUT	URINE	0											
	NG / EMESIS	0											TOTAL OUT 0

@ HR= 94

FLIGHT NURSE SIGNATURE

VALUABLES

glasses only.

PRINTED IN U.S.A. MEDI-TRACE ® GRAPHIC

03/29/00

NAME
H 0571976
HOFFMAN, JEANNE LEONIE
06JAN1925 YRS 75 F
D.O.B.

HARBORVIEW MEDICAL CENTER - CHILDREN'S HOSPITAL & MEDICAL CENTER
HARBORVIEW MEDICAL CENTER - PROVIDENCE MEDICAL CENTER
SEATTLE, WASHINGTON

FLIGHT LOG - PAGE TWO
AIRLIFT NORTHWEST

SEE BACK FOR KEY

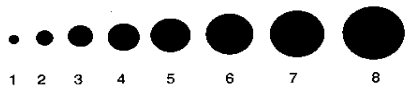
H0280

PAGE 2 OF 3

HMC 0280 MAR 96

WHITE - MEDICAL RECORD
CANARY - DEPARTMENT

GLASGOW COMA SCALE

EYES OPEN	4 - SPONTANEOUSLY 3 - TO SPEECH	2 - TO PAIN 1 - NONE
PUPILS	 1 2 3 4 5 6 7 8	+ REACTIVE - NONREACTIVE
BEST MOTOR RESPONSE	6 - OBEYS COMMAND 5 - LOCALIZE PAIN 4 - FLEXION WITHDRAWAL	3 - FLEXION ABNORMAL 2 - EXTENSION 1 - NONE
BEST VERBAL RESPONSE	5 - ORIENTED 4 - CONFUSED 3 - INAPPROPRIATE WORDS	2 - INCOMPREHENSIBLE WORDS 1 - NONE

PEDIATRIC TRAUMA SCALE

PEDIATRIC TRAUMA SCORE total _____

	+2	+1	-1
SIZE	20kg	10-20kg	10kg
AIRWAY	Normal	Maintainable	Unmaintainable
CNS	Awake	Lethargic or any loss of consciousness	Unmaintainable
SYSTOLIC BP	90mmHg or palp radial pulse	50-90mmHg or palp femoral pulse	50mmHg or no periph pulse
OPEN WOUNDS	None	Minor	Major or penetrating
SKETETAL	None	Closed fracture	Open/multiple fracture

HMC 0280 REV MAR 96 (BACK)

009100006603

ALL APPROPRIATE SPACES MUST BE COMPLETED

DATE: 3/26/00 **TIME:** 1700 · **PROGRESS NOTES**

AL 2 called to Bainbridge IS for a 75 y.o. STH taken unk meds / unk quantity / unk type OD. pt states to PM if was a suicide gesture. Pt denies allergies / meds / med hx. On arrival of AL 2 pt supine on BB, eyes closed. Neuro: pt chooses to not answer most questions. does state verbally that she doesn't have allergies / med hx. will not answer other questions. GCS = 3-6-5. MAE. hand grasp =. Cardiac: NSR 96 sinus. Skin warm, pink, dry - BP 155/96. IV ⊖ on arrival. Peripheral pulses 2+. Resp: denies SOB. pt not on O2. ⊕ chest symmetrical expansion. ⊖ SaO2 obtained as of yet. Abd: obese, non tender on palp. ⊖ BS/NG. GU: deferred. Ext: ⊖ def. CSM intact. ⊖ injuries. ~~On A~~ Interventions: ALNW / ACLS protocols. Monitor neurologic status for Δ's. Maintain oxygenation, ventilation / monitor VS / cardiac monitor. Start IV, place O2. Transport to HMC as arranged. Enroute: pt's VSS. ⊖ neuro Δ's. Monitor NSR. IV ⊕ AC 18g started # 18. NRB placed & SaO2 100%. Report given to HMC MD/Staff. Care reassigned @ 1700. J Harlan

TRANSPORT COMMUNICATION RECORD

MEDICAL CONSULTATION			AMBULANCE		REFERRING STAFF	
PHYSICIAN CALLED	medic one	PLACE TIME log PM	COMPANY NAME AMR		HOSPITAL/MEDIC UNIT Medic 21	
INFORMATION	plan + info		NAME	NAME	NAME	NAME
FLIGHT NURSE SIGNATURE J Harlan			FLIGHT PHYSICIAN SIGNATURE			

03 28 00
PT.NO.

H 0571976
NAME HOFFMAN, JEANNE LEONIE
06JAN1925 YRS 75 F
D.O.B.

UW MEDICAL CENTER - CHILDREN'S HOSPITAL & MEDICAL CENTER
HARBORVIEW MEDICAL CENTER - PROVIDENCE MEDICAL CENTER
SEATTLE, WASHINGTON
FLIGHT LOG - PAGE THREE
AIRLIFT NORTHWEST

H0283

PAGE 3 OF 3

HMC 0283 REV MAR 96

WHITE - MEDICAL RECORD
CANARY - DEPARTMENT

DIAGNOSIS GROUPS

CODE DIAGNOSIS

TRAUMA

110 craniocerebral (CHI)
120 multisystem
130 pediatric (0 - 14)
140 penetrating
150 spinal cord injures
160 traumatic amputation
190 other

BURNS

210 thermal
220 electrical
230 chemical
290 other

MAJOR SURGICAL (non-traumatic)

310 ORGAN DONATION
311 cadaver
312 harvest
319 other
320 AORTIC ANEURYSM
321 abdominal aneurysm
322 thoracic
329 other
330 ISCHEMIC LIMB
390 OTHER

MAJOR MEDICAL

410 CARDIAC
411 unstable angina
412 myocardial infarction
413 CHF / cardiogenic shock
414 dysrhythmia
419 other
420 MULTISYSTEM
421 sepsis
422 DIC
423 overdose
424 multisystem failure
429 other
430 NEUROLOGY
431 CVA
432 subarachnoid hemorrhage
433 intracerbral hemorrhage
434 status epilepticus
439 other
440 RESPIRATORY
441 ARDS
442 co poisoning
443 respiratory failure
449 other
450 GASTROINTESTINAL
451 GI bleed
452 esophageal varices
459 other
460 HEMATOLOGY / ONCOLOGY
490 OTHER

OBSTETRICS

510 premature labor
520 PROM
530 PIH
540 placenta previa
550 abruptio placenta
560 prolapsed cord
590 other

NEONATES (0 - 28 days)

610 CARDIAC
620 MEDICAL
621 respiratory
622 prematurity
623 asphyxia
624 sepsis
629 other
630 SURGICAL
631 oomphalocele
632 gastroschisis
633 intestinal obstruction
634 TEF
635 diaphragmatic hernia
636 NEC
639 other
690 OTHER

INFANTS (28 days - 6 mos)

710 CARDIAC
711 congenital heart disease
719 other
720 MULTISYSTEM
721 meningitis
722 sepsis
723 SIDS
729 other
730 NEUROLOGY
731 seizures
732 status epilepticus
733 increased ICP
734 encephalopathy
735 encephalitis
739 other
740 RESPIRATORY
741 respiratory failure
749 other
750 SURGICAL
751 intestinal obstruction
752 hernia
753 biliary atresia
754 pyloric stenosis
759 other
760 HEMATOLOGY/ONCOLOGY
761 coagulophathy
762 leukemia
769 other
790 OTHER

PEDIATRICS (6 mos - 14 yrs and/or peds hospital admit)

810 CARDIAC
811 congenital heart disease
812 arrthymia
819 other
820 MULTISYSTEM
821 sepsis
822 near drowning
823 DKA
824 HUS
825 overdose
826 anoxic encephalopathy
829 other
830 NEUROLOGY
831 seizures
832 status epilepticus
833 increased ICP
834 encephalopathy
835 encephalitis
836 reye's syndrome
839 other
840 RESPIRATORY
841 epiglottitis
842 respiratory failure
843 airway obstruction
844 asthma
845 status asthmaticus
849 other
850 SURGICAL
851 intestinal obstruction
852 biliary atresia
853 hernia
859 other
860 HEMATOLOGY/ONCOLOGY
861 sickle cell crisis
862 coagulopathy
863 neoplastic disease
869 other
870 GASTROINTESTINAL
871 pancreatitis
872 liver failure
873 GI BLEED
879 other
890 OTHER
899 ABORTED FLIGHTS

HMC 0283 REV MAR 96

M 6-2 3 [redacted]

TIME IN	DATE	ROOM NO.	R.N. INITIALS	TRANSPORTED BY:	VALUABLES CHECKED
1701	3/28/00	MED		ACLS	☐
				ACCOMPANIED BY:	

TIME OUT	BP	TEMP.	PULSE	RESP.	ALLERGIES	CURRENT MEDS.
1830	129/85		90	30	ptdenies ✓	tegretol? UOC ??

PRESENT COMPLAINT: OD —

AHing 75 y.o. ♀ c polydrug OD in suicide attempt. Hemodynamically stable. No apparent LV sequelae. Plan: Admit Neuro for observation c ♀ consult. T.C.

transfer from Bainbridge Island

SIGNATURE R.N. CS

☐ URGENT CARE SERVICE

CHART REQUESTED AT:

PERSONAL PHYSICIAN:

PHYSICIANS ORDERS

X-RAY ☐ | TIME

NONE

LAB ☐ | TIME

PT, PTT
CBC, chem7, Tegretol, Tylenol, BAL, ETOH screen,

☐ DIPTH.-TET.

☐ TETANUS TOXOID / LOT#
NO Sembregles

☐ MEDICATIONS
75yo ♀ s/p Pentoxifylline/Prilosec/Warfarin/Statin
Tegretol, Hydrocodone
Lungs → CXR ✓ pill triage
EKG ✓ QT ? ischemic Δ's
PA agitated c Arms
Plan to admit to Neuro for further evaluation management

☐ COMPUTER DISCHARGE INSTRUCTIONS

☐ DISCHARGE MEDICATIONS
Advised

☐ FOLLOW-UP CLINIC
Neuro

WHEN

HISTORY / PHYSICAL FINDINGS

75 yo ♀ STH taken all meds in her house incl. pentoxifyll, Prilosec, Coumadin, Tegretol, Hydrocodone, Zocor. uncooperative, combative at scene.

PE: Gen — laying on stretcher initially refusing to answer questions then responding to questions approx 1hr after getting to ER. crying.
HEENT: pupils dilated minimally reactive
CV: heart sounds distant. Reg rate, Rhythm
lungs: CTA (B)
abd: mildly distended non-tender to deep palpation (+) BS.
Neuro: oriented X 3

Prescription med OD
LH 1+ 2+ 1+
Is ok
is not participating in motor exam.

A/P — poly drug suicide attempt → gastric lavage → Admit to Neuro.

Diagnosis: Poly Drug suicide attempt

CONDITION OF DISCH/TRANS. ☐ SATISFACTORY ☑ SERIOUS ☐ CRITICAL

I HEREBY ACKNOWLEDGE I HAVE RECEIVED INSTRUCTIONS FOR FOLLOW UP CARE CONCERNING THIS VISIT

PATIENT (OR LEGAL) SIGNATURE | DATE 3/28/00

PHYSICIAN SIGNATURE Leo Kuan MD JV | UPIN NUMBER 45kb

PMH: PVD - several DVT's in past.
Seizure disorder

PSH: Vascularized bone grafting to (L) Ulnar 2/2000
THA

MEDS:
Coumadin
Tegretol
Simvastatin
Pentoxifylline
Prilosec

SH: Nonsmoker, occasional ETOH

EKG: NO ~~ST~~ QT prolong

LABS:
PT 23 PTT 285
INR 2 4.8/39
139 | 105 | 14/169
3.5 | QX | .9
Tylenol (P) BAL (P)
CTOH Screen (P) Tegretol (P)

PT NO. 03/28/00 Hoffman, Jeanne

NAME [redacted] HOFFMAN, JEANNE

D.O.B. 06JAN1925 AGE 1/6/25 75

PHONE

UNIVERSITY OF ~~WASHINGTON~~ MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - EMERGENCY • (206) 731-3074
UW MEDICAL CENTER - EMERGENCY • (206) 548-4000
SEATTLE, WASHINGTON

EMERGENCY NOTES

UH 0076 REV JUL 98

WHITE - MEDICAL RECORD
CANARY - EMER. DEPT. FILE
PINK - EMER. DEPT. M.D.

009100006605

EMERGENCY NOTES, CONTINUED

NEUROLOGY R1

ATT: SAMII
PMD: WILLIAM NEIGHBER (FAM. MED UWMC)

ALLERGIES NKDA
"TAPE ALLERGIES"
↳ USE PAPER TAPE"

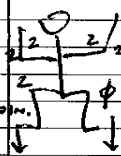
MEDS.
PENTOXIFYLL 400mg. TID.
PRILOSEC 20mg QD.
TEGRETOL 200mg TID.
HYDROCODONE/ACETAM. 5/500.
COUMADIN 10mg. QDAY.
ZOCOR/SIMVASTATIN 20mg HS.
? LATANOPROST 1gtt HS.

ROS (L WRIST DISCOMFORT S/P SURGERY
H/O ϕ REFLEX (L KNEE

10/cc 75yo ♀ BROUGHT IN BY PARAMEDICS ~~P~~ STH OVERDOSED ON PRESCRIPTION MEDS IN SUICIDE ATTEMPT.

HPI PARAMEDICS CALLED (? BY WHOM) TO HOME OF pt. ~~P~~ UNKNOWN PERSON CALLED 911. PARAMEDICS FOUND pt. LYING ON FLOOR ~~C~~ EYES CLOSED. RESPONSIVE. HR 96 BP 155/86 NSR. NAE. STB NOT WILLING TO ANSWER MANY QUESTIONS. Tx TO HMC ~~P~~ pt. STATED SHE TOOK PRESCRIPTION MEDS OVERDOSE IN SUICIDE ATTEMPT.
NOW pt. TEARY-EYED. STATES SHE TOOK ALL OF HER PRESCRIPTION MEDS ("LOTS" → BUT SPECIFIC QUANTITY UNKNOWN) IN ATTEMPT TO KILL HERSELF AT ~ 1600 TODAY. ~~C~~ WILL NOT ELABORATE ABOUT CONCERNS/WORRIES/REASON FOR SA. ϕ ETOH ϕ TDB. ϕ IVDU. ϕ CP. ϕ SOB. ϕ ABD PAIN. ϕ VISION Δ's. ϕ HA pt. DOES NOT WANT ANY INFO. GIVEN TO FAMILY.
ER COURSE LAVAGE ~~C~~ (+) PILL FRAGMENTS.
SUICIDE PRECAUTIONS. HR/BP WNL.

PE T 36° HR 86 BP 139/81 RR 14 O_2Sat 98% RA.
GEN - ELDERLY ♀, CRYING, LOCKED RESTRAINTS, IN BED, NAD.
HEENT - NC/AT, WEARING GLASSES, SCLERA ANICTERIC, OP (-), ~~R~~TM ~~C~~ HEMORRHAGE → c/w B/L TM ~~C~~WNL.
NECK - ϕ LAD, ϕ BRUITS, INADEQUATE THYROID EVAL 2° TO POSITIONING.
CHEST - CTA B/L.
CV - RRR, S_1S_2, FAINT HEART SOUNDS, ϕ MURMUR.
ABD - (+) BS, SOFT, NT, ND.
RECTAL - DEFERRED.
EXT - ϕ CE EDEMA (WEARING B/L TEDS FROM HOME).
2+ DP/RADIAL PULSES B/L.
NEURO MS - ALERT, OX4, CRYING SOFTLY.
EOMI, pt. REFUSING PUPIL EXAM,
CN - VISUAL FIELDS INTACT TO CONFRONTATION,
FACIAL N. INTACT, TONGUE MIDLINE, SCM 5/5 TRAPEZIUS 5/5.
STRENGTH 5/5 UE/LE THROUGHOUT EXCEPT FOR 4/5 (L WE/WF/GRIP 2° TO PAIN
CEREBELLAR FINGER TAP B/L WNL.
- GAIT-NOT ASSESSED



EKG. NSR 89 bpm. NL AXIS.
PR 200 QRS 134 QT_c 398.
RBBB, TWI Q, ϕ ST Δ's.
TWI V1 (ϕΔ from 14 JAN 00)
GI PROPH PO/PPI
DVT PROPH ~~HEPS/SQ~~ COUMADIN.
NUTRITION REGULAR DIET.
LINES/DRAINS PIV.

CODE STATUS FULL

PMH/PCH
(L PVD
(2 H/O MULTIPLE DVTs COUMADIN SINCE (2) LEAST 1995
(3 SZ D/O.
(4 PRIMARY OPEN ANGLE GLAUCOMA. DR. CHEN UWMC.

SOC Hx ϕ TDB ~~OCCASIONAL~~ ETOH.
LIVES ALONE.
2 CHILDREN ~~C~~ PARTNER

Cr 9.1
LAB 139 | 105 | 14 / 3.5 | 24 | 0.9 / 169
4.28 / 39 / 93
PT 23
INR 2.0
PTT 28
PREGNANCY 5/29/00 ϕ
ETOH (-)
CARBAMAZEPINE 14.3 (6-12).
U/A 1.027, pH 5.0, TRACE PROTEIN, 4 SQUAMOUS EP; OCC. BACTERIA. ϕ BLOOD.

HARBORVIEW MEDICAL CENTER (206) 731-3074
UNIVERSITY OF WASHINGTON MEDICAL CENTER (206) 598-4000

DATE 28 MARCH 2000

PHYSICIAN SIGNATURE HOFFMAN. R1

PT.NO. 332800 78 ED

NAME H 0 57 19 76
HOFFMAN, JEANNE LEE
06JAN1925 YRS 75 F

DOB

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

EMERGENCY NOTES
(CONTINUATION)

UNIVERSITY pt. # 6 8170135.

U0076

UH 0023 REV NOV 98

WHITE - MEDICAL RECORD
CANARY - EMERGENCY ROOM
PINK - REFERRING PHYSICIAN

009100006606

R2 Neuro ER Note

EMERGENCY NOTES, CONTINUED

75 yo F found by medics after admitted polysubstance OD for intentional suicide gesture. Pt reports that she "just lost a child in her life." Refuses to answer any other questions

PMH: PVD
Multiple DVTs
Seizure D/O

PSH: Recent (-) narcotic surgery including laparotomy

PE: 36° 90 128/85 3D

Chest: CTA anteriorly
Cor: Dist S1S2 ϕM/R/Gr
Abd: midline scar, @ site of ext: ϕC/C/E

Meds: Carnitine [illegible] sent
Tegretol 200 TID
Simvastatin 20mg qd
Pentoxifylline 400mg BID
Prilosec 30mg qd
Lab post OD shift

Neuro:
AAOx4, Fluent speech
Very ↓ appears profoundly depressed

Allergies: Penicillin

CN: EOMI, ϕ Rapid asymmetry, palate ↑ midline
Tongue midline

Motor: Grossly 5/5 throughout

DTR: 2+ throughout

ECG: RBBB
Acute Δs vs 2/14/00
nl QT

CXR - (-)

Sens/Coord: minimal deficits, but exam limited by poor cooperation

3/28/00 1:37 | 100 | 24 | 89 | 169
3/29/00 3:03 | 124 | 89 | 116

Tylenol - (-)
EtOH (-)
Cargo: UA (-)
Tegretol - 14.3

Gait: Deferred

Imp: Suicide Attempt x multiple meds
- Admit to tele & follow CV status - currently very stable
- follow INR carefully & give Vit K if INR ↑ significantly
- ψ Consult to AM

778800 78 ED

HARBORVIEW MEDICAL CENTER (206) 731-3074
UNIVERSITY OF WASHINGTON MEDICAL CENTER (206) 598-4000

DATE 3/28/00

PHYSICIAN SIGNATURE

PT.NO. H 0 57 19 76
NAME HOFFMAN, JEANNE LEONIE
DOB 06JAN1925 YRS 75 F

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

EMERGENCY NOTES
(CONTINUATION)

* U 0 0 7 6 *

UH 0023 REV NOV 98

WHITE - MEDICAL RECORD
CANARY - EMERGENCY ROOM
PINK - REFERRING PHYSICIAN

009100006607

Pt. Name
Room Number: MEDIC 1 / TRAUMA
Nurse: Rosemary
Chief C/O: OD
Allergies: NKDA
Est. Weight / Act.
Current Meds: Tegretol, Coumadin

Time	1715	1730	1745	1815	1905	PTD												
BP	139/81	138/78	139/83	125/85	137/78	129/77												
Pulse	86	86	100	92	90	88												
Resp.	14	14	14	14	16	16												
Temp.	34																	
Heart Rhythm																		
E V M					4 5 3/3 6													
Pupils R/L																		
O2 sat	100	98	97%	96%														
					RA													

Time																		
Meds	Tetanus 0.5cc IM Site Manuf. Lot #	Thiamine 100mg IM IV Site																
Nurse																		
V.O. Dr.																		
Time																		
Meds																		
Nurse																		
V.O. Dr.																		

Trauma Consult Board	Called	Here
Neurol/Neurosurg		
Anesthesia		
Orthopedics		
Pediatrics		
ENT/OMFS		
Plastics, Burns		
OB/GYN		
Med ICU		
General Surgery		

Time 1915 S/O 75yr OSTHT multi
Ortho OD. Pt intervew via
Licensed - awake talking quietly
MAE Perrl
NP placed for hemodynamic
instability PT OD
Plan vitals labs IVF transfer
Trauma CT scan -
1930 Trauma done pt fragment
Seen / Pt stabed
1935 Trauma: wants to go home
Her admission was explained
again and she will F/U 3/28/00

Restraints — S. Vanderscreek

Admitting Service: Neuro | Admit Floor: 3E | Report Called/Time: 2000 | Home | Detox | Transfer

Valuables Inventoried By: _____
Inventory:
Valuables Placed: Returned to Pt/Family | ETC Registration | Admitting | Other _____

PT.NO. Hoffman Jeanne

H 0 57 19 76
NAI HOFFMAN, JEANNE LEONIE
06JAN1925 YRS 75 F

D.O.B.

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SEATTLE, WASHINGTON

EMERGENCY INITIAL CARE FLOWSHEET
PAGE 1

U0076

HMC 0016 REV JAN 99

WHITE - MEDICAL RECORD
CANARY - PHARMACY
PINK - NURSING

PT (23) (11.1-15.4)
INR 2.0
PTT 28

009100006608

CBC: M PT ETOH AMY BILI
Time

Time T & C X Units
Time Bld. Cult.
Time UA DIP
Time Peridial Labs

Baseline M 7
139 | 105 Na Cl BUN
K | CO_2
3.5 | 24 Creat
0.9
Glucose

Other
asa
Tylenol
Pegnetil 14.3
Carvedilol

HCT	Time	Post Fluid/Blood
Field	PTA	
#1		
#2		
#3		
#4		

Time Ventilator	FIO_2	Rate	Vt	PEEP

ABG-O	Time	pH	PCO_2	PO_2	HCO_3
#1					
#2					
#3					
#4					

- [x] FIO_2 2 L per
- [ ] Endotrach mm Time
- [x] EKG [x] Monitoring
- [x] Foley Cath fr
- [ ] NG Tube fr Guaiac + -
- [ ] Peritoneal Lavage Time
- [ ] Chest Tubes L R
- [x] Gastric Lavage Maalox 10.
- [ ] CT/Nurse
- [ ] X-Rays

IV INTAKE

Size	Type	Length	Betadine	Alcohol	DC'd Intact Time
PTA	X 1				100

Time	Site	#	Vol.	Type	Additives	Time	Vol. Inf.
PTA	R	1	900	CR			500

Urine Output Total 100
IV Total Infused 600

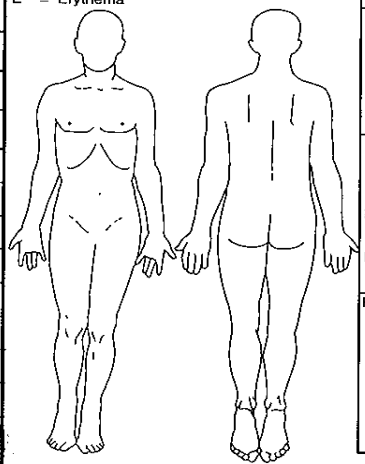
BLOOD INTAKE

Time	Site	LTR.	Vol.	Type	Time	Vol. Inf.

C.T. Output
Blood Total Infused

INITIAL ASSESSMENT

Alteration Skin Integrity
X = Abrasion
Of = Open Fracture
L = Laceration
G = Gun Shot Wound
E = Erythema
☐ = Burn
F = Fracture
S = Stab Wound
B = Bruise



Pupil Size: 2 3 4 5 6 7 8 9

Pupils: L R

LOC:
- [x] Alert
- [ ] Responds to voice
- [ ] Responds to pain
- [ ] Unresponsive

Gag Reflex
Limb Movement

TM's
R/L Clear
R/L Hemotympanum
R/L Occluded

Glasgow Coma Scale

Eyes Open	Verbal Response	Motor Response
4 - Spontaneously	5 - Oriented	6 - Obey Commands
3 - To Speech	4 - Confused	5 - Localize Pain
2 - To Pain	3 - Inapprop. Words	4 - Flexion Withdrawal
1 - None	2 - Incompro. Sounds	3 - Flexion Abnormal
0 - Closed By Swell	1 - None	2 - Extension
	T-ETT or TRACH	1 - No Response

Respiratory:
Inspection:
Breath Sounds:
Secretions:

Abdomen:
Inspection:
Bowel Tones:
Rectal Tone: + - Stool Guaiac + -

Backboard | Time On | Time Off | ☐ CID | Logrolled / time | Pad on / time

PT.NO.

NAME

D.O.B.
Hoffman

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

EMERGENCY INITIAL CARE FLOWSHEET
PAGE 2

U0076

HMC 0016 REV JAN 99

WHITE - MEDICAL RECORD
CANARY - PHARMACY
PINK - NURSING

009100006609

M.D. ORDERING RESTRAINT	DATE	SEARCHED BY	DANGEROUS OBJECTS REMOVED BY--PLACED	VALUABLES REMOVED BY--PLACED
Nguyen	3-28-00	Security		

TIME	1600	1700	1800	1900	2000	2100	2200	2300	2400	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500
OBSERVATION / ASSESSMENT	✓	✓		✓	✓	✓																		
TYPE / LEVEL OF RESTRAINT	2/4	→		2L 1S	2	2																		
CIRCULATION CHECKED	✓			✓	✓																			
LEVEL OF AWARENESS	O			O	O																			
FLUIDS OFFERED	IV	→		IV																				
ELIMINATION	Foley	→																						
ACTIVITY	C		C	C	C																			
POSITION CHANGED	S		S	S	S																			
LOCATION	R		MI	MI	MI																			
INITIALS	RN		TD	TD	TD																			

INDICATION FOR RESTRAINTS
☐ PRESENTS CLEAR AND PRESENT DANGER TO SELF.
☐ PRESENTS CLEAR AND PRESENT DANGER TO OTHERS.
☐ PRESENTS CLEAR AND PRESENT DANGER TO ENVIRONMENT.
☐ REQUIRES IMMOB. TO AID THERAPY / HEALING
☐ DETAINED BY _____
☐ AWAITING EVALUATION BY M.H.P
☐ REQUESTS TO BE RESTRAINED.

COMMENTS: See IV flow sheet

LEVEL OF RESTRAINT	CIRCULATION CHECKED	FLUIDS	POSITION CHANGED	ELIMINATION	TYPE OF RESTRAINT	LEVEL OF AWARENESS	ACTIVITY	LOCATION
1 - 1 POINT 2 - 2 POINTS 3 - 3 POINTS 4 - 4 POINTS 5 - 5 POINTS	✓- OK L - LOOSENED	O - OFFERED NOT TAKEN ✓- TAKEN	✓ - COMPLETED	O - OFFERED, REFUSED ✓ - VOIDED I - INCONTINENT	C - CLOTH L - LEATHER	O - ORIENTED C - CONFUSED/DISORIENTED E - EASY TO AROUSE D - DIFFICULT TO AROUSE U - UNRESPONSIVE	C - CALM S - SLEEPING I - IRRITABLE R - RESTLESS T - THRASHING/ STRUGGLING O - OTHER	HW - HALLWAY OBS - OBSERVATION ψ - PSYCH UNIT - OTHER AS INDICATED

PT.NO.

NAME

D.O.B. 0-57-18-76

Hoffman Jeanne

UNIVERSITY OF WASHINGTON MEDICAL CENTERS - EMERG. TRAUMA CTR.
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

PATIENT ASSESSMENT AND RESTRAINED PATIENT FLOWSHEET

U022525

UH 0225 REV JAN 94

WHITE - MEDICAL RECORD
CANARY - PHYSICIAN
PINK - ETC QUALITY CONTROL

Patient Copy

Patient Info

Service: NEUROLOGY
Admitting Diagnosis: Attempt suicide, overdose on prescriptioin mes, seizure disorder.

Allergies

Allergy	Type of Reaction
No Latex Allergy	Not Applicable.
PCN.	Rash.
Sulfa.	Rash.
Tape.	

Activity/Precautions
As tolerated/Normal.

Hygiene
You can use a tub or shower to bathe.

Wounds
Not applicable.

Diet/Swallowing
Eat as tolerated.

Risk Factors
Do not drink alcohol. This includes beer,Proper diet and exercise will help your condition or disease.

Disease/Injury Process
N/A

Equipment/Supplies
No equipment or supplies.

Signs/Symptoms
N/A

Drug/Food Interactions
N/A

Follow Up Care
See Clinic Appointment below. Please check INR 3/30, 3/31, 4/1, if rising hold coumadin. If less than or equal 2.6 resume coumadin 10 mg po q day.
INR on 3/28= 2.2 and 3/29= 2.6

c1

Clinic Visit

Clinic/Physician: UW Pam med.
Date/Time: next avalible w/ MD Neighbor

Appt needs to be made: Please call 598-3300 and make an appointment.

c2

PLEASE CALL 731-3554 IF YOU HAVE ANY QUESTIONS REGARDING YOUR BILL. PLEASE CALL THE COMMUNITY CARE LINE AT 731-2500 IF YOU HAVE ANY QUESTIONS ABOUT YOUR HEALTH.

Social Work Section

Patient/Caregiver Signature Jeanne Hoffman

Signatures: GSP Gro S. Pallipamu, RN

H 0 57 19 76

HOFFMAN , JEANNE LEONIE

JAN 06, 1925 F

333 3EH 03/28/2000

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER
SEATTLE, WASHINGTON

Chart Copy

Discharge (Signed Copy)

HMC N 0349 REV OCT 99

009100006611

INSTRUCTIONS: Complete in black ink only. Other colors do not reproduce, microfilm or scan well.
Notes: Each entry should note month/day/year; time; problem number and title; writer's name, title and department, e.g. John Doe, Resident, Cardiology, or Staff Nurse, 5N, or student.

DATE AND HOUR	PROB. NO.	NOTES
28 Mar 00		ADDENDUM #1
2335		F/U LYTES INR 2.0 → 2.2 AST 26 BILI 1-1/0.5. ALT 8 T PROT 5.3
		TEGRETOL 14.3 → 12.7 AP 84 ALB 3.2. ↓
		HCT 39 → 36 c IVF HYDRATION.
		WILL RE✓ INR, TEGRETOL IN AM.
		RESTART TEGRETOL 200 mg PO TID IN AM IF LEVEL CONTINUES
		TO NORMALIZE INTO THERAPEUTIC RANGE.
		M. Hagman MD HAGMAN M, 680-0598.
3-29-00		Neurology Attending:
		Pt seen + examined c housestaff. 75 y.o. ♀ c diffuse peripheral vascular disease, hx of post-traumatic epilepsy, depression; OD'd on multiple meds including carbamazepine (tegretol) and others in suicide attempt; tegretol 14 → 12.7; INR 2.2.
		O/E: awake, non-cooperative c exam; (N) EOMs, symmetric face, (N) speech, symmetric motor/reflex exam c tone & strength except for ↓ (L) knee jerk compared to (R), intact sensation, gait not checked
		A) Multi-drug OD, epilepsy, depression
		P) ✓ evaluation, not to kill c tegretol; monitor INR closely, maintain restraints until ✓ evaluation.
		Ali Samii, MD
032700		3E H

PT.NO.
H 0 57 19 76
HOFFMAN, JEANNE L
NAME
05JAN1925 YRS 75 F
28MAR00
D.O.B.

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON
PROGRESS NOTES

U0142

UH 0142 REV FEB 94

DATE AND HOUR	PROB. NO.	NOTES

R2 Psych Consult note:

3/29/00 noon

ID - 75yo ♀ s/p overdose of mult meds as suicide attempt, now medically cleared.

PMHx none known

HPI - Pt states she took polydrug overdose in attempt to kill herself, says she "wanted to die"; shrugs shoulders when asked if she's still suicidal. She says "something happened" that led to SA, but wont say what and shrugs shoulders when asked if it would happen again. Pt refuses to answer most other ?'s. Says she sleep but nl app, conc, energy.

FH denies

SH lives alone, 2 kids, one reportedly trying to locate relatives + homosexual which ~~has~~ Family conflicts reported.

Denies psychotic sx: Per Family Med Office at VUMC, Elizabeth Gambola nurse who has known pt x 10 yrs, no h/o ψD/o, although once a few yrs ago did because threatening & police were called. Per SE nurse who spoke c pt's son there are currently multiple family conflicts.

denies tob ETOH drugs

PMH: 52 y/o mult DVTs on coumadin since '95 1° open angle glaucoma

Obj - VSS afeb. INR 2.0 → 2.2 → 2.6 CMP (-) tegretol 14.3 → 12.7 → 8.8 nl range UDS. nl vol. mood "fine" affect hostile. TC Denies AVH/PI vague re SI

TP goal dir I/S poor O×3

meds sertraline 50 QD prn ASA 325 QD tegretol 200 TID coumadin 10 QD restart 5/1500 20 cc/hr 30 hrs lovenox/prn

Imp 75yo ♀ s/p polydrug OD as SA, wishes she had died, vague re: continued SI. Pt describes SA as situational but hostile & wont discuss events, says nothing when asked if situation may come up again.

prn Neighbor @ VUC Fam Med Also Allen Ellsworth Pharm

Axis I - Adjustment D/o c suicide attempt Axis II defer ~~Axis III~~ Axis II s/p polydrug OD, s2 D/o, mult DVT + anticoagulated, glaucoma

Recs (1) Continue restraints for pt safety, pt vague re continued SI

(2) Will refer pt to MHP for possible involuntary psych hospitalization as pt refuses voluntary mgt ψ.

(3) pt will need INR followed c daily blood draws + medical F/u, currently medically cleared.

Thanks for consult, D/W attg Dr Wilson.

PRESS 559-5545

DO NOT WRITE BELOW THIS LINE

PT.NO. 022700 3EH

NAME. H 0 57 19 76
HOFFMAN, JEANNE L
06JAN1925 YRS 75 F

D.O.B. 28MAR00

UH 0142 REV FEB 94 (BACK)

009100006612

INSTRUCTIONS: Complete in black ink only. Other colors do not reproduce, microfilm or scan well.
Notes: Each entry should note month/day/year; time; problem number and title; writer's name, title and department, e.g. John Doe, Resident, Cardiology, or Staff Nurse, 5N, or student.

DATE AND HOUR	PROB. NO.	NOTES

Med C R, PN

S: I feel fine" Something just happened + the medics came + took me. I don't want to talk about it."
Ø pain complaints

O: Tm 36.5 80 130/99
Chest CTA
CV RRRØm
Abd +BTS NT
Ext Ø edema, pigmented chronic skin changes
Neuro: AOx3

138 | 108 | 10 < 11a K 8.5 (1.7) 3.6
3.8 | 26 | 0.6

A/P
Suicide attempt - appreciate Ψ consult services assistance, pt now undergoing MHP process for involuntary admission to protect from self-harm

Polydrug OD - Tegretol + coumadin + penkoxafylline, prilosec, zocor - 1 wk supply. Tegretol level now therapeutic. Ø VS instability, N/V, MSA's overnight. Remaining concern is 2° coumadin, which takes effect 36-72° p ingestion. Pt needs anticoagulation for h/o recurrent DVT's, target INR 2-3. ↓

PT.NO.

NAME 571976

D.O.B.

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SEATTLE, WASHINGTON
PROGRESS NOTES

UH 0142 REV FEB 94

DATE AND HOUR	PROB. NO.	NOTES
		Currently INR 2.6 = therapeutic. Pt will need daily am INR checked for 3 days. If INR > 4-5 or evidence of bleeding may need 1 dose Vit K SQ. Would hold coumadin today. If INR stable or lower tomorrow, would resume coumadin at regular outpt dose. O/W cont outpt meds as currently ordered. P Pierapoli MD C080-0629
3/29/2000 3 pm		MHP Eval. Met c pt & reviewing chart. Gave pt rights. She says she tried to kill herself last night but now "I'm OK." Says she would not overdose again because "they wash your stomach out." She says the idea of jumping off a ferry is "very attractive. She won't discuss or say why she wanted to die; she won't say how anything has changed. She refuses outpt mental treatment, psychiatric medication or hospitalization. She says there is nothing to talk about. Eye contact is poor; she is withdrawn and remains under bedding pulled over her body and to her chin. She grimaces and says "It's all over. I don't care what you do." Disp: Detain 72 as D/S to NW Geropsych. [illegible] Malm.

DO NOT WRITE BELOW THIS LINE

PT.NO.

NAME

D.O.B.

UH 0142 REV FEB 94 (BACK)

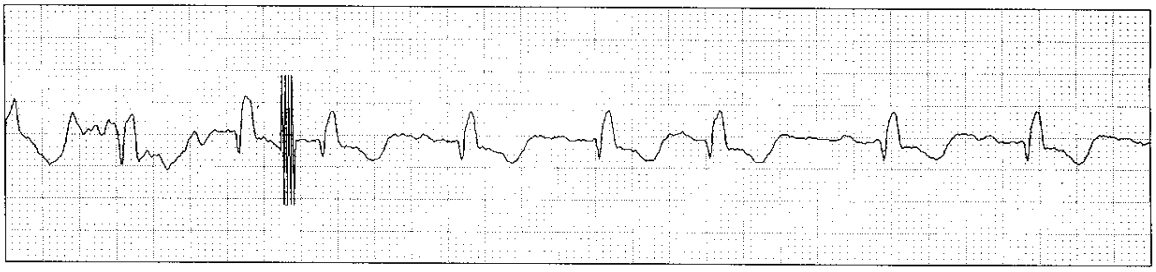
HARBORVIEW MEDICAL CENTER

ARRHYTHMIA/ST RECORDING Page 1

009100006613

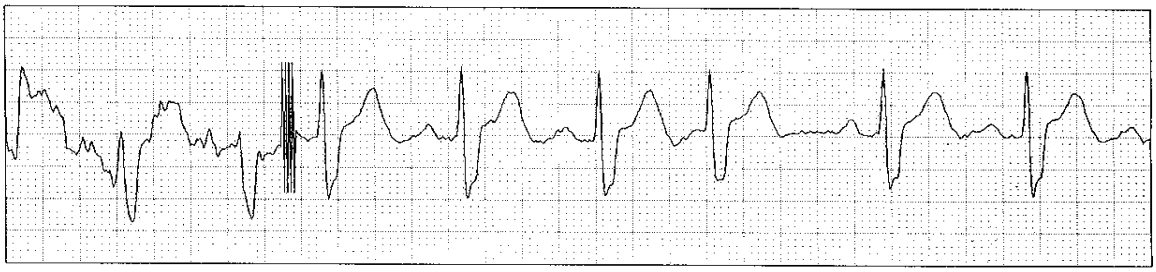
306–2 HOFFMAN 0 57 1
318
21:41 28MAR2000

LEAD=V1 ABNORMAL 1 ALARM ON EVENTS LAST HOUR=1/MIN=0



LAST EVENT AT
21:39 03/28/2000

LEAD=II ABNORMAL 1 ALARM ON EVENTS LAST HOUR=1/MIN=0



LAST EVENT AT
21:39 03/28/2000

SMC PAC conducted
KMack CMT

SpaceLabs Medical, Inc.

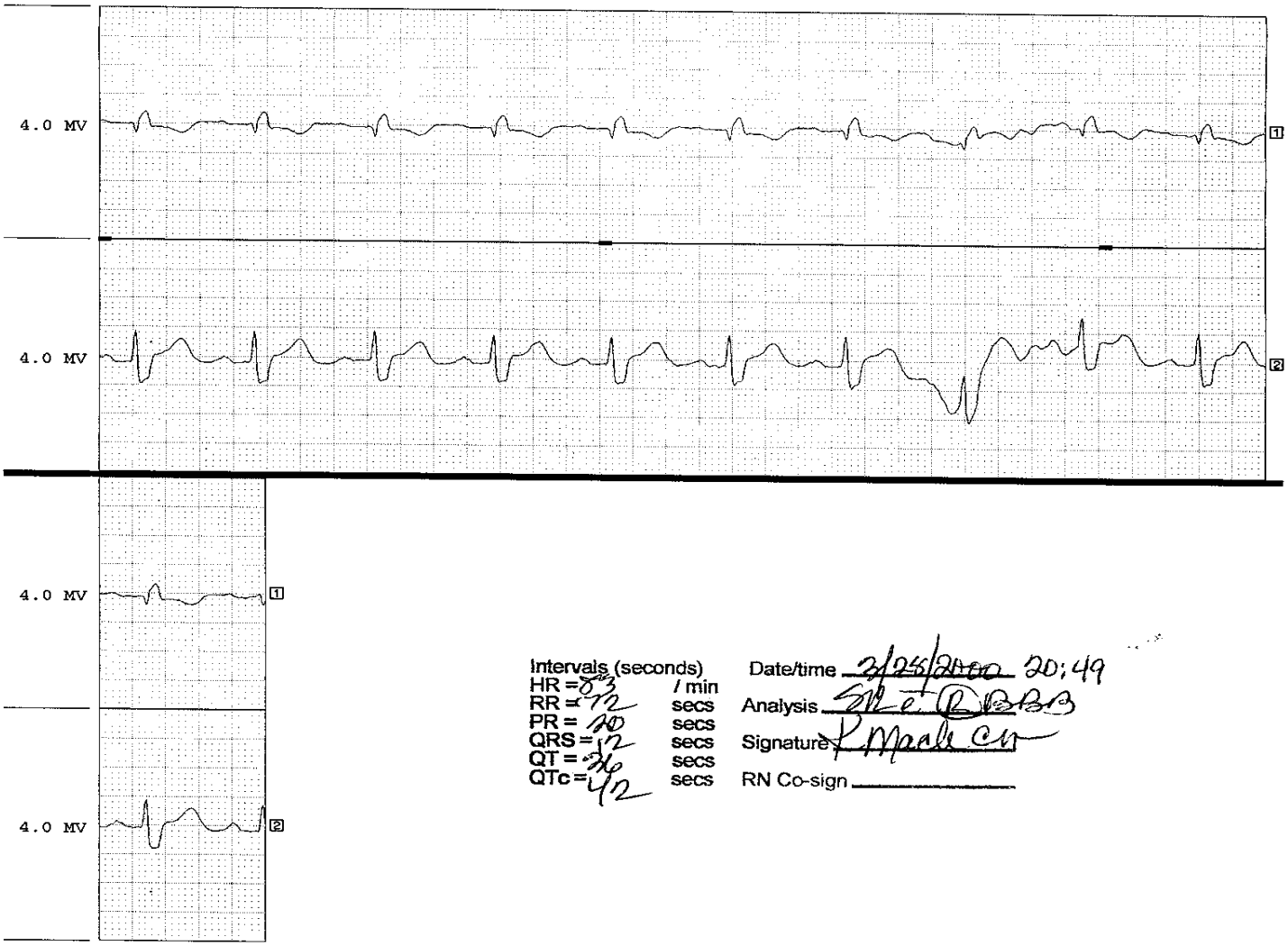
HARBORVIEW MEDICAL CENTER

PRESELECTED RECORDING Page 9

009100006614

[1] V1 MON HR =84 A=0
[2] II NIBP=20:19 136/ 81(100)mmHg

306–2 HOFFMAN 0 57 1
318
20:49 28MAR2000
SPEED=25 MM/SEC



Intervals (seconds)
HR = 83 / min
RR = .72 secs
PR = .20 secs
QRS = .12 secs
QT = .36 secs
QTc = .42 secs

Date/time 3/25/2000 20:49
Analysis [illegible]
Signature [illegible]
RN Co-sign _____

SpaceLabs Medical, Inc.

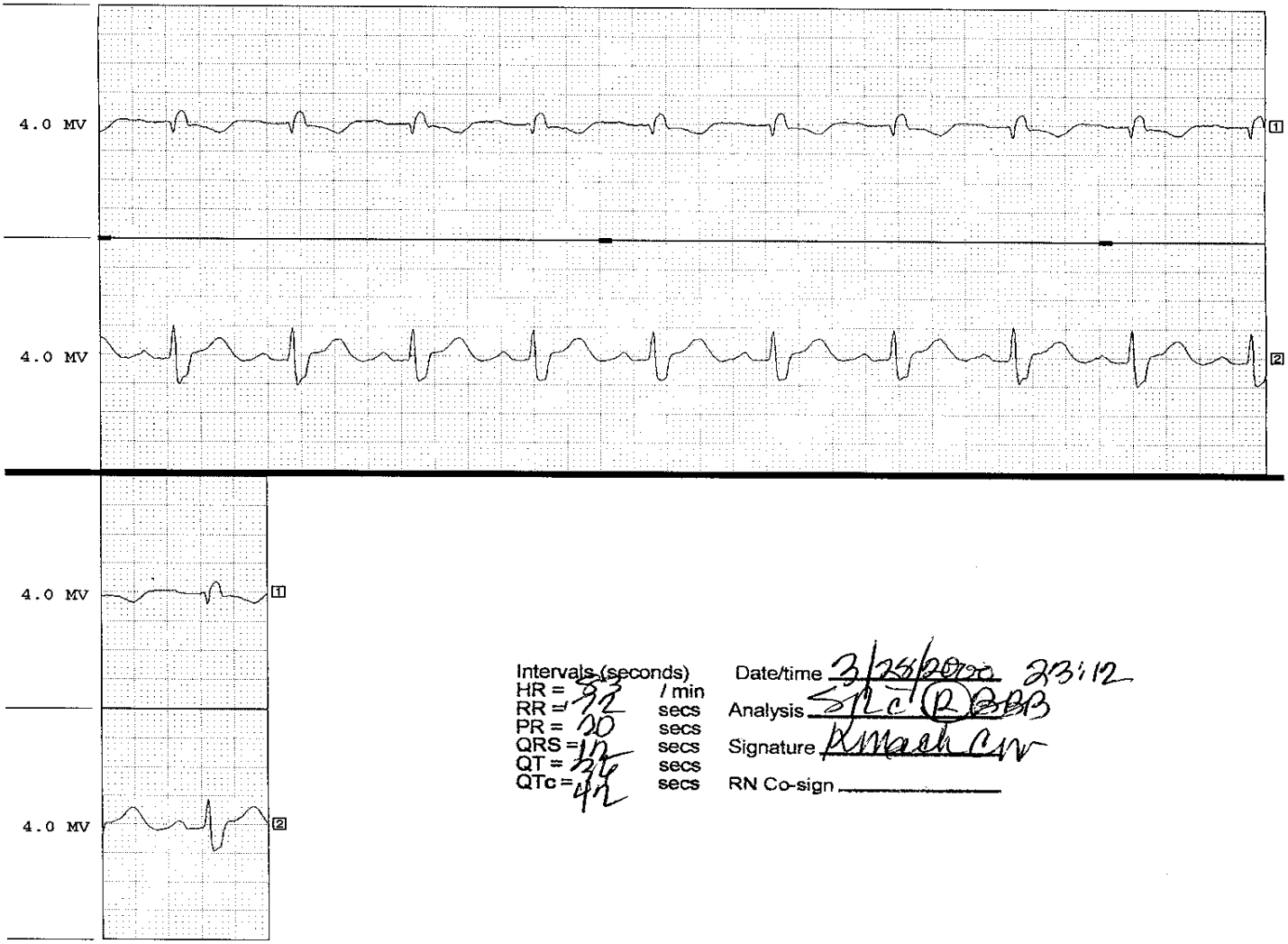
HARBORVIEW MEDICAL CENTER

PRESELECTED RECORDING Page 8

009100006615

[1] V1 MON HR =83 A=0
[2] II NIBP=22:09 143/ 79(99)mmHg

306-2 HOFFMAN 0 57 1
318
23:12 28MAR2000
SPEED=25 MM/SEC



Intervals (seconds)
HR = 83 / min
RR = 72 secs
PR = 20 secs
QRS = 12 secs
QT = 32 secs
QTc = 42 secs

Date/time 3/28/2000 23:12
Analysis SR c RBBB
Signature KMash CNV
RN Co-sign _____

SpaceLabs Medical, Inc.

009100006616

DATE	TIME	ALLERGIES
3/28/00	1800	NKA

ORDER EXPIRES

- ☐ 24° (TYPICALLY, PATIENTS CARED FOR IN ACUTE CARE, CRITICAL CARE, AND/OR REHAB)

OR

- ☑ 4° (ADULT PATIENTS WITH PRIMARY BEHAVIORAL HEALTH NEEDS)
- ☐ 2° (ADOLESCENTS [9 - 17] WITH PRIMARY BEHAVIORAL HEATH NEEDS)
- ☐ 1° (CHILDREN [<9] WITH PRIMARY BEHAVIORAL HEALTH NEEDS)

(TYPICALLY, PATIENTS CARED FOR IN PSYCHIATRY, AND/OR EMERGENCY DEPARTMENT)

REASON FOR INTERVENTION	PATIENT RESPONSE TO CURRENT INTERVENTION
✓ Presents clear and present danger to self	—— Cooperative with plan
—— Presents clear and present danger to others	—— Attempts removal of restraints or vital supports
—— Presents clear and present danger to environment	—— Aggressive behavior
—— Other (describe) _____	—— Other (describe) _____

LESS RESTRICTIVE OPTIONS TO CURRENT RESTRAINT PROGRAM HAVE BEEN REVIEWED/DISCUSSED WITH OTHER TEAM MEMBERS. ☑ Yes ☐ No

Comments: _____

RESTRAINT USE HAS BEEN DISCUSSED WITH PATIENT AND FAMILY. ☑ Yes ☐ No

Comments: _____

RESTRAINT ORDER:

- ✓ Locked 2 Points
- —— Soft (circle): waist vest wrists ankles
- —— Wheelchair restraint (circle): attendant-controlled seatbelt soft locked
- —— Security Alarm Bracelet (where available)
- —— Seclusion
- —— Other (describe) _____

RESTRAINT REDUCTION PLAN (CHECK ALL THAT APPLY):

- ✓ Continue with present plan
- —— Remove restraints with staff supervison only
- —— Remove restraints when family present. List names of family members instructed.

_____

- —— Remove for _____ minutes/hours per _____ shift with indirect staff supervision.
- —— Remove during day time/restrain only at night. (Specify times) _____
- —— Other (describe) _____

NOTE ANY SPECIAL CONDITION(S) WHICH MAY AFFECT THE USE OF RESTRAINTS. SPECIFY EXTREMITIES OR OTHER BODY AREAS _____

_____

M.D. SIGNATURE [signature] R.N. SIGNATURE [signature]

PT.NO. H0571976

NAME 06 Jan 1923 75 yrs old

DOB 24° ✓ magon 03/28/00 2300

Hoffman Jeanne

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

RESTRAINT ORDER

* H 0 6 3 0 *

HMC 0630 REV FEB 97

WHITE - MEDICAL RECORD
CANARY - NURSING

009100006617

DATE 11/28/00 | TIME 2000 | ALLERGIES NKDA

ORDER EXPIRES

☑ 24° (TYPICALLY, PATIENTS CARED FOR IN ACUTE CARE, CRITICAL CARE, AND/OR REHAB)

OR

☐ 4° (ADULT PATIENTS WITH PRIMARY BEHAVIORAL HEALTH NEEDS)

☐ 2° (ADOLESCENTS [9 - 17] WITH PRIMARY BEHAVIORAL HEATH NEEDS)

☐ 1° (CHILDREN [<9] WITH PRIMARY BEHAVIORAL HEALTH NEEDS)

(TYPICALLY, PATIENTS CARED FOR IN PSYCHIATRY, AND/OR EMERGENCY DEPARTMENT)

REASON FOR INTERVENTION	**PATIENT RESPONSE TO CURRENT INTERVENTION**
✓ Presents clear and present danger to self	—— Cooperative with plan
—— Presents clear and present danger to others	—— Attempts removal of restraints or vital supports
—— Presents clear and present danger to environment	—— Aggressive behavior
—— Other (describe) _____	—— Other (describe) _____

LESS RESTRICTIVE OPTIONS TO CURRENT RESTRAINT PROGRAM HAVE BEEN REVIEWED/DISCUSSED WITH OTHER TEAM MEMBERS. ☐ Yes ☐ No

Comments: _____

RESTRAINT USE HAS BEEN DISCUSSED WITH PATIENT AND FAMILY. ☑ Yes ☐ No

Comments: _____

RESTRAINT ORDER:

✓ Locked —— Points

—— Soft (circle): waist vest wrists ankles

—— Wheelchair restraint (circle): attendant-controlled seatbelt soft locked

—— Security Alarm Bracelet (where available)

—— Seclusion

—— Other (describe) _____

RESTRAINT REDUCTION PLAN (CHECK ALL THAT APPLY):

—— Continue with present plan

—— Remove restraints with staff supervison only

—— Remove restraints when family present. List names of family members instructed.

_____

—— Remove for _____ minutes/hours per _____ shift with indirect staff supervision.

—— Remove during day time/restrain only at night. (Specify times) _____

—— Other (describe) _____

NOTE ANY SPECIAL CONDITION(S) WHICH MAY AFFECT THE USE OF RESTRAINTS. SPECIFY EXTREMITIES OR OTHER BODY AREAS _____

M.D. SIGNATURE [redacted] Hoffman RI

R.N. SIGNATURE Lillian RN

03281 0

PT.NO. [redacted]

0 57 19 76

FFMAN, JEANNE L

JAN1925 YRS 75 F

MAROO

DOB

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

RESTRAINT ORDER

2/20 07

H 0 57 19 76
HOFFMAN , JEANNE LEONIE
JAN 06, 1925 F
333 3EH 03/28/00 FEB 97
MD: SAMII, ALI #1241540

WHITE - MEDICAL RECORD
CANARY - NURSING

009100006618

1. SEPARATE PATIENT CARE, MEDICATION AND IV ORDERS.
2. **ALL ORDERS** MUST INCLUDE DATE, TIME, AND **LEGIBLE** SIGNATURE.
3. MEDICATION: INCLUDE GENERIC NAME, DOSE, ROUTE, FREQUENCY AND PRN INDICATIONS . INDICATE START AND STOP TIMES AS APPROPRIATE.
4. IV: INCLUDE SOLUTION NAME, VOLUME, RATE, AND DURATION OF THERAPY.

HOFFMAN, JEANNE LEONE 75 F 032800 H 0 57 J9 76 HOFFMAN, JEANNE LEONE 06JAN1925 75 YRS

DATE 28 MAR 00 | TIME 18 50

1. ADMIT TO NEUROLOGY ✓ ATT: SAMII
R2: E. SIMON R1: MOE HAGMAN 680-0598
TELE (ON 29 MAR, R1 Δ TO P. LAUGHLIN.)
2. DX: ATTEMPTED SUICIDE, OVERDOSE ON PRESCRIPTION MEDS, SEIZURE DISORDER.
3. CONDITION: STABLE.
4. VITALS: Q2° x 4, Q4° x 4, THEN PER ROUTINE. TELE MONITOR.
5. ACTIVITY: COB TO CHAIR TID → AMBULATION & OBSERVATION ONLY BECAUSE OF SUICIDE PRECAUTIONS.

306-2

032800 J8 ED

DATE
6. ALLERGIES: ~~TOKODYNE~~. "LOTS OF TAPE ALLERGIES → USE PAPER TAPE"
TIME
7. NURSING: ~~SEIZURE PRE~~ SEIZURE PRECAUTIONS; SUICIDE PRECAUTIONS.
8. D/C FOLEY.
DIET: REGULAR.
9. IVF: NS @ 80 cc/°.
10. WOUNDCARE: NONE.
11. LABS: PLS ✓ VPT/INR STAT @ ~~24H~~. 21⁰⁰ TONIGHT. → TEGRETOL LEVEL & CBC ALSO STAT @ 21⁰⁰
Q4H CHEM 7, CBC & PLT, PT/INR, PTT, Ca i, Mg, PO4.
12. EKG IN AM XT. outbox
13. MEDS: ~~NONE~~. KCl 20 mEq PO XT NOW. M. Hagman HAGMAN R1 680-0598.
14. ALLERGIES (CONT). PCN → RASH
SULFA → RASH M. Hagman HAGMAN R1 680-0598.

ORDERS 3/28/00 2030 Noted Magan 03/28/00 23⁰⁰

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER • UNIVERSITY OF WASHINGTON MEDICAL CENTER • SEATTLE, WASHINGTON
PHYSICIAN'S ORDERS

U0134

UH 0134 REV AUG 94

WHITE - MEDICAL RECORD
CANARY - PHARMACY
PINK - NURSING

009100006619

1. SEPARATE PATIENT CARE, MEDICATION AND IV ORDERS.
2. **ALL ORDERS** MUST INCLUDE DATE, TIME, AND **LEGIBLE** SIGNATURE.
3. MEDICATION: INCLUDE GENERIC NAME, DOSE, ROUTE, FREQUENCY AND PRN INDICATIONS . INDICATE START AND STOP TIMES AS APPROPRIATE.
4. IV: INCLUDE SOLUTION NAME, VOLUME, RATE, AND DURATION OF THERAPY.

032700

H O 57 19 76
HOFFMAN, JEANNE L
06JAN1925
28MAR00

DATE 3/29/00
TIME 2015 3EH

1 T.O. Dr. Hagman / DCharven

Pls ✓ LFTs @ 2100 — dcharven

M. Hagman RN

3/29/00 dcharven

032700

H O 57 19 76
HOFFMAN, JEANNE L
YRS 75 F
06JAN1925
28MAR00

DATE 28 Mar 00
TIME 2350 3EH

2 ① call HO for T > 38°, SBP > 160 < 100, HR > 110 < 60.

② Pls ✓ Tegretol level in AM. M. Hagman RN 680-0598.

③ Start Tegretol 200 mg PO TID ÷ first dose in AM 29 Mar 00.

M. Hagman RN 680-0598.

complete 3/29/00 0120. dcharven 3/29/00 0120

24° / dcharven 3/29/00 0235

032700

H O 57 19 76
HOFFMAN, JEANNE L
YRS 75 F
06JAN1925
28MAR00

DATE 28 Mar 00
TIME 0900 3EH

3 D/C Telemetry ✓
Prilosec 20 mg po qam
Ranitidine 400 mg po TID ✓
Simvastatin 20 mg po q hs ✓
Latanoprost 1 gtt ~~qhs~~ OU qhs MJV

3/29/00

S Thomas RN 3/29/00 930

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER • UNIVERSITY OF WASHINGTON MEDICAL CENTER • SEATTLE, WASHINGTON
PHYSICIAN'S ORDERS

U0134

UH 0134 REV AUG 94

WHITE - MEDICAL RECORD
CANARY - PHARMACY
PINK - NURSING

009100006620

1. SEPARATE PATIENT CARE, MEDICATION AND IV ORDERS.
2. **ALL ORDERS** MUST INCLUDE DATE, TIME, AND **LEGIBLE** SIGNATURE.
3. MEDICATION: INCLUDE GENERIC NAME, DOSE, ROUTE, FREQUENCY AND PRN INDICATIONS . INDICATE START AND STOP TIMES AS APPROPRIATE.
4. IV: INCLUDE SOLUTION NAME, VOLUME, RATE, AND DURATION OF THERAPY.

032700

H 0 57 19 76
HOFFMAN, JEANNE L
06JAN1925 YRS 75 F
28MAR00

1

DATE 3/28
TIME 3/1400

Mg Oxide 400 mg po now
q in 40.
May d/c HL

3/28/00 1105

2

DATE 3/29
TIME 733

032700

H 0 57 19 76
HOFFMAN, JEANNE L
06JAN1925 YRS 75 F
28MAR00

3EH

D/C to placement arranged
by MHP (do not fill med Rec)

3

DATE
TIME 733

032700

H 0 57 19 76
HOFFMAN, JEANNE L
06JAN1925 YRS 75 F
28MAR00

3EH

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER • UNIVERSITY OF WASHINGTON MEDICAL CENTER • SEATTLE, WASHINGTON
PHYSICIAN'S ORDERS

* U 0 1 3 4 *

UH 0134 REV AUG 94

WHITE - MEDICAL RECORD
CANARY - PHARMACY
PINK - NURSING

009100006621
PAGE OF

ALLERGIES
PCN
Sulfa
tape

EDUCATION CODES
H = HANDOUT GIVEN D = DEMONSTRATED KNOWLEDGE
V = VERBAL EDUCATION NA = NA 2°

DATES GIVEN (MONTH / DAY)

DATE ORDERED	MEDICATION DOSAGE - FREQUENCY - ROUTE	USC / RN	TIME	INIT SITE	3/28	3/29	3/30	3/31	4/1	4/2	INIT EDU	DC DATE, TIME, INITIAL
3/28	WF : NS @ 80cc/°		D									
			E									
			N									
3/28	Tegretol 200mg		05									
	PO TID x 1ST		13									
	DOSE IN AM 3/29		21									
3/29	Prilosec 20mg		06									
3/29	Pentoxifylline 400mg		09									
	PO TID		13									
			17									
3/29	Simvastatin 20mg 9HS		2100									
3/29	Lasanexpostfish ou		2100									

INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE	INIT.	SIGNATURE

PT. NO. 072700 3EH

NAME H 0 57 19 76
HOFFMAN, JEANIE L
D.O.B. 06JAN1925 YRS 75
23MAR00

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

ROUTINE MEDICATION ADMINISTRATION RECORD

* H 0 1 0 5 *

HMC 0105 REV JUN 96

* - TO BE USED FOR ANY DEVIATION IN TIME, DOSE, FREQUENCY OF MEDICATION ADMINISTRATION OR BREAK IN CONTINUOUS IV DRIP MEDICATION. FURTHER EXPLANATION IS DOCUMENTED BELOW.

CODES FOR MEDICATIONS

SITES IM / SQ

RG - RIGHT GLUTEUS
LG - LEFT GLUTEUS
RD - RIGHT DELTOID
LD - LEFT DELTOID
RT - RIGHT THIGH
LT - LEFT THIGH
RA - RIGHT ABDOMEN
LA - LEFT ABDOMEN
VG - VENTRAL GLUTEAL

ROUTES

EOA - EPIDURALOPIOID ADMINISTRATION
IM - INTRAMUSCULAR
IV - INTRAVENOUS
PO - ORAL
SQ - SUBCUTANEOUS
NG - NASOGASTRIC
ID - INTRADERMAL
OS - LEFT EYE
OD - RIGHT EYE
OU - BOTH EYES

ROUTES

PR - PER RECTUM
PV - PER VAGINA
INH - INHALATION
SL - SUBLINGUAL
AS - LEFT EAR
AD - RIGHT EAR
AU - BOTH EARS
TOP - TOPICAL
SE - SELF
IT - INTRATHECAL

DATE	TIME	MEDICATION	INT.	FURTHER EXPLANATION / UNEXPECTED EFFECT / ADVERSE REACTION

PT. NO.

NAME

D.O.B.

HMC 0105 REV JUN 96 (BACK)

009100006622
PAGE OF

ALLERGIES
PCN
Sulfa
Tape

EDUCATION CODES
H = HANDOUT GIVEN
V =VERBAL EDUCATION
D = DEMONSTRATED KNOWLEDGE
NA = NA 2° _____

DATE ORDERED	MEDICATION ROUTE - DOSE	USC / RN	TIME ORDERED	TIME GIVEN	INIT / SITE	EDUC. CODE
3/28	KCl 20mEq PO x 1 now	~~mar~~		2100	GP	
3/29	Mg Oxide 400mg PO now and in 4o	JL #1 JL #2		1300	SS	

INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE
dll	dellonRN	mm	MeganRN	GP	Kathy Kim RN	SC	
072709		13					
		3EH					

H 0 5 7 19 76
HOFFMAN, JEANNE L
06 JAN 1925 YRS 75 F
23MAR00
NAME

D.O.B.

UNIVERSITY OF WASHINGTON MEDICAL CENTERS
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER
SEATTLE, WASHINGTON

ONE - TIME MEDICATION ADMINISTRATION RECORD

H0331

HMC 0331 REV JUN 96

ONE TIME

* - TO BE USED FOR ANY DEVIATION IN TIME, DOSE, FREQUENCY OF MEDICATION ADMINISTRATION OR BREAK IN CONTINUOUS IV DRIP MEDICATION. FURTHER EXPLANATION IS DOCUMENTED BELOW.

CODES FOR MEDICATIONS

SITES IM / SQ

RG - RIGHT GLUTEUS
LG - LEFT GLUTEUS
RD - RIGHT DELTOID
LD - LEFT DELTOID
RT - RIGHT THIGH
LT - LEFT THIGH
RA - RIGHT ABDOMEN
LA - LEFT ABDOMEN
VG - VENTRAL GLUTEAL

ROUTES

EOA - EPIDURAL OPIOID ADMINISTRATION
IM - INTRAMUSCULAR
IV - INTRAVENOUS
PO - ORAL
SQ - SUBCUTANEOUS
NG - NASOGASTRIC
ID - INTRADERMAL
OS - LEFT EYE
OD - RIGHT EYE
OU - BOTH EYES

ROUTES

PR - PER RECTUM
PV - PER VAGINA
INH - INHALATION
SL - SUBLINGUAL
AS - LEFT EAR
AD - RIGHT EAR
AU - BOTH EARS
TOP - TOPICAL
SE - SELF
IT - INTRATHECAL

DATE	TIME	MEDICATION	INT.	FURTHER EXPLANATION / UNEXPECTED EFFECT / ADVERSE REACTION

PT. NO.

NAME

D.O.B.

HMC 0331 REVJUN 96 (BACK)

009100006623

ADMIT ED / ADMITTING (circle one) Date/time:	Date/Time Dept/Room	Date/Time Dept/Room	Date/Time Dept/Room	Date/Time Dept/Room	Date/Time Dept/Room
VALUABLES: *					
# of envelopes: 1 2 3					
✓ **Medical Devices**					
☐ Dentures/partials					
☐ Hearing Aid					
☐ Eyeglasses/contacts					
☐					
Verified by:					
Delivered by:					
CLOTHING/OTHER: *					
# of bags: 1 2 3					
✓ **Other:**					
☐ Wheelchair					
☐ Walker/cane					
☐					
Verified by:	Verified by:	Verified by:	Verified by:	Verified by:	Verified by:
Transporter's Signature:					
Patient/PAR Signature: (*for returned property*)					

BIOHAZARDOUS

Clothing Disposal Date: _____

Reason:

Searched by: _____

Witnessed by: _____

PATIENT REFUSES TO SECURE VALUABLES:

Items Not Secured:

_____
Patient/PAR Signature/Date

_____
Staff Signature/Date

_____
Staff Signature witnessing verbal refusal

DATE:

PT ID #:

NAME:

0-51-19-76
Hoffman Jeanne

PATIENT PROPERTY TRACKING FORM

HARBORVIEW MEDICAL CENTER

* H 0 7 9 6 *

* Legend: A = Admitting C = Clothing Room F = Family Ø = Not with Patient P = Patient S = ED/OR Safe

tform10B.doc

009800000616

CMX220-02H DISCHARGE ABSTRACT SUMMARY PAGE 1 OF 2
RUN: 05APR00 1939
H-0-57-19-76 HOFFMAN, JEANNE LEONIE 28MAR00 - 29MAR00

PATIENT: BIRTHDATE: 06JAN1925 SSN: 531-26-4736
RACE: 1 = CAUCASIAN SEX: 2 = FEMALE
MEDICARE #: 1311498260D6 ZIP: 98110

GUARANTOR: NAME, REL: HOFFMAN, JEANNE LEONIE SELF
PRI SPONSOR: M65 = MEDICARE, PART A & B
SEC SPONSOR: W77 = MEDICAID CATEGORICALLY NEEDY
EMPLOYER:
GUAR. SSN: 531-26-4736

ADMIT: DATE: 28MAR00 @ 2003 AGE: 75
TYPE/SOURCE: 1/7 = EMERGENCY/EMERGENCY ROOM
PROBLEM: POLYDRUG OVERDOSE
MED. SVC.: 06 = NEUROLOGY
PHYSICIAN: 1241540 = SAMII, ALI DSHS #: 8235418

DISCHARGE: DATE: 29MAR00 @ 2030 LOS: 1 DAY
DISPOSITION: 01 = DISCHARGE-HOME/SELF CARE [MR=01]
MED. SVC.: 06 = NEUROLOGY
PHYSICIAN: 1241540 = SAMII, ALI DSHS #: 8235418

****
PAS:
CODE _____ _____ DAYS ALLOWED _____ DATE EXPIRES _____
****
CONCURRENT:
DRG: 000 = UNASSIGNED
MDC: 00 = UNASSIGNED
****
DISCHARGE:
DRG: 449 = POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC
MDC: 21 = INJURIES, POISONINGS & TOXIC EFFECTS OF DRUGS
****

PATIENT NUMBER H-0-57-19-76

PATIENT NAME HOFFMAN, JEANNE LEONIE

DOB 06JAN1925
M

UNIVERSITY OF WASHINGTON HOSPITALS
HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON

DISCHARGE ABSTRACT SUMMARY
PAGE 1 OF 2
UHO534 MAR 89 64/1

009800000617

CMX220-02H DISCHARGE ABSTRACT SUMMARY PAGE 2 OF 2
RUN: 05APR00 1939
H-0-57-19-76 HOFFMAN, JEANNE LEONIE 28MAR00 - 29MAR00
DRG: 449 = POISONING & TOXIC EFFECTS OF DRUGS AGE >17 W CC

DIAGNOSIS:	DESCRIPTION	TYPE
966.3	POIS-ANTICONVUL NEC/NOS	ADMIT DIAGNOSIS
# 964.2	POISONING-ANTICOAGULANT	PRINCIPAL
780.39	OTH CONVULSIONS	
966.3	POIS-ANTICONVUL NEC/NOS	
E950.4	SUICIDE-DRUG/MEDICIN NE	

PROCEDURE:	DESCRIPTION	TYPE	DATE

PRINCIPAL SURGEON: * NONE * CERT #: DSHS #:

********* #=USED IN ASSIGNMENT OF DRG; <CC>=COMP/COMRB; <OR>=OR PROC *********

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____ DATE _____

SAMII, ALI CERT #: 00364

PATIENT NUMBER H-0-57-19-76

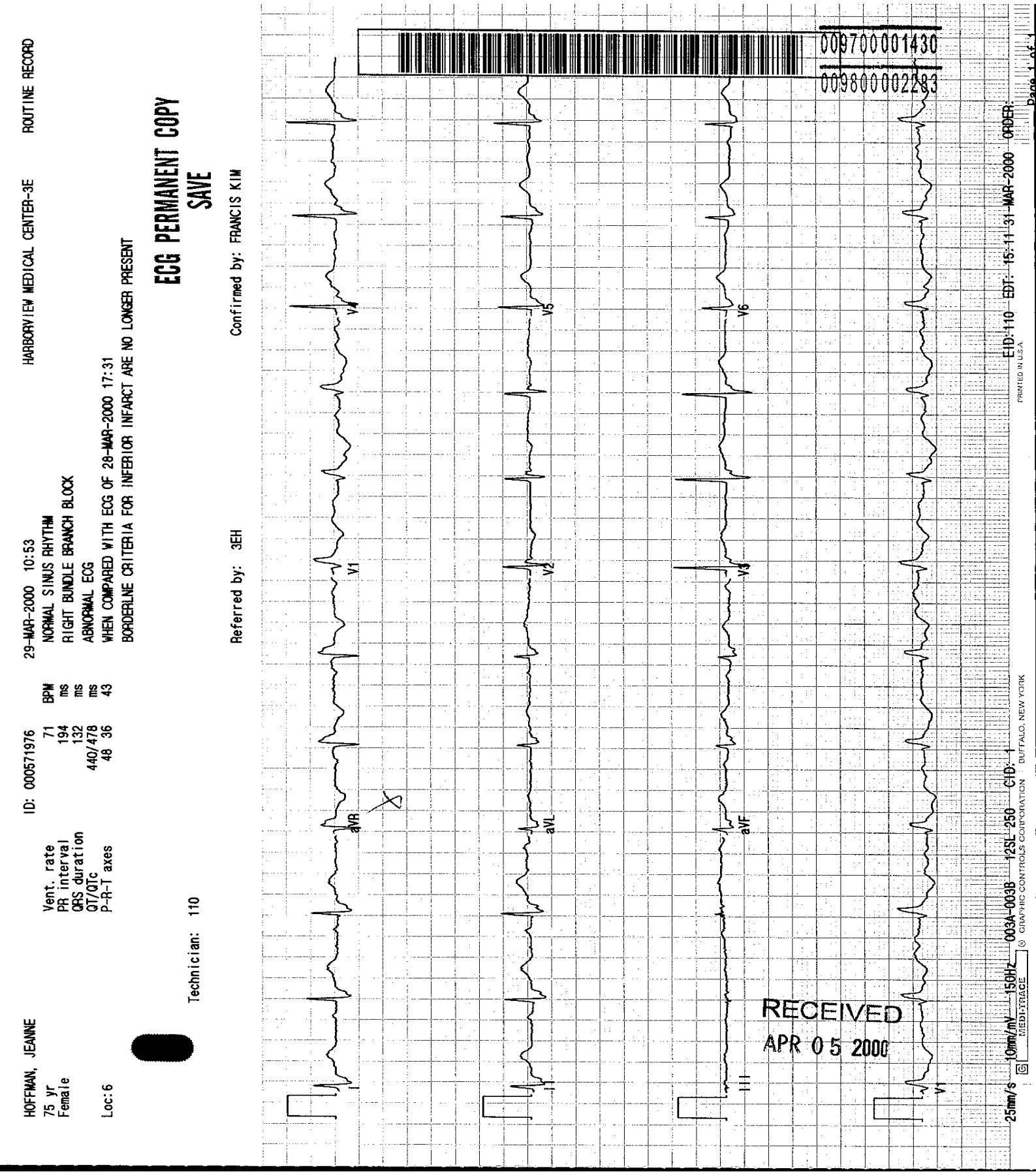
PATIENT NAME HOFFMAN, JEANNE LEONIE

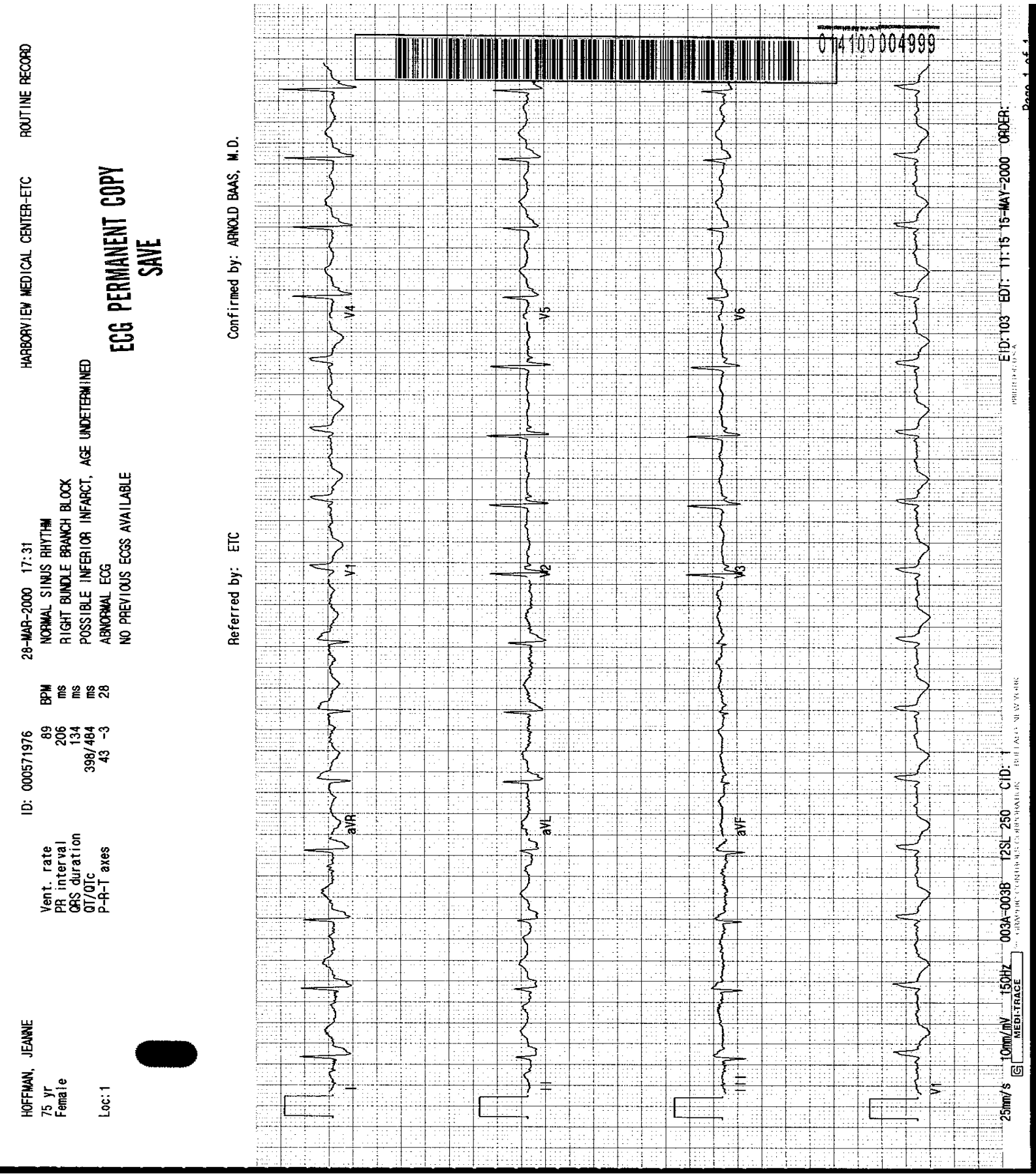
DOB 06JAN1925
M

UNIVERSITY OF WASHINGTON HOSPITALS
HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON

DISCHARGE ABSTRACT SUMMARY
PAGE 2 OF 2
UHO534 MAR 89

65/1


HOFFMAN, JEANNE
75 yr
Female
Loc:6
[redacted]
ID: 00571976
29-MAR-2000 10:53
HARBORVIEW MEDICAL CENTER-3E
ROUTINE RECORD
Vent. rate 71 BPM
PR interval 194 ms
QRS duration 132 ms
QT/QTc 440/478 ms
P-R-T axes 48 36 43
NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 28-MAR-2000 17:31
BORDERLINE CRITERIA FOR INFERIOR INFARCT ARE NO LONGER PRESENT
ECG PERMANENT COPY
SAVE
Technician: 110
Referred by: 3EH
Confirmed by: FRANCIS KIM
00970000143O
00980002283
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
RECEIVED
APR 05 2000
25mm/s 10mm/mV 150Hz 003A-003B 12SL 250 CID: 1
EID: 110 EDT: 15:11 31-MAR-2000 ORDER:
MEDITRACE
GRAPHIC CONTROLS CORPORATION BUFFALO, NEW YORK
PRINTED IN U.S.A.


HARBORVIEW MEDICAL CENTER-ETC ROUTINE RECORD
ECG PERMANENT COPY
SAVE
HOFFMAN, JEANNE
75 yr
Female
Loc:1
ID: 000571976
28-MAR-2000 17:31
Vent. rate 89 BPM
PR interval 206 ms
QRS duration 134 ms
QT/QTc 398/484 ms
P-R-T axes 43 -3 28
NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
POSSIBLE INFERIOR INFARCT, AGE UNDETERMINED
ABNORMAL ECG
NO PREVIOUS ECGS AVAILABLE
Referred by: ETC
Confirmed by: ARNOLD BAAS, M.D.
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
EID:103 EDT: 11:15 15-MAY-2000 ORDER:
25mm/s 10mm/mV 150Hz 003A-003B 12SL 250 CID: 1
MEDI-TRACE

031200004941

Patient Name: HOFFMAN, JEANNE
Patient No: 0-57-19-76
Patient DOB: 01/06/1925
Admit/Serv. Date: 03/28/2000
Disc./Tran. Date: 03/29/2000

ATTENDING PHYSICIAN AND SERVICE:
Ali Samii, MD, ATTENDING, Neurology Service

PROCEDURES:
Gastric lavage was performed in the emergency room and showed the presence of pill fragments.

IDENTIFICATION:
Ms. Hoffman was a 75-year-old woman, who was brought by paramedics following alleged overdose on prescription medication in a suicide attempt.

HISTORY OF PRESENT ILLNESS:
The patient was a 75-year-old woman, who was brought by medics after she was said to have overdosed on prescription medications in a suicide attempt. She was brought to the Harborview Medical Center Emergency Room, where gastric lavage was performed with recovery of pill fragments. The patient was found lying on the floor with eyes closed but responsive. Her vital signs in the field were a blood pressure of 155/86 and a heart rate of 96. She was reportedly not willing to answer questions. The patient stated that she took prescription medication overdose in a suicide attempt. She did not specify the amount or the type of medication that she had ingested. She tried to kill herself at about 1600 hours on the day of admission. She did not report the reason for this suicide attempt. She denied drinking or smoking. She also denied illicit drugs. The patient also declined having any release of information to her family.

PAST MEDICAL HISTORY:
1. Peripheral vascular disease.
2. History of multiple deep venous thromboses.
3. Seizure disorder.
4. Primary open angle glaucoma.

ALLERGIES:
TAPE ALLERGY.
THE PATIENT HAS NO KNOWN DRUG ALLERGIES.

CURRENT MEDICATIONS:
1. Pentoxifylline, 400 mg tid.

Patient Name: HOFFMAN, JEANNE
Patient No: 0-57-19-76
Patient DOB: 01/06/1925
Admit/Serv. Date: 03/28/2000
Disc./Tran. Date: 03/29/2000
Page: 1

Discharge Summary

HARBORVIEW MEDICAL CENTER
325 Ninth Avenue
Seattle, Washington 98104-2499

2. Prilosec, 20 mg po qd.
3. Tegretol, 200 mg po tid.
4. Hydrocodone/acetaminophen, one tablet po q 8 hours.
5. Coumadin, 10 mg po q PM.
6. Simvastatin, 20 mg po qhs.

SOCIAL HISTORY:
The patient lives alone.

HABITS:
The patient denied smoking or EtOH abuse. She also denied drug use.

PHYSICAL EXAMINATION ON ADMISSION:

VITALS: Blood pressure 139/81, temperature 36, pulse 86, respirations 18.
GENERAL: The patient was an elderly woman, who was crying and locked in restraints. She was in bed and in no acute distress.
HEENT: Unremarkable.
NECK: Supple.
CHEST: The lungs were clear to auscultation.
CARDIOVASCULAR: Heart regular rate and rhythm without murmurs.
ABDOMEN: Soft and with positive bowel sounds.
EXTREMITIES: No edema.
NEUROLOGIC:

- MENTAL STATUS: The patient was alert and oriented to person, place, and date.
- SPEECH: Her speech was fluent, but she refused to answer questions.
- CRANIAL NERVES: Extraocular movements intact. The patient refused pupil examination. Her visual fields were intact to confrontation. Facial motor and sensation were intact over the midline, and the tongue was in the midline.
- MOTOR: The sternocleidomastoid and trapezius strength were 5/5. Strength was 5/5 throughout, except for 4/5 left wrist extension/wrist flexion/grip secondary to pain.
- COORDINATION: Normal finger-to-nose.
- REFLEXES: Her deep tendon reflexes were 2+ in both upper extremities. Knee reflexes were 2+ on the right side and not obtained on the left side. The patient reported that she has a known ankle jerk deficit on the left side. Toes were down-going bilaterally. The ankle jerks were absent bilaterally.

LABORATORY, IMAGING, TESTING DATA ON ADMISSION:

Sodium 139, potassium 3.5, chloride 105, bicarbonate 24, BUN 14, creatinine 0.9, glucose 169, calcium 9.1, white count 4.88, hematocrit 39, PT 23, INR 2, PTT 28, acetaminophen level 5, EtOH level negative, carbamazepine level 14.3, urinalysis normal, liver function tests showed albumin 3.2, total bilirubin 1.1, alkaline phosphatase 84, GOT 26, GPT 8, urine toxicology screen was negative. Repeated carbamazepine serum level the next day was 8.8, calcium 1.18, magnesium 1.7, phosphate 3.6. Repeated coagulase on the next day of hospitalization showed PT 28.3, INR 2.6, PTT 31.

HOSPITAL COURSE:
Mrs. Hoffman was admitted to the neurology service after a suicide attempt with prescription medication overdose. Her urine toxicology screen was negative, as were her acetaminophen and EtOH levels. Electrocardiogram showed normal sinus rhythm and no acute changes. INR of 2. The patient was known to take Coumadin, 10 mg q PM, for her history of multiple deep venous thromboses. The patient also had a seizure disorder for which she was taking Tegretol, 200 mg po tid. Her serum Tegretol level on admission was 14.7. On the next day of admission it was 8.8.

A gastric lavage was performed in the emergency room with recovery of pill fragments. She was placed on suicide precautions, and the psychiatry team was contacted. She remained stable during the entire hospitalization. The patient refused to talk during the entire hospitalization. She demanded that no family members be advised of her health condition. The psychiatry team evaluated the patient and considered her to be suicidal. The patient refused voluntary admission to the psychiatry service.

She was maintained on restraints, given the risk of harm to herself. She was referred to the mental health professionals, who detained her for an involuntary admission to geriatric psychiatry at Northwest Hospital. During her hospitalization on the neurology service, the patient was maintained on telemetry without any changes in her cardiac rhythm, and she remained hemodynamically stable. Telemetry was discontinued on the next hospital day. The patient was discharged to Northwest Hospital for continuation of treatment, and she was to be detained for 72 hours.

DISCHARGE DIAGNOSIS:
1. Suicide attempt with poly medication overdose.
2. History of peripheral vascular disease.
3. History of multiple deep venous thromboses.
4. History of seizure disorder.
5. History of primary open angle glaucoma.

DISPOSITION:
The patient was placed on a 72-hour hold by the mental health professionals for involuntary hospitalization on the geriatric psychiatry service of Northwest Hospital.

DISCHARGE INSTRUCTIONS:
The patient needs close monitoring of her INR levels, given the Coumadin overdose.

ES/rg
DD: 03/30/2000
DT: 03/31/2000
DU:

Edit 07/05/2000 ep

Ednea Simon, MD
Resident

AUG 0 8 2000

NEUROLOGY SERVICE

Ali Samii, MD
Attending
Neurology

This report is unverified until signed.

00321-033100

ANTICOAGULATION

S:Patient returned to monitor protime. She is on Coumadin for multiple clotting events in the past. She is presently on 5 mg on Sunday and 10 mg the rest of the week. She has no bleeding or bruising and no evidence of thromboembolic event. She tells us today that she may have possible hand surgery in May to remove the pins.

O:INR 2.8 which is up from 1.4 on 3/15/00.

A:Therapeutic anticoagulation.

P:She will return in one month for INR monitoring. Advise physician at time of appointment that she is being anticoagulated and to stop anticoagulation approximately five days prior to surgery. After the surgery, she is to start on the current regimen of 5 mg on Sunday and 10 mg the rest of the week. She will return to Roosevelt Family Medicine Clinic to have protime measured.

DICTATED BY JAMES BUCHANAN, PHARMD STUDENT

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: April 24, 2000 07:47:40
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

AJE:03/27/2000mc:03/28/2000

SURGERY CLINIC NOTE

Ms. Hoffman is in for followup of the vascularized bone graft to her left lunate for Kienbck's disease as well as capitate shortening which was done two months ago.

Radiographs today show that her capitate has healed and the lunate appears to be consolidating. At this point, we will go ahead an leave her out of her cast and convert her over to a splint and have her start some gentleman wrist range of motion out of the splint on a daily basis. We will also schedule her for pin removals from the capitate in the near future.

NICHOLAS B. VEDDER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 359796

NV:03/15/2000kk:03/16/2000

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:03/15/2000
DOB:01/06/1925
PAGE

ROOSEVELT

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CC:MARY GILBERT
UWMC/ROOSEVELT
BONE & JOINT CENTER
,
354740

THOMAS E TRUMBLE
BONE & JOINT CENTER
UWMC/ROOSEVELT
,
354740

RECURRENT DVTs/ANTICOAGULATION/INR FOLLOWUP

S:Patient denies any unusual bleeding, bruising, or evidence of thromboembolic event. He has not changed medication or diet or missed a dose. Current dose of Coumadin is 5 mg on Sunday and Wednesday, and 10 mg the other days. She is recovering nicely from her hand surgery and has no complaints at this time.

O:INR 2.4.

A:Therapeutic anticoagulation.

P:Continue current dose. Followup in one month.

DAVID R. CLARK, PHARM.D

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

DRC:02/24/2000tk:02/24/2000

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:02/24/2000
DOB:01/06/1925
PAGE

ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET

SEATTLE, WASHINGTON 98195

HOSPITAL COURSE:
The patient was admitted one day prior to her surgery for heparinization. She had been on Coumadin for peripheral vascular disease. She had stopped her Coumadin prior to her admission and was placed on heparin. Her heparin was stopped the morning of surgery, and on January 21, 2000, she was taken to the Operating Room for vascularized bone grafting to her left lunate. she tolerated this procedure well and with no difficulties.

Postoperatively, she was restarted on her Coumadin, as well as heparin. Her Coumadin and heparin management were followed by the Medicine Consult Team. At the tine of discharge, her dressing was intact. Her fingers had sensation intact to all, and were able to flex and extend at the MCP, PIP and DIP joints without difficulty. Her INR was greater than 2.

She will follow up with Dr. Vedder in two weeks. She will follow up with her anticoagulation service later this weeks.

MEDICATIONS AT DISCHARGE:
1.Coumadin.
2.Tegretol.
3.Simvastatin.
4.Pentoxifylline.
5.Prilosec.
6. An eye medication.

MARCI D. JONES, MD
RESIDENT

THOMAS E. TRUMBLE, MD
ATTENDING PHYSICIAN, BONE & JOINT CENTER BOX 354740

ELECTRONICALLY AUTHENTICATED ON: February 8, 2000 08:47:26
Thomas E. Trumble MD
Attending Physician
Hand and Microvascular Surgery

MDJ:02/02/2000fa:02/03/2000

CC:NICHOLAS B VEDDER
HMC
DEPT OF SURGERY
,
359796

BONE & JOINT CLINIC FOLLOWUP NOTE

SUBJECTIVE:
This patient is two weeks out from vascularized bone graft to her lunate for Kienbck disease as well as endoscopic carpal tunnel release.

OBJECTIVE:
Her wounds are healing very well at this point and radiographs today show that her fixation and alignment are all intact. Her numbness and tingling appear to be improved following carpal tunnel release.

ASSESSMENT & PLAN:
We will return her to a short-arm thumb spica cast today and have her follow up in approximately one month with radiographs at that time.

NICHOLAS B. VEDDER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 359796

NBV:02/02/2000tk:02/03/2000

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:02/02/2000
DOB:01/06/1925
PAGE

ROOSEVELT

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER

1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CC:MARY GILBERT
UWMC/ROOSEVELT
BONE & JOINT CENTER
,
354740

THOMAS E TRUMBLE
BONE & JOINT CENTER
UWMC/ROOSEVELT
,
354740

PROBLEM: DVT/ANTICOAGULATION.

S:Patient returns to clinic four or five days after resuming Coumadin treatment after being taken off Coumadin four days prior to hand surgery. The patient states that the surgery went extremely well, and she has been basically pain free since, and there was no record of any excessive bleeding. She denies any unusual bleeding or bruising and has not changed her medication, and her diet is pretty well normal right now. She has no evidence of thromboembolic event. She is currently on 5 mg on Sunday and 10 mg the rest of the days of Coumadin for a goal INR of 2-3 for DVT.

O:INR 1.9.

A:Slightly subtherapeutic anticoagulation but expect that it may continue to rise a bit; however, suspect that she will end up somewhere within goal as she has resumed the same dose as before the surgery.

P:Continue Coumadin at current dose. The patient is returning next week for a visit with her primary care provider and will obtain another pro-time at that time to make sure that we are within goal.

DAVID R. CLARK, PHARM.D

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

DRC:01/27/2000dms:01/28/2000

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:01/27/2000
DOB:01/06/1925
PAGE

ROOSEVELT FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

January 24, 2000

WILLIAM NEIGHBOR, MD
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
354770

RE:HOFFMAN, JEANNE
U 8-17-01-35

Dear Bill:

My colleague, Dr. Philip Vedovatti, had the pleasure of seeing Ms. Jeanne Hoffman in consultation at the request of Dr. Nicholas Vedder, attending physician in the Department of Orthopedics. Hopefully, you received a copy of Dr. Vedovatti's preoperative consultation note under separate cover.

I am happy to report that Ms. Hoffman did return to the University of Washington Medical Center where she underwent a bone graft and extensive surgery on her left wrist on January 21. She tolerated that procedure well. She was transferred to the Surgical Ward in stable condition postoperatively. Because of her anticoagulation needs, she was placed on heparin postoperatively. She was given Coumadin by mouth and, when she was therapeutic on her Coumadin, she was discharged to home in stable condition.

I expect no significant change in her medical therapy other than the addition of Vicodin one to two tablets every four to six hours prn pain and Colace 250 mg po bid while taking the Vicodin.

I left a message for Allan Ellsworth to let him know that the patient was being discharged. I have encouraged Ms. Hoffman to meet with Dr. Ellsworth and have her INR checked later this week to assure that she remains in a therapeutic range. I have asked her to continue her Coumadin at her current dose which is 10 mg daily and 5 mg on Sundays.

It was certainly a pleasure seeing Ms. Hoffman in consultation. If I can be of any further service in her care, please don't hesitate to contact me. The best way to reach me is through the paging operator at 598-6190.

Sincerely,

DOMINIC F. REILLY, MD
ATTENDING PHYSICIAN, MEDICINE CONSULT SERVICE BOX 356330

ELECTRONICALLY AUTHENTICATED ON: January 27, 2000 14:54:26
Dominic F. Reilly MD
Attending Physician
Department of Medicine

DR:01/24/2000rr:01/24/2000

CC:PHILIP A VEDOVATTI
MEDICINE CONSULT SERVICE
,
-
356166

ALLAN J ELLSWORTH
FAMILY MEDICINE CLINIC
UWMC/ROOSEVELT
,
354775

PREOPERATIVE DIAGNOSIS:
1.Kienbock disease.
2.Pain and synovitis, left wrist.
3.Carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS:
Same.

PROCEDURE PERFORMED:
1.Vascularized bone graft using a bone graft based on the distal carpal arcade with bone graft from the dorsum of the hamate.
2.Synovectomy of radiocarpal joint.
3.Osteotomy of capitate and shortening.
4.Carpal tunnel release with Agee device.

SURGEONS:
Thomas E. Trumble, MD, Attending Physician
Nicholas B. Vedder, MD, Attending Physician

OTHER PERSONNEL:
Marci D. Jones, MD, Resident

ANESTHESIA:
General.

PREPARATION:
Iodine paint and 1 gm intravenous antibiotic.

DETAILS OF THE PROCEDURE:
After the appropriate level of anesthesia was obtained, the patient and general, was prepped and draped in the usual fashion. The arm was elevated and exsanguinated using Esmarch bandage. The tourniquet was inflated to 250 mmHg. Transverse incision was made at the level of the distal wrist crease, centered over the palmaris longus. The incision was made approximately 1 cm in length. The incision was carried down through the skin and subcutaneous tissue, where the small volar veins were then carefully retracted radially in order to protect the palmar cutaneous branch of the median nerve. An L-shaped flap was made in the distal portion of the forearm flexor retinaculum with the base positioned radial and distal in order to protect the palmar cutaneous branches of the medial nerve. Synovial elevators were used to reflect the synovium from the undersurface of the transverse carpal ligament. Hamate sounds were used to dilate the carpal canal. The Agee device

was inserted to a maximum depth of 3 cm. The end of the transverse carpal ligament was clearly visualized. The blade was elevated, and then released while maintaining the transverse fibers of the carpal tunnel ligament clearly within view at all times. Two passes wererequired to completely release the ligament. The patient was noted to have extremely tight carpal canal, and this release dramatically increased the space available for the median nerve. Stevens sternotomy scissors were then used to release the proximal edge of the forearm flexor retinaculum under direct vision with the Stevens sternotomy scissors. The wound was irrigated with saline, and closed with running subcuticular 4-0 Prolene pull-out suture.

The hand was pronated, and the Kienbock disease was addressed. A midline longitudinal incision was made centered over the radiocarpal joint approximately 12 cm in length. The incision was carried down through the skin, and subcutaneous tissue was carefully mobilized. By retracting the extensor tendons distally, it was possible to identify a very large vascular arcade at the level of the carpal bones, which was well aligned for a vascularized bone transfer. The interval between the fifth and sixth compartments was sharply dissected in order to allow the fourth compartment to be elevated off the carpus. Care was taken to preserve the continuity of both the fifth and fourth compartments using the septum between then. Once the fourth compartment was elevated, the bone site for the bone graft and its pedicle could be mobilized. The bipolar cauteries were used to control branching vessels from the pedicle as it traced radially towards its site of joining the dorsal branch of the radial artery. The periosteum around the hamate was incised. Fluoroscopy was used to carefully mark and align the sites of the bone graft. It was taken from within the body of the hamate. Care was taken to avoid injury to the hamate triquetral joint. The Hoke osteotomes were used to elevate this bone graft. There was approximately 4 mm x 4 mm x 6 mm in size. The bone graft was then fully elevated by using sharp dissection to elevate the periosteum from the overlying capitate with the vascularized bone graft in order to avoid injury to the vascular pedicle. Small Freer elevators were placed around the body of the hamate, and a slice of bone was removed from the body of the capitate, taking care to protect the deep structures beneath and volar to the capitate with the elevators. Once the osteotomes had removed the wedge of bone, it was then possible to compress the hamate and secure it with 0.045 Kirschner wires driven from distal to proximal. The Hall bur was then used to prepare a window in the lunate which was exposed, and under fluoroscopy this was cored out to remove the majority of the necrotic bone. The bone graft from the morcellated portion of the capitate that was removed was packed into the lunate, and then the vascularized bone graft was rotated in position and tamped so that it would fit and lock into position. There was noted excellent fit with no soft tissues impinging with wrist extension. The capsular incision was closed loosely with interrupted 4-0 nylon sutures, taking care not to place unnecessary pressure on the pedicle. The fourth dorsal compartment was allowed to return to its position, and it was loosely reapproximated to the fifth compartment using interrupted 4-0 Vicryl sutures. The skin was closed with interrupted 4-0 Vicryl sutures for the subcutaneous tissue, and interrupted 4-0 nylon sutures for skin closure. A bulky dressing was applied with a volar plaster splint. The patient was then awakened and extubated after hard copy x-rays had been

obtained,demonstrating excellent position of the bone graft and the lunate, as well as shortening of the capitate.

Tourniquet time was approximately two hours. The patient was noted to have good capillary refill in the all the digits when the tourniquet was released.

THOMAS E. TRUMBLE, MD
ATTENDING PHYSICIAN, BONE & JOINT CENTER BOX 354740

ELECTRONICALLY AUTHENTICATED ON: January 25, 2000 16:05:36
Thomas E. Trumble MD
Attending Physician
Hand and Microvascular Surgery

TT:01/21/2000jl:01/24/2000

MEDICINE CONSULTATION
PREOPERATIVE EVALUATION NOTE

REFERRING PHYSICIAN:
Nicholas B. Vedder, MD, Attending Physician
Department of Orthopedics (HMC), Box 359798

IDENTIFYING DATA:
Ms. Hoffman is a very pleasant, 74-year-old woman who is referred for medical evaluation. She is being scheduled for a vascular bone graft of the left wrist which is tentatively scheduled for January 21, 2000. Her active medical problems include the following:

1.Left wrist pain. Approximately one year ago, the patient injured her left wrist while getting up from a chair. She has had persistent pain in her wrist and her in left thumb. She has been previously diagnosed with Kienbck disease (lunatomalacia). The patient is now in need of a surgical procedure for treatment of this problem and is being seen in preoperative medicine consultation for this upcoming procedure.
2.Peripheral vascular disease. The patient reports that this has been a problem for her for at least 30 years. She has a history of recurrent venous stasis ulcers and has had extensive treatment for this problem in the past including multiple skin grafts for treatment of venous stasis ulcers. Approximately 30 years ago, the patient had a deep venous thrombosis in her left thigh. She has subsequently had multiple hospitalizations for deep venous thrombosis and she recalls that she has had at least ten hospitalizations for lower extremity thromboses. In the 1970s, the patient reportedly ruled in for pulmonary embolus by pulmonary angiogram at Swedish Hospital. She has been on Coumadin for at least 20 years. Her last leg ulcer was last summer. She currently has no open leg ulcers. She wears compression stockings.
3.Hypercholesterolemia. She is currently taking Zocor.
4.History of seizure disorder. This began after an auto accident in 1970. She had a petite mal seizure lasting a few minutes. She has episodes approximately once every threemonths. She is currently taking Tegretol. She does not drive an automobile.
No history of grand mal seizures.
5.Glaucoma.

PAST MEDICAL HISTORY:
Unremarkable other than noted above. She is gravida 3, para 2.

PAST SURGICAL HISTORY:
1.Total abdominal hysterectomy, bilateral salpingo-oophorectomy in 1969.
2.A right foot and ankle surgery in 1979.

3.Multiple skin grafts, approximately 14 procedures in total, the most recent being approximately 12 years ago according to the patient.
4.Right carpal tunnel surgery five years ago.
5.Bilateral cataract surgeries in 1988 and 1989.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

CURRENT MEDICATIONS:
1.Coumadin 10 mg po q day.
2.Tegretol 200 mg po tid.
3.Simvastatin 20 mg po q day.
4.Pentoxifylline 400 mg po tid.
5.Prilosec 20 mg po q day prn.
6.Glaucoma drops of which she does not recall the name.

REVIEW OF SYSTEMS:
Negative for symptoms of angina, congestive heart failure or coronary artery disease. Negative for myocardial infarction, arrhythmias, hypertension, or valvular heart disease. Negative for diabetes, thyroid disease, liver disease, peptic ulcer disease, anemia, stroke, psychiatric illness, pulmonary disease, or renal insufficiency.

Review of Systems is positive for peripheral vascular disease, occasional gastroesophageal reflux symptoms, seizures, arthritis, history of deep venous thrombosis, as well as hearing impairment and the patient wears a hearing aid.

FAMILY HISTORY:
Notable for hypercoagulable state in her maternal grandmother. She also had a history of venous ulcers.
HABITS:
The patient is a life-long nonsmoker. She drinks alcohol rarely. She denies any recreational drugs.

SOCIAL HISTORY:
The patient lives on Bainbridge Island. She has been widowed for the past 27 years. She has two grown children and two grandchildren. She previously delivered newspapers for a living.
EXERCISE TOLERANCE:
The patient states that she is able to walk at least two miles on level ground. She can climb four flights of stairs without difficulty.

PREVIOUS SURGICAL COMPLICATIONS:
The

patient denies any intraoperative or postoperative surgical or anesthetic complications.

PRIMARY CARE PROVIDERS:
William Neighbor, MD, Primary Care Physician
Family Medicine, Box 354770

D. Eugene Strandness, Jr., MD, Vascular Surgeon
Department of Surgery, Box 356410

PHYSICAL EXAMINATION:
GENERAL: The patient is a pleasant, elderly female who appears younger than her stated age. VITAL SIGNS: Blood pressure 138/74, pulse 78 and regular. Weight is 156 lb (70.7 kg). Oxygen saturation is 99% on room air. HEENT: Normocephalic, atraumatic. Sclerae are anicteric. Conjunctivae are pink. Dentition is good. Jaw mobility is full. NECK: Full range of motion. Carotid pulses are 2+ bilaterally without audible bruit. There is no thyromegaly or lymphadenopathy. CHEST: Clear to auscultation bilaterally with good air excursion. There are no wheezes, rubs, rales, or rhonchi audible. CARDIOVASCULAR: Regular rate and rhythm, normal S1 and S2. There is no S3 or S4. There is a 1-2/6 systolic murmur at the left sternal border. ABDOMEN: Soft, nontender, nondistended with normal abdominal bowel sounds. There is a midline hypogastric surgical scar which is well healed. EXTREMITIES: There is no clubbing, cyanosis, or edema. Peripheral pulses are 2+ distally in the upper extremities. There are significant hemosiderin deposits in the left chin. The patient is wearing compression hosebilaterally. NEUROLOGIC: The patient is alert and oriented times three. Pupils are equal, round, and reactive to light. Motor strength is 5/5 in all major muscle groups. Sensory exam is normal to light touch in all extremities. Reflexes are 2+ throughout and symmetric. Coordination is normal to finger-to-nose testing. Gait is within normal limits.

Electrocardiogram demonstrates a normal sinus rhythm with a ventricular rate of 72 beats per minute. There is a right bundle branch block.

IMPRESSION/RECOMMENDATIONS:
Preoperative assessment in this pleasant 74-year-old woman
who is in need of an orthopedic hand surgical procedure for treatment of Kienbck disease. Her other medical problems include a history of venous stasis ulcers, recurrent deep venous thrombosis with a history of pulmonary embolus, hypercholesterolemia, a history of petit mal seizures and glaucoma.

Ms. Hoffman is at a moderately increased risk for perioperative complications. This is primarily due to her age greater than 70, her history of recurrent thromboses and pulmonary embolus as well as her other medical problems.

To the patient's benefit, she has tolerated multiple surgical procedures in the past. A greater majority

of her medical problems appear to be well compensated at this point in time and she has excellent exercise tolerance. As such, I see no specific contraindication to proceeding with her planned surgical procedure. Given the patient's chronic anticoagulation as well as her risk of perioperative thromboses, I would recommend that the patient be admitted 24 hours prior to her surgical procedure for heparinization.

With regards to specific recommendations in this patient's care, I would suggest the following:

1.The patient should be admitted 24 hours prior to her surgery for heparinization with a heparin drip. The patient was instructed to discontinue her Coumadin four days prior to surgery and this was given to her in a written note.
2.The patient's heparin is to be stopped six hours prior to her surgical procedure. This can be resumed postoperatively whenher surgeons are reasonably confident with hemostasis. Typically this is eight to 12 hours after surgery.
3.The patient's Coumadin can be resumed on the evening after her surgical procedure if hemostasis is well achieved.
4.Postoperative attention to pulmonary toilet with incentive spirometry, 10 puffs every hours while awake in the immediate postoperative period.
5.Aggressive postoperative attention to deep venous thrombosis prophylaxis. The patient should have sequential compression
devices until her heparin is resumed. Early ambulation is also recommended.
6.The patient was instructed to bring her eyedrops and her hearing aid with her to the hospital.

It was certainly a pleasure seeing Ms. Hoffman in consultation. If I can be of any further assistance in her perioperative care, please do not hesitate to contact me. I can best be reached through the University of Washington Medical Center Paging Operator at 206-598-6190.

PHILIP A. VEDOVATTI, MD
ATTENDING PHYSICIAN, DEPARTMENT OF MEDICINE BOX 356166

ELECTRONICALLY AUTHENTICATED ON: March 6, 2000 00:51:09
PHILIP A. VEDOVATTI MD
Attending Physician

Medicine Consult Service

PV:01/20/2000kk:01/20/2000

CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

NICHOLAS B VEDDER
HMC
DEPT OF SURGERY
,
359796

D EUGENE STRANDNESS
DEPARTMENT OF SURGERY
,
356410

PROBLEM: Coagulopathy.

SUBJECTIVE:
Routine Coagulation Clinic visit following up on dosage reduction. She takes 10 mg of Coumadin daily, 5 mg on Sunday, with no problems. No bruising or bleeding. She is going to get a flu shot today as she hasn't had one and her son has just had illness.

OBJECTIVE:
Prothrombin time (INR): 2.6

ASSESSMENT:
Anticoagulation for coagulopathy, on target at 2-3.

PLAN:
Continue above dose. Return in one month. Flu shot today.

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY EDITED AND AUTHENTICATED ON: January 18, 2000 07:54:51
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

AJE:12/20/1999tms:12/26/1999

FAMILY MEDICINE CLINIC NOTE

PROBLEM: RECURRENT DEEP VENOUS THROMBOSIS/ANTICOAGULATION

S:Patient returns to clinic for one-month followup of INR. She has been compliant with her medications and has had no evidence of bleeding, bruising, or thromboembolic event. She has had no change in diet or medications. She is currently taking 10 mg of Coumadin every day to obtain a goal INR of 2.0 to 3.0 for recurrent deep venous thromboses.

O:INR = 3.2.

A:Supratherapeutic anticoagulation, etiology unknown.

P:Change Coumadin to 10 mg daily, except for Sunday, which will be 5 mg. Patient to return in one month for followup INR.

DAVID R. CLARK, PHARM.D

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

DRC:11/19/99naj:11/24/99

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:11/19/99
DOB:01/06/25
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

BONE & JOINT CENTER NOTE

Ms. Hoffman is a 74-year-old female who has been diagnosed previously with Kienbock disease. She is in today for follow up on the EMG study. She reports that the pain in the left wrist is unchanged.

On examination today she does have mild pain over the lunate bone on the dorsal surface of the wrist. She also has pain over the CMC joint and a mildly positive grind test. It is felt that this pain is most likely radiating from the lunate. Range of motion on the left is decreased compared with the right but sensation in intact to light touch and symmetric.

EMG study showed a latency at the motor conduction median nerve on the left at 3.7 m/sec and on the sensory conduction of 4.0 m/sec.
IMPRESSIONS:
1.Kienbock disease, left.
2.Minimal carpal tunnel syndrome on the left side.

PLAN:
We did discuss the risks and benefits with the patient and we would recommend a vascularized bone graft from the third metacarpal to the lunate bone as well as a capitate shortening. Also, I am recommending an endoscopic carpal tunnel release. The patient does have a history of peripheral vascular disease related to chronic ulcers in her legs as well as a seizure disorder. We will have her see Medicine Consult Service because she is on Coumadin. Preop and consent were done today, and we will see her back for surgery. If she has any problems prior to that time she should follow up sooner.

The patient was evaluated and examined with Nicholas Vedder, MD.

WENDY R. NYLAND, PA-C

NICHOLAS B. VEDDER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 359796

WRN:11/03/99tms:11/05/99

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:11/03/99
DOB:01/06/25
PAGE

ROOSEVELT

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

October 28, 1999

NICHOLAS B. VEDDER, MD
HMC
DEPT OF SURGERY
359796

RE:HOFFMAN, JEANNE
U 8-17-01-35

Dear Dr. Hoffman:

Thank you very much for referring Ms. Hoffman to us for electrodiagnostic testing. As you know, she is a 71-year-old female with a history of Kienbock's disease. We performed an extensive electrodiagnostic test and, in sum, we have a minimally abnormal study. The patient's median motor nerve conduction studies were normal. Her CMAPs were within normal limits and her conduction velocity was also fine. However, when we looked at the median sensory studies, she did have slight prolongation of her distal latencies when comparing this study to both radial and ulnar sensory across the wrist.

These findings are consistent with a mild case of median neuropathy of the wrist on the left (carpal tunnel syndrome). There appears to be no active motor involvement at this time.

Thank you very much for allowing us to participate in this patient's care. Please do not hesitate to give me a call if there are any further questions.

LEIGHTON CHAN, MD
ATTENDING PHYSICIAN, DEPARTMENT OF REHABILITATION MEDICINE BOX 356490

ELECTRONICALLY EDITED AND AUTHENTICATED ON: October 30, 1999 11:40:30

LEIGHTON CHAN MD,MPH
Attending Physician
Rehabilitation Medicine

LC:10/28/99tk:10/28/99

ORTHOPEDIC CLINIC NOTE

The patient is a 71-year-old right-handed housewife who presents with left wrist pain which has gradually worsened over the past year. She has sharp pain in her wrist area which occasionally radiates to her elbow and digits. She has occasional numbness in her wrist and digits. She is very weak in that hand with an inability to grasp items. She drops items due to the weakness and the pain. The patient states that the left hand did slip off the edge of a chair approximately a year ago but that is the only injury or trauma that she knows of on that hand. Over the past couple of months the patient states that she has had bouts of sharp pain for several seconds without any activity. The patient has not taken any medications or used any other methods to relieve the pain. The patient states she is tolerating the pain in order to perform daily activities.

MEDICATIONS:
Tegretol, Coumadin, lovastatin, and Trental.

ALLERGIES:
SULFA CAUSES RASH. PENICILLIN CAUSES RASH.

PAST MEDICAL HISTORY:
Petit mal seizures, blood clots, right carpal tunnel release in the 80's.

PHYSICAL EXAMINATION:
GENERAL: This is a 70-year-old right-handed female who presents with left wrist pain. SKIN: The skin color is blanched compared to the right side. MUSCULOSKELETAL: There is swelling around the MCP and CMC joints. There is dorsal and palmar swelling and stiffness in the wrists. On range of motion her ulnar deviation is 10 on the left, on the right 12. Radial deviation on the left is 12, right 10; flexing 48 on left, 75 on right; extension 30 on left, 4 on the right. Grip strength is 6 on left, 24 on right. There is no flexion in the left second PIP joint due to arthritis.

Radiographs show increased density of whiteness around the lunate bone which has progressively worsened from January 1999 to September 1999.

ASSESSMENT:
Kienbock's disease.

PLAN:
EMG on left wrist to rule out carpal tunnel. Depending on the results of the EMG surgery was discussed for a capitate shortening and vascularization bone graft. The patient is to wear a wrist splint until that time. The patient has been instructed to return to the clinic after the EMG result. The

patient was advised to contact the clinic if her symptoms worsen before her next appointment.

The patient was seen and examined by Dr. Vedder.

Dictated by Cathy Fabrega, PA student

NICHOLAS B. VEDDER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 359796

NBV:10/06/99tms/js:10/08/99

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:10/06/99
DOB:01/06/25
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ROOSEVELT

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,

354770

FAMILY MEDICAL CENTER
BOX 354770
(206) 548-4055

September 28, 1999

Jeanne Hoffman
225 Highschool Road
Rhododendron Apartment #2
Bainbridge Islan WA 98110

RE:HOFFMAN, JEANNE
U 8-17-01-35

Dear Ms. Hoffman:

I enjoyed seeing you on 09/21/99. The x-ray of your left wrist did reveal some significant abnormalities in the bones of your wrist. It is important that you obtain an appointment in Orthopedics as we had planned at the time of the visit. Please call our office if you have not yet been able to schedule an appointment in Orthopedics.

I would also remind you to have your blood drawn for the several blood tests that we ordered at the time of your visit, and I would also remind you to schedule your mammogram and to return your stool tests for hidden blood.

Sincerely,

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: October 5, 1999 12:05:05
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WN:09/28/99bd:09/30/99

FAMILY MEDICINE CLINIC NOTE

PROBLEM: LEFT WRIST PAIN AND WEAKNESS

S:The patient is status post minor left wrist injury in January 1999, at which time x-rays revealed sclerosis of the lunate and a subchondral cyst, but no acute fracture. She was treated conservatively and symptoms completely subsided over a couple of weeks. However, she now states that two months ago, she began to develop some gradual onset of weakness and pain over the dorsum of her left wrist, with no clear history of repeat injury. However, as noted before in her chart, patient is a poor historian. However, she does not recall a fall. She has also begun to develop numbness, particularly at night, over all of her fingers.

O:Weight 146, blood pressure 130/70, pulse 76 and regular. Examination of the LEFT WRIST does reveal diffuse swelling over the medial and lateral aspects, as well as the dorsum of the wrist. There is no ecchymosis. She has diffuse tenderness over the dorsum of the wrist, as well. I am not able to identify one point that is more tender than another. There is discomfort on dorsiflexion, as well as on radial and ulnar deviation. There is no tenderness in the anatomic snuffbox. Sensation is decreased to light touch over the dorsum of the wrist and fingers, but not so much over the volar aspect of the hand or fingers. Strength is decreased and there is some wasting of the hypothenar and thenar eminence. Grip strength is clearly decreased.

X-ray pending.

A:Left wrist pain with muscle wasting and sensory changes suggestive of neuropathy. Need to exclude occult fracture.

P:X-ray pending. Referral to Orthopedics for further evaluation and management. Elected not to obtain nerve conduction studies at the present time to pinpoint site of nerve entrapment. No acute therapy offered as symptoms have been present for about two months.

PROBLEM: HYPERCHOLESTEROLEMIAS:Reports compliance with simvastatin 20 mg qd. Past due for cholesterol testing.

A:Hypercholesterolemia.

P:Fasting
lipid panel and AST ordered.

PROBLEM: TRENTAL AND TEGRETOL THERAPY

S:On Trental for recurrent veno-occlusive disease and Tegretol for seizure disorder. Due for CBC, platelets, and liver function tests, which are ordered.

PROBLEM: HEALTH CARE MAINTENANCE

S:Immunizations are current. Blood pressure has been normal. Cholesterol as above. She is due for mammogram with the last being in early summer of 1998. She is status post total abdominal hysterectomy and bilateral salpingo-oophorectomy for benign disease in the past and does not require regular Pap smears. She takes calcium supplementation in her diet. Past due for Hemoccult testing. Has refused sigmoidoscopy in the past. Does not smoke or drink alcohol to excess.

A:Health care maintenance.

P:Fasting blood sugar, TSH, mammogram and Hemocculs ordered. Sigmoidoscopy advised if Hemocculs are negative. Advised annual flu vaccine.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: September 23, 1999 10:51:38
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WEN:09/21/99naj:09/23/99

DEPARTMENT OF SURGERY CLINIC NOTE

SUBJECTIVE:
Jean Hoffman is an elderly patient who has been followed by
Dr. Strandness for over 20 years for venous ulcerations of both legs. She presents today with two Unna boots on, having been placed in the hospital. Prior to her recent discharge we took the Unna boots off and both of her ulcers had basically healed. We saw her then with
Dr. Strandness, replaced her Unna boots, and will take her Unna boots off next week and the refer her back to Dr. Strandness for continued care.

RICHARD P. RAND, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 356410

RPR:08/30/99mq/jmm:08/30/99

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:08/30/99
DOB:01/06/25
PAGE

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

ADMISSION DIAGNOSIS:
Nonhealing erythematous venous stasis ulcers.

DISCHARGE DIAGNOSIS:
Same.

HISTORY OF PRESENT ILLNESS:
Ms. Jeanne Hoffman is a 74-year-old female with a longstanding history of deep venous thrombosis and hypercoagulable state with venous stasis ulcers, presently on Coumadin 10 mg po q day, status post multiple split-thickness skin grafts for nonhealing ulcers. The patient states she went on an extended vacation starting in June and noticed an ulcer on each ankle during this time which have gotten larger, despite elevation and ointment. The patient states that the area has become more erythematous, although is nontender. The patient was seen in Vascular Clinic by Dr. Strandness and was admitted for nonhealing ulcers bilateral lower extremities.

PAST MEDICAL HISTORY:
1.Seizure disorder.
2.Dysphagia and heartburn secondary to gastroesophageal reflux disease.
3.History of deep venous thrombosis and hypercoagulable state.
4.Glaucoma.
5.Hypercholesterolemia.
6.Chronic hearing loss.
7.History of positive PPD.
8.History of right hip degenerative joint disease and osteoarthritis.
9.History of vertigo and falls.

PAST SURGICAL HISTORY:
1.Multiple split-thickness skin grafts to lower extremities for venous stasis ulcers.
2.Hysterectomy 1969.

MEDICATIONS ON ADMISSION:
1.Simvastatin 10 mg po qhs.
2.Coumadin 10 mg po qhs.
3.Omeprazole 20 mg po q day.
4.Chlorhexidine 0.12% mouth rinse bid.
5.Metipranolol 0.3% solution, one drop to bilateral eyes bid.
6.Tegretol 200 mg po tid.
7.Trental 400 mg po tid.
8.Advil prn.

ALLERGIES:
THE PATIENT IS ALLERGIC TO PENICILLIN AND SULFA.

PHYSICAL EXAMINATION ON ADMISSION:
VITAL SIGNS: Temperature 36.7. Blood pressure 118/70. Heart rate 67. Respiratory rate 16.
EXTREMITIES: Bilateral lower extremities show superficial venous stasis ulcers over previous split-thickness skin graft sites. Surrounding area is erythematous and blanching. Ulcers are nontender. The patient has no proximal skin tracking or tenderness.

HOSPITAL COURSE:
The patient was admitted to the Vascular Surgery Service under the care of Dr. Strandness. The patient was started on IV Kefzol for superficial skin cellulitis and her ulcers were started on tid wet-to-dry dressing changes. Over the ensuing days, the patient's ulcers became more dry and the surrounding erythema dissipated. Ankle-arm indices were performed by Vascular Diagnostic Services which showed an ankle-arm index of greater than 1 bilaterally and great toe pressures of 120. No significant arterial insufficiency or small vessel disease was noted. The patient was seen by Plastic Surgery Service for evaluation of her skin ulcers which were found to be superficial and not in need of operative treatment at this time. The patient reports significant improvement of her ulcers over her hospital stay and Unna boots were placed on bilateral lower extremities on discharge. The patient is to continue on oral Keflex for a total of six days and will followup in the Vascular Surgery Clinic and Plastic Surgery Clinic in one week for continuing followup.

DISCHARGE MEDICATIONS:
1.Keflex 500 mg po qid times six days.
2.Simvastatin 20 mg po qhs.
3.Coumadin 10 mg po qhs.
4.Omeprazole 20 mg po q day.
5.Metipranolol 0.3% one drop to bilateral eyes bid.
6.Tegretol 200 mg po tid.
7.Trental 400 mg po tid.
8.Chlorhexidine 0.12% solution mouth rinse, 15 cc, bid.

PATIENT CARE INSTRUCTIONS:
1.The patient is to keep Unna boots clean and dry.
2.The patient is to continue to take her antibiotics as directed.
3.The patient is to followup in the Plastic Surgery Clinic and Dr. Strandness in Vascular Clinic in one week.

4.The patient should keep bilateral lower extremities elevated when at rest.

FOLLOWUP INSTRUCTIONS:
The patient is to followup with Plastic Surgery Clinic in one week and with Dr. Strandness in Vascular Clinic in one week.

JAMES ORMAN, MD
RESIDENT

D EUGENE STRANDNESS, MD
ATTENDING PHYSICIAN, DEPARTMENT OF SURGERY BOX 356410

ELECTRONICALLY
AUTHENTICATED ON: August 19, 1999 07:06:50
D. EUGENE STRANDNESS MD
Attending Physician
General Vascular Surgery

DES:08/16/99dm:08/18/99

06/08/99
BRUISE, INNER ASPECT LEFT THIGH
S:Patient had a significant fall about a week ago. She hit her head and her knee. She was evaluated in Family Medicine Clinic on the first of June and was diagnosed with contusions on her upper face and both knees. She is worried because a bruise has appeared on the inner aspect of her left thigh. She is on chronic Coumadin therapy for recurrent deep venous thromboses. She has not had any other injuries. She has been able to weight-bear without difficulty since the original incident.

O:The patient is somewhat disorganized but is otherwise in no apparent distress. Blood pressure 156/90, pulse 88 and regular. Examination of her legs reveals an old bruise on the inner aspect of her left thigh measuring approximately 5 to 6 cm in longest diameter. Range of motion of both hips and knees is good. There is some tenderness to palpation over the knees.

A:Contusion secondary to recent fall.

P:Patient will return to clinic for routine followup for her Coumadin therapy in the next week. Her last prothrombin time international normalization ratio was done on May 19th and was 2.5. Should her condition deteriorate between now and then, she will return to clinic.

CHRISTINA E. TANNER, MD
RESIDENT

THOMAS E. NORRIS, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 356340

ELECTRONICALLY AUTHENTICATED ON: June 17, 1999 08:51:07
THOMAS E. NORRIS MD
Professor of Family Medicine
Associate Dean

CT:06/09/99DMX/jmm:06/09/99

06/01/99
FALL
S:The patient 72 hours ago was walking rather fast behind a couple of her grandchildren when she felt she missed her step and fell forward striking both knees and eventually falling on her face striking the bridge of the nose with subsequent compression of her eye glasses over her upper facial area. She was able to get up without any assistance, and denied having felt dizzy or lightheaded either before or after the fall. She went home and applied some ice to the area and took some Advil for some inflammation and soreness. The patient is on Coumadin. Her last Coumadin level was on May 19, 1999, and it was at 2.5, well within the therapeutic range. She has a primary care provider at this setting and is scheduled to come back in 10 days to see him. She is also under the care of Dr. Ellsworth and is supposed to be coming back to have her Coumadin level sometime in the next two to three weeks. She feels otherwise well other than having some bruising around the periorbital areas and the dorsal aspects of the bilateral knees. She denies any loss of consciousness, seizure-like activity, any focal neurologic deficits, etc. She otherwise feels no change in her health.

CURRENT MEDICATIONS:
Coumadin

ALLERGIES:
PENICILLIN CAUSES RASH.

REVIEW OF SYSTEMS:
Otherwise unremarkable at this time.

O:GENERAL: No acute distress. HEENT: Tympanic membranes easily visualized and without any bleeding or redness. Inspection of the skin along the periorbital areas bilaterally revealed a moderate amount of erythema and ecchymosis. Some of the areas are beginning to turn somewhat ecchymotic, but these are not very tender with palpation. There is no stepoff noted periorbitally with palpation. She does have some tenderness along the bridge of the nose which appears to be slightly still somewhat inflamed. Inspection of the nasal mucosa is within normal limits. Pupils equal, round, reactive to lightand accommodation. She had a normal fundoscopic exam. Mouth clear. NECK: Supple.
No adenopathy or tenderness was noted with range of motion. LUNGS: Clear to auscultation bilaterally. HEART: Regular rate and rhythm. EXTREMITIES: Lower extremities, the skin overlying the anterior aspect of both knees was noted to have a slight amount of soft tissue swelling but nontender. She did have some bruising as well. The rest of the physical examination essentially normal.

A:Contusion on the upper face and bilateral knees status post fall.

P:1.The patient requested a refill on her medication consisting of Lortab-5. She was given #15 and advised to take this very seldom and only when needed for pain.
2.The patient is scheduled to come back in the next two to three weeks to have another Coumadin level, and she is also scheduled to see Dr. Neighbor in the next 10 days. She is advised to come back sooner should she have deterioration of her neurologic status or start feeling worse.

ROLAND FUENTES, PAC
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: June 14, 1999 11:37:08
ROLAND FUENTES PAC
FAMILY MEDICINE CLINIC

RF:06/01/99DMX/ac:06/03/99

03/30/99
ANTICOAGULATION
S:The patient returns to clinic for routine INR draw. Reports nausea and vomiting x 1 week. She claims that she has been throwing up at least one to two times per day for the past several days. The onset was fairly quick and does not correspond with the type of food she eats. Denies fever, chills, diarrhea, headaches, swelling in her lower extremities. Patient has history of dysphagia with esophageal stricture which was dilated in March 1998.

O:INR 1.18.

A:Subtherapeutic anticoagulation, likely secondary to vomiting of the medication. From history, it sounds as if patient is vomiting within several hours of taking the pills. Will not adjust dose at this time but will, instead, refer for appointment and get her back on her normal Coumadin dose.

P:1.Scheduled appointment for today.
2.Continue with current Coumadin dose. Recheck by end of week.

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: April 20, 1999 16:11:22
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

GW:03/30/99DMX/jm:03/30/99

03/30/99
LOW INR

S:The patient had an INR drawn today which was reportedly low. She says it was 1.18. She was seen by Ginger Woodford, who was concerned about a history of vomiting that she has had. The patient states that this vomiting only has occurred about three times in the past three weeks and always seems to occur at about 12 midnight to 1 AM when she is sleeping. The first time she brought up a little bit of red water, the next time she brought up some clear sour water, and last night she had a little bit of orange sour water. The fluid seems to come up effortlessly. There is no associated heartburn. She has had some difficulty with pain while swallowing in the last few days. She had been prescribed Prilosec for significant reflux but had run out of that medication about a week ago. She has had her prescription refilled today.

O:GENERAL: Patient alert, cooperative, oriented x 3. In no acute distress. She does not appear to be in any way acutely distressed. ABDOMEN: Examination reveals bowel sounds quite active. Abdomen soft. Slight tenderness in the left upper quadrant. No detectible organomegaly or masses.

A:INR low for unclear reasons. It is possible that the patient may have forgotten a dose. I was also wondering about the possibility of her Prilosec and the lack of it interfering with her INR, but in discussing with Dr. Al Ellsworth, it is unlikely that the Prilosec would make a great deal of difference in her INR.

P:The patient was encouraged to restart her Prilosec. She will stay on her same dose of Coumadin and will return to clinic in one weeks time for another INR check. The patient was happy with this plan. Otherwise return to clinic prn.

CHRISTINA E. TANNER, MD
RESIDENT

MARIA ROSA SOLORIO, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: April 9, 1999 12:24:31
MARIA ROSA SOLORIO MD
Attending Physician
Department of Family Medicine

CT:03/30/99DMX/jm:03/30/99

01/27/99
FOLLOW UP LEFT WRIST EXTENSOR TENDONITIS
S:The patient states that symptoms significantly improved, however, she continues to complain of some discomfort over the base of the thumb.

O:Examination, instead of revealing tenderness over the dorsal tendons of the wrist, as on January 11, 1999, now shows tenderness over the extensor brevis tendon of the thumb. There is a question of tenderness in the anatomic snuffbox, though on repeated examination this is difficult to elicit. X-ray today was completely unremarkable except for a cyst in the lunate bone. There was no evidence of fracture.

A:Wrist extensor tendonitis, improving, without evidence of underlying fracture.

P:Continue to use wrist splint and ice prn. Avoid overuse of nonsteroidal anti-inflammatory medications. Expect complete resolution over the next month, otherwise recheck.

DEGENERATIVE JOINT DISEASE RIGHT HIP
S:See note dictated January 11, 1999. The patient was seen in physical therapy and has been doing the exercises and felt improved.

O:No examination.

A:Right hip degenerative joint disease in a patient with a history of low back pain which is chronic and recurrent, as well as right ankle osteoarthritis. She has shown improvement with physical therapy.

P:Continue physical therapy and expect return to normal ambulation.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: February 1, 1999 12:15:44
WILLIAM E. NEIGHBOR MD
Associate Professor

Family Medicine

WN:01/27/99DMX/ac:01/28/99

PHYSICAL THERAPY CLINIC

INITIAL EVALUATION

REFERRING PHYSICIAN: William E. Neighbor, M.D. ID# 6267.

DIAGNOSIS: Right hip pain and Degenerative Joint Disease.

PATIENT IDENTIFICATION:
This is a 74-year-old female who has a chief complaint of right hip and low-back pain. She also complains of bilateral ankle pain; right greater than left.

HISTORY:
She states that her right hip pain increased about six months with insidious onset. She has had the low-back pain for years.

She states that she continues to walk four to six miles every day, usually about two miles at a time. She feels that she does have some increased pain after walking, but does not want to give up walking due to her fear that if she decreases her mobility, she will completely lose her ability to get around.

She states that she fractured her right ankle in an motor vehicle accident approximately 20 years ago. She also had a history of DVT in her left lower extremity and a pulmonary embolism approximately 21 years ago following a hysterectomy. She has circulatory problems of both feet. She has had to have skin grafts on the left ankle. She has worn an Unna boot as recently as one year ago.

She also states that she has a seizure disorder and here, in the Physical Therapy Clinic during the evaluation, she stated that she felt she was having a mild seizure and became quite shaky, and her gait was more ataxic and she required to sit down and rest for approximately five minutes.

OBJECTIVE:
With general observation, she has difficulty rising from a low chair and has an antalgic gait, favoring the right lower extremity. She maintains a flexed posture at the waist and complains of increased low-back pain when extended to fully upright position. Her pelvis is level at the iliac crest. She does have a thoracic scoliosis with a right-sided convexity.

Upper extremity range of motion is within functional limits. With her lower extremities, she has -5 of dorsiflexion of the right ankle
and 0 of dorsiflexion of the left ankle, measured in a sitting position. In standing, she has 0-10

dorsiflexion on the left and 0-5 dorsiflexion on the right. She also has limited dorsiflexion of the great toe bilaterally; approximately 0 on the right and 0-5 on the left. Actively, she has weakness of toe intrinsics and has only trace abduction and poor toe extension.

Hip range of motion is limited with internal rotation on the right side at 0-10 compared to the left side, which is 0-30.
Lower extremity strength is grossly 4+/5 except for the toe intrinsics bilaterally. Her standing balance was poor with static standing, but improved with dynamic walking or weight shifting.

She denies any falls and is resistant to using an assistive device.

I did have her walk with a cane, here in Physical Therapy and this is when she started having increased ataxia and stated she felt that she was having a mild seizure, so this was discontinued.

ASSESSMENT:
Physical therapy problem list includes decreased range of motion of the low-back, hips, and ankles; right greater than the left side. She also has limited toe motion. Most functionally significant is the weakness of the intrinsic muscles and hallux rigidus. She also appears to have decreased proprioception, which affects her static standing balance.

PLAN:
During today's appointment, she was set up on a series of stretches to the lower extremities and low-back. She is to do these twice a day. I have a follow up appointment with her in one week, where at that time light strengthening exercises will be started, including lumbar stabilization and ankle strengthening. Also at that appointment increased emphasis will be on evaluating the possibility of using an assistive device or adaptive equipment at home, such as grab bars or bath bench.

Short-term goal will be that she will be independent with her home exercises and report less pain with walking in her normally daily activities within two weeks. She
will be able to rise out of a low chair without any increase in her pain and without assistance of her upper extremities.

Long-term goal will be maximizing her mobility without exacerbating her low-back or hip pain.

The length of this session was one hour.

ICD-9 code is 724.2 and 719.45.

CLYDE W. JOHNSON, RPT
EXERCISE TRAINING CENTER BOX 354745

CL:01/19/99mrc/as:01/21/99

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:01/19/99
DOB:01/06/25
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CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 9819

01/11/99
LEFT WRIST EXTENSOR TENDINITIS
S:The patient was well until one week ago when, while dorsiflexing her wrist, she developed acute pain. There was no direct trauma, and she had not fallen. She subsequently developed swelling over the dorsum of the wrist. She applied ice, which helped with the swelling, and she also purchased a wrist splint. Again there was no direct trauma.

O:Examination reveals tenderness over the dorsal tendons of the wrist. The pain is worsened by passive flexion and by active dorsiflexion. There is no pain on axial loading and no tenderness over the radial or ulnar styloid processes or in the anatomic snuff box. Sensory examination and strength intact. Good perfusion of the hand. There are no ecchymoses.

A:Wrist extensor tendinitis.

P:Would continue to use wrist splint, ice prn. Would avoid overuse of nonsteroidal anti-inflammatory medications to avoid gastrointestinal irritation in this patient who is on Coumadin. Reevaluate in three weeks.

DEGENERATIVE JOINT DISEASE, RIGHT HIP
HISTORY OF RIGHT ANKLE FRACTURE IN DISTANT PAST
S:See prior Family Medicine Clinic note. Patient had radiographs of the right hip which showed degenerative joint disease. Her past history in that extremity is significant for right patellar fracture and x-rays in 1994 showing talonavicular osteoarthritis. She has also had history of low back pain since 1994 and had lumbosacral spine films showing degenerative joint disease of the lumbosacral spine. The hip discomfort is impairing her sufficiently now that she is impaired in being able to walk as much as she would like, although she reports that she continues to try to walk a few miles each day.

O:No repeat examination. See examination dated December 4, 1998.

A:1.Right hip degenerative joint disease.
2.History of low back pain, chronic, recurrent.
3.Right ankle osteoarthritis and history of fracture in the distant past.

P:She clearly needs and would benefit from physical therapy to the ankle,
hip, and low back. She is sent for physical therapy, then will follow up with me in three weeks.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: January 20, 1999 20:35:30
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WN:01/11/99DMX/jet:01/13/99

FAMILY MEDICINE CLINIC

PROBLEM: SEVERE COGNITIVE IMPAIRMENT
S:Jean is a 73-year-old patient of Dr. William Neighbor's who is not well known to me. She has multiple medical problems including seizure disorder, recurrent DVT's for which she is on Coumadin and a history of severe cognitive impairment. Jean states that she has severe pain in her right leg but also explains that this clinic appointment was made by her "social worker". Prior to the clinic appointment, our nurses were contacted by her visiting nurse, who requested an evaluation for depression as Jean has revealed to her that she frequently cries. There has also been some question about her cognitive ability in terms of being able to track appointments. An evaluation of these concerns was requested.

Jean acknowledges that occasionally she does feel unhappy about things in her past, particularly about marrying the wrong man and her subsequent unhappy marriage. She states that at night "everything comes back". However, she believes that she functions very well in her home throughout the day. She denies episodes of tearfulness. She reports that her moods are okay and she would never consider "doing anything drastic." When questioned further, she elaborated that she would never consider hurting herself. She reports good energy and states that she walks at least six miles during the day. She notes that her concentration is sometimes problematic for her. She describes difficulty completing tasks and sometimes difficulty following a train of thought. She has good appetite. She sleeps six to eight hours per day, which is usual for her. She denies any suicidal ideation. She reports that she receives support from her neighbors; however, she states that she is not close to her children or her grandchildren although she does see them "once in a while". She lives by herself with her two cats in her apartment and believes that she is doing just fine.

The patient was evaluated by Dr. Ed Walker
in 8/96. He reported that she had neuropsychological testing in 1985 and was found to have a full scale IQ of 72 with broad severe cognitive impairment in most levels of her functioning, which was consistent with longstanding organic brain damage.

O:Appearance: The patient is well groomed and neatly dressed. Her affect is appropriate to content. Her thought process is extremely tangential, loose and disorganized. Her responses are frequently off target to the questions asked. She speaks without latency with a often circumstantial thought process. She was oriented times three; however, unable to complete most tasks, which required some concentration. She was unable to spell world backwards. She could count the months of the year backwards only until October. She interpreted the proper people in glass houses should not throw stones as meaning "leave them alone." She was not able to repeat 3/3 objects immediately. Could only repeat two immediately.

A:Jean is a 73-year-old woman who has undergone extensive psychologic testing in the past. Jean is not at all well known to me; however, it would seem that her exam today is consistent with prior evaluations. She does not endorse neurovegetative signs of depression; however, she is extremely disorganized in her thought patterns which would be consistent with a severe cognitive impairment and an IQ of approximately 72. From my examination today, it does not seem that further testing is warranted. However, if there are more questions, she should probably be re-evaluated by Dr. Bill Neighbor, who has been her primary care provider for the last several years.

PROBLEM: RIGHT HIP PAIN
S:Initially, Jean complained of foot, knee and thigh pain. However, upon further questioning, she localized most of her discomfort to her right hip and inner thigh region. Jean denies any recent trauma; however, she reports that her hip is sometimes so painful that she has almost fallen down. She also finds that it helps
if she pushes on her anterior thigh when walking, this helps to alleviate some of the discomfort. Jean has not had any recent fevers but believes that she may have a "pinched nerve" or that she may in fact have osteoarthritis. She has been taking ibuprofen 600 mg at least three times a day and has been using warm packs on her thigh region.

O:VITAL SIGNS: Weight 160 lbs, blood pressure 124/74 with a pulse of 68. PHYSICAL EXAMINATION: Approximately 10 cm region which Jean has drawn with a ball point pen on her inner thigh. She states that she believes that this region is swollen. However, to my examination, there is no edema and this leg seems symmetric with the left. There is slight pitting edema over her calves bilaterally. There is no erythema over her hip region. Jean obviously moves with some difficulty; however, when I am not observing her, her gait seems to be less painful. Physical examination reveals extremely limited internal and external rotation to approximately 150 to 20 bilaterally. Hip flexor strength is 5+= and hip abduction strength and adduction strength is also 4+/5=bilaterally. Sensation appears to be intact throughout both lower extremities. Right hip films reveal an osteophyte of the inferior femoral head consistent with osteoarthritis with minimal joint space narrowing. No evidence of fractures.

A:Right hip osteoarthritis.

P:1. Discussed with Jean that she could continue her Motrin 600 mg po qid as she tolerates it.
2. Encouraged warm packs to the hip region.
3. If her symptoms are not improved in two weeks, she should return to clinic for more evaluation.

SUSAN RUNYAN, MD
CHIEF RESIDENT

H. THOMAS GREER, MD
ATTENDING PHYSICIAN, FMC/VIROLOGY CLINIC BOX 354770

SR:12/05/98mrc/jet:12/09/98

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:12/04/98
DOB:01/06/25
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FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E.
PACIFIC STREET
SEATTLE, WASHINGTON 981

11/18/98
FOLLOWUP RIGHT FOREARM SWELLING
S:See note dated October 30, 1998. Patient reports no change in symptoms. There has been no worsening and no swelling distal to the proximal portion of the volar aspect of the right forearm. She believes, in retrospect, that this is simply related to carrying a heavy load with that arm.

O:Examination from October 30, 1998 was reviewed, and examination today repeated is exactly the same and unchanged.
A:Right forearm swelling distal to the antecubital fossa which is probably secondary to a muscle strain. Again I find no evidence that this is venous stasis or phlebitis about which we would be concerned in this individual who has a history of recurrent deep vein thrombosis in the lower extremities.

P:She should continue to use warm moist packs, avoid repeat straining of the arm, and follow up if it worsens. Otherwise, I would like to see her back in two months. If she still has swelling of that area, then I would obtain additional radiological evaluation such as a limited MRI of that area.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: November 20, 1998 17:14:48
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WN:11/18/98DMX/as:11/18/98

10/30/98
RIGHT FOREARM SWELLING
S:See note dated October 5, 1998. The patient has used warm moist packs and noted little, if any, improvement. However, the problem is not bothersome to her. There has been no injury that she can think of, except that she does carry heavy packages and groceries frequently, which causes pain in the area, and she suspects that she may have strained her forearm a few weeks ago.

O:Examination of the right arm reveals diffuse swelling over the ventral surface of the proximal forearm in the area of the two bellies of the brachioradialis. Swelling is essentially unchanged from last examination. Comparison of extremity circumference in this right-handed individual shows 1 cm discrepancy between the right and the left over the point of maximal diameter of the forearm and upper arm; however, there is no edema, and there is no swelling of the hand or at the wrist, and wrist circumferences are equal. There is no venous engorgement more apparent on one side than on the other, either.

Her x-rays done at her last visit had shown soft tissue swelling but otherwise nothing of significance.

Again examination of her axilla is unremarkable without adenopathy. As previously noted, mammogram was negative in May 1998.

A:Right forearm swelling distal to the antecubital fossa which is probably secondary to muscle strain. There is no evidence of bony process on x-ray. Certainly we must consider venous stasis/phlebitis in this individual who has history of recurrent deep vein thromboses in the lower extremities; however, the findings described above do not suggest venous engorgement or deep vein thrombosis in the upper extremities. She has also been adequately and fully anticoagulated.

P:Would follow at this point. May continue to use warm moist packs. Report any worsening or other symptoms. Return in two to three weeks. She is given a flu vaccine today.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX
354770

ELECTRONICALLY AUTHENTICATED ON: November 10, 1998 18:18:28
WILLIAM E. NEIGHBOR MD
Associate Professor
Family Medicine

WN:10/30/98DMX/mah:11/01/98

10/05/98
RIGHT FOREARM SWELLING
S:The patient has noted nonpainful swelling just distal to the right antecubital fossa for the last month. Does not recall any specific injury, although her memory for these kinds of events in the past has proven to be poor.

O:Examination of the right arm reveals diffuse swelling over the two bellies of the brachioradialis. The swelling is in the area just distal to the right antecubital fossa. Comparison to the left shows that the bellies of the brachioradialis muscles just seem to be more prominent on the right than the left. The remainder of the forearm examination is unremarkable. There is no axillary adenopathy and no evidence of infection in the hand or forearm.

A:Right forearm swelling distal to the antecubital fossa is probably just prominence of muscle secondary to muscle strain; however, need to rule out other soft tissue process.

P:Soft tissue films ordered today, and patient to follow up in 4 to 6 weeks. She is to use warm moist compresses in the interim.

ADDENDUM: I have not seen this patient since January 1998. She is part due for total cholesterol which will be ordered at her next visit. She was seen in gastrointestinal clinic for dysphagia and gastroesophageal reflux disease and was found to have a stricture. There was no evidence of Barrett esophagus, and she had dilation for the stricture. She has been treated with omeprazole 20 mg bid, which she has discontinued. She now reports no problems. Mammogram in May was negative. The patient failed to return for physical examination in June as planned. She is due for sigmoidoscopy at some time. Will discuss these issues with her at her next visit. I will also write a letter to the telephone company to see if we can secure a phone for her, although she has limited financial resources.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: October 12, 1998 15:08:03
WILLIAM E.
NEIGHBOR MD
Associate Professor
Family Medicine

WN:10/05/98DMX/as:10/06/98

FAMILY MEDICINE CLINIC NOTE
09/04/98
This patient is seen with Dr. Sue Runyan.

S:Jean is here today with a complaint of left mid back pain of approximately 2-1/2 weeks duration. She can relate no direct episode which precipitated this back pain but denies any trauma to the area. She denies any radiation of the pain into her buttocks or legs, any change in urinary or bowel habits, any loss of strength or coordination of her lower extremities, or night pain. She states that it is most painful when she actually moves, such as when she gets up from a chair. It has not greatly effected her daily activities as she is still able to walk from the store with bundles, but she does have to stop for most rest periods on her way home.

She has tried both ibuprofen and Tylenol without any relief of her discomfort. She states that she had an x-ray in 1994 which was negative for any problems.

She had a hysterectomy and bilateral salpingo-oophorectomy in 1971 and was on hormone replacement for only a short period of time. She has not had any studies to assess bone density and has not been on any therapies to supplement for bone loss.

O:MUSCULOSKELETAL: On examination her gait is somewhat guarding but she has full range of motion without any real abnormalities. She is able to rise up from a chair slowly but is in mild discomfort. There are no bony abnormalities to the spine although she does have mild scoliosis. There is a pinpoint tenderness lateral to the erector muscles on the left-hand side. It seems to be somewhat over the belly of the latissimus dorsi. There is no pinpoint tenderness over the spinous process. Straight leg raise is negative bilaterally. Deep tendon reflexes are 2/4 and symmetrical at the patella and Achilles bilaterally. Strength of the quadriceps, gastrocs, and anterior tibialis are 5/5 bilaterally and symmetric. Sensation is grossly intact to light touch and to temperature. She does have ulcers on both legs with the left being worse than the right.
She states this is a longstanding condition. Figure-4 tests of sacroiliac tenderness is negative. There are no bony abnormalities of the lower extremities.

A:Probable mid back sprain. Other etiologies such as compression fractures, cancer, or thoracolumbar herniation are unlikely given her symptoms and negative physical examination. Back x-ray in 1994 was remarkable only for a degenerative joint disease.

P:1.Mid back sprain. I have instructed Jean that this probably get better progressively over time. I have told her that the best thing for her to do is mild to moderate aerobic activity as she can tolerate. I have also advised that she perhaps not carry heavy bags back and forth to the store until she is feeling much better. I have reassured her that giving her narcotics could only prolong and possibly

exacerbate the current situation. She understands this and will try her best to continue with good aerobic activity.
2.Hormone replacement/osteoporosis. In reviewing Jeans chart, it seems that she may benefit from an assessment of her bone density. She stated the reason for stopping her hormone replacement originally was because of the risk of thrombosis. I believe that this issue should be revisited at her next physical, and I have advised her to schedule a full physical examination with her primary care physician at her earliest convenience.

JOHN F. LOUGHNANE, MD
RESIDENT

SUSAN RUNYAN, MD
CHIEF RESIDENT, DEPARTMENT OF FAMILY MEDICINE BOX 354770

JL:09/04/98DMX/ac:09/06/98

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:09/04/98
DOB:01/06/25
PAGE

FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

FAMILY MEDICINE CLINIC

PROBLEM:ANTICOAGULATION
S:The patient returns for routine INR check.

O:INR 1.5.

A:The patient subtherapeutic as goal INR is 2 to 3.

P:Increase dose to 5 mg on Sunday and 10 mg the rest of the week. Patient to return to Clinic 8/15/98.

DICTATED BY:

GINGER WOODFORD, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY AUTHENTICATED ON: August 12, 1998 18:48:17
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

GW:08/07/98sms080/ac:08/07/98

FAMILY MEDICINE CENTER CLINIC NOTE

S:Seborrheic keratoses and possible actinic keratosis. The patient is a 72-year-old woman with multiple medical concerns, who presents to clinic today stating that she noticed "black things" on her back two weeks ago at her mammography appointment. She believes that she saw them again a few days ago and wonders if she has bugs. She has no itching on her back. She has no prior history of moles or skin cancer. The patient also mentions that on her left dorsal wrist, there is a spot that she has just noticed in the last couple of months, which she believes looks like worms. She wonders what this is.

O:VITAL SIGNS: Weight of 157 lb, blood pressure 136/80, pulse 80. SKIN: The back is notable for scattered seborrheic keratoses, all completely benign appearing. There is no evidence of insects or rashes. The left dorsal wrist is notable for a 7 x 8-mm actinic keratosis. This area is a slightly hyperpigmented region that is also benign appearing.

A:Seborrheic keratoses and actinic keratosis.

P:1.Patient reassurance was given that the lesions on her back are benign. There is no evidence of bugs.
2.The patient will continue to watch the lesion on wrist. If it increases in size or she has further concerns, she can present to have it reevaluated.

SUSAN RUNYAN, MD
CHIEF RESIDENT

CHRISTIAN D. HERTER, MD
ATTENDING PHYSICIAN, DIABETES CARE CENTER BOX 356176

ELECTRONICALLY AUTHENTICATED ON: July 14, 1998 09:06:29
CHRISTIAN D. HERTER MD, CDE
Assistant Professor

Diabetes Care Center

SR:07/09/98sms115/mah:07/09/98

FAMILY MEDICAL CENTER CLINIC NOTE
PROBLEM:ANTICOAGULATION FOLLOWUP
S:The patient returns to the clinic today in preparation for her dental visit which unfortunately was canceled. She has been taking Coumadin 5 mg Tuesday, Thursday and Saturday; 10 mg the rest of the time. She did skip her dose last night in preparation for the dental appointment. She does not have any complaints of bruising or bleeding.

O:INR today 1.3.

A: Anticoagulation. The patient has INRs between 2 and 3 for recurrent deep venous thrombosis. This would be expected as she has held the dose for her dental appointment.

P:Continue with Coumadin 5 mg Tuesday, Thursday and Saturday; 10 mg the rest of the time. As her dentist canceled his clinic today she has an appointment rescheduled in two weeks at which time she will hold the dose the night before and have her pro time rechecked at that time.

KAREN GUNNING, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

ELECTRONICALLY EDITED AND REVIEWED ON: May 29, 1998 15:14:15
Karen Gunning, Pharm.D.
Pharmacy Resident
Department of Family Medicine

ELECTRONICALLY EDITED AND AUTHENTICATED ON: June 3, 1998 07:50:00
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

KG:05/13/98EDIX:bmm:05/13/98

PROBLEM:Anticoagulation follow up.

S:The patient dropped in for re-check of her pro time and INR. She has been taking Coumadin, 5 mg Thursdays and Sundays, 10 mg the rest of the time. She reports no problem with bruising or bleeding. She has not had any further dental surgery and has no complaints with her anticoagulation at this time. She brings in her box today. The patient appears to be adherent to the medications.

O:INR today 3.3.

A:Slightly supertherapeutic anticoagulation. The patient has goal INRs between 2 and 3.

P:Will decrease Coumadin slightly to 5 mg Tuesdays, Thursdays and Saturdays and 10 mg the rest of the time. Will recheck in one month's time.

KAREN GUNNING, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

REVIEWED ON: April 23, 1998 10:55:51
Karen Gunning, Pharm.D.
Pharmacy Resident
Department of Family Medicine

ELECTRONICALLY AUTHENTICATED ON: April 24, 1998 07:13:21
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

KG:04/15/98djl:04/21/98

PROBLEM:Anticoagulation follow up phone call.

S:The patient returns to clinic for anticoagulation follow up phone call. The patient returns to the lab today for re-check of her pro time INR. She has been taking Coumadin, 5 mg Thursday and Sunday, 10 mg the rest of the time. She has restarted this medication after having dental surgery on the 25th, therefore she has taken two 5 mg doses and two 10 mg doses. She has not had any problems with bruising or bleeding. She has not had any problems with pain in her legs. She has not added any new medications, increased any doses or missed any doses, per her report. She does not have her Mediset here for inspection. She says that she has been compliant since re-starting her medications.

O:INR today 1.3.

A:Subtherapeutic anticoagulation of patient's who goal INR is between 2 and 3.

P:As the patient is prone to dramatic swings in INR with increases in dose, we will sit tight and keep the dose at 5 mg Thursday and Sunday and 10 mg the rest of the time and we will re-check in two weeks time. She does not have any dental procedure planned for at least another month.

KAREN GUNNING, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

REVIEWED ON: April 8, 1998 17:05:03
Karen Gunning, Pharm.D.
Pharmacy Resident
Department of Family Medicine

ELECTRONICALLY AUTHENTICATED ON: April 13, 1998 07:41:06
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

KG:03/31/98djl:04/08/98

GASTROENTEROLOGY CLINIC NOTE

SUBJECTIVE:
This is a followup visit for this 73-year-old woman with a history of dysphagia and a long history of heartburn. The patient underwent an upper endoscopy with dilatation on 03/11/98. At that procedure her distal esophageal stricture was found and dilated up to 45 French with Savary dilators. Biopsies from the site showed mild chronic inflammation. There was no evidence of Barrett's and there was no evidence of malignancy. The patient has been on omeprazole 20 mg per day. Following the dilatation, her dysphagia has improved. Her reflux symptoms continue despite the omeprazole, although it is much improved. At times she needs to take omeprazole twice a day, but on most days once a day is sufficient. The patient has no new GI complaints today.

OBJECTIVE:
Weight 67.5 kg, blood pressure 110/62. In general this is a pleasant woman in no acute distress. No physical examination was performed today.

ASSESSMENT & PLAN:
Dysphagia secondary to peptic strictures status post dilatation. The upper endoscopy and biopsies did not show any evidence of malignancy. The patient was counseled regarding antireflux measures. She should also chew her food well, especially when she is eating meat. She should continue taking the omeprazole at 20 mg po q day. If her symptoms persist, in the future the dose may be increased to 20 mg bid. Her coumadin will need to be readjusted accordingly as the omeprazole may change her INR. In the future if her dysphagia becomes more problematic, then a repeat upper endoscopy with dilatation can be performed. The patient will follow up with Dr. Neighbor in Family Medicine Clinic and return to the GI Clinic prn. Time spent with the patient was 30 minutes.

RAHUL P. KUVER, MD
ATTENDING PHYSICIAN, DIVISION OF GASTROENTEROLOGY BOX 356424

ELECTRONICALLY AUTHENTICATED ON: March 31, 1998 08:10:19
RAHUL P. KUVER MD
Attending Physician
Division of Gastroenterology

RPK:03/26/98tk:03/27/98

CC:WILLIAM
E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

EMERGENCY MEDICINE SERVICE NOTE - ATTENDING ADDENDUM

CHIEF COMPLAINT: Seizure

The patient was seen with Dr Christopher Flowers. The resident's H&P was reviewed, and I interviewed and examined the patient. Please see the resident's note.

Briefly, this is a 27-year-old female who has a history of a seizure disorder who was having a tooth pulled when she had a seizure in the dental clinic. We were called over to see her and brought her to the Emergency Department for further care. Upon our arrival in Dental Clinic, we noted that she was having nonpurposeful movements of all four extremities. She did not seem to be awake and alert. These stopped on their own and she was extremely groggy after this. No other history was obtainable.

PAST MEDICAL HISTORY:
Significant for deep venous thrombosis, seizure disorder, glaucoma, gastroesophageal reflux.

CURRENT MEDICATIONS:
Coumadin, Tegretol, lovastatin and Trental.

ALLERGIES: PENICILLIN, SULFA

SOCIAL HISTORY: We were unable to obtain.

REVIEW OF SYSTEMS: Also unobtainable.

PHYSICAL EXAMINATION:
VITAL SIGNS: Stable. She was lethargic and post ictal. Pupils equal, round and reactive to light and accommodation. Extraocular movements intact. She had no gaze preference. Fundi were normal. TMs were normal. NECK: Supple with full range of motion. There were no carotid bruits. LUNGS: Clear to auscultation bilaterally. Heart sounds were regular without murmurs or gallops. ABDOMEN: Soft. NEURO: She was lethargic but moved all four extremities equally to painful stimulus. Deep tendon reflexes were 2+, symmetrical.

ED COURSE
The patient did have another seizure while she was here in the ER which was witnessed by all the staff. An IV line was established. However, the patient's seizure activity abated before we were able to give her any medication. We did do a CT scan of her head because of the history of Coumadin

use, and this showed no bleed. Tegretol level as well as basic labs were all within normal limits. Her INR from this morning as drawn in clinic was 1.9. By the time she got back from CT scan, she was feeling much better. She was awake and alert and had a completely normal neurologic exam and mental status. We discussed the case with the Family Practitioner since she is followed by Family Practice and we will discharge her home.

FINAL DIAGNOSIS: Seizure disorder.

LEONARD R. FRANK, MD
ATTENDING PHYSICIAN, EMERGENCY MEDICINE SERVICES BOX 356123

ELECTRONICALLY AUTHENTICATED ON: April 2, 1998 07:16:18
Leonard R. Frank MD
Attending Physician
UWMC Emergency Medicine Department

LF:03/25/98cab:03/25/98

CELLULITIS NEAR RIGHT ORBIT:
S:This is a 74-year-old woman who began noticing redness near her right eye approximately one week ago. The patient states that there is a scab on her forehead, but does not know where the scratch came from. She states her vision has not changed and she has an upcoming appointment in the Eye Clinic to change prescription on her glasses. The patient states her eyes are sensitive to light, but this is not a new finding for her. She does not have pain when moving her eyes in various directions. The patient states she has an ALLERGY TO PENICILLIN AND SULFA DRUGS which both give her a rash. She has taken first generation cephalosporins in the past without difficulty.

O:Weight 149 lb. BP 130/70. Pulse 80. HEENT: Normocephalic with small scratch with well-healing scab on right forehead. Area of erythema extends from the scab which encircles the right eye. The patient does not have swelling of eyelid. No proptosis. EOM's are intact and without pain with movement. Funduscopic exam is benign. No fluctuance under area of erythema. No lymphadenopathy detected. HEART: Regular rate and rhythm with 2/6 murmur, left upper sternal border. LUNGS: Clear to auscultation bilaterally.

A:Cellulitis of right forehead and surrounding right eye. Findings not consistent with periorbital cellulitis or cavernous sinus thrombosis.

P:The patient was given a prescription for 250 mg po qd, Keflex times 10 days, and to follow up in the next five days if erythema is not improving. This patient was seen and examined with attending physician, Doctor Tom Norris.

CHRISTOPHER J. HAWLEY, MD
RESIDENT

THOMAS E. NORRIS, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 356340

CH:03/17/98nm:03/24/98

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:03/17/98

DOB:01/06/25
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E.
PACIFIC STREET
SEATTLE, WASHINGTON 98195

ANTICOAGULATION FOLLOW-UP

S:Patient dropped in to notify us that she had had a pro time done on the 11th while in Endoscopy Clinic. She at that time had an EGD at which time a biopsy was taken of an esophageal stricture. She was told at that time to resume taking her Coumadin on 03-12-98. She had held her Coumadin for three days prior to the procedure.

O:INR on 03-11-98 1.0.

A:Subtherapeutic anticoagulation of patient being anticoagulated for multiple DVTs. She has held Coumadin for three days.

P:Patient will re-start Coumadin at the dose she had been taking previously, which was 5 mg on Thursdays and Sundays, 10 mg the rest of the time.

Of note also looking at her future clinic appointment, she had a dentist appointment on 03-25-98. Upon talking with the dental clinic she is scheduled for an extraction. They would like to have her INR be between 2 and 3 in order to do the extraction. We have agreed with them and with Jeanne that she will hold her dose of Coumadin one day before on 03-24-98 and resume the evening after or as directed by Dental.

In addition she will check her INR on 03-25-98.

KAREN GUNNING, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

REVIEWED ON: March 17, 1998 20:10:21
Karen Gunning, Pharm.D.

Pharmacy Resident
Department of Family Medicine

ELECTRONICALLY AUTHENTICATED ON: March 18, 1998 10:41:08
Allan J. Ellsworth, Pharm.D.
Clinical Pharmacist
Department of Family Medicine

KG:03/12/98cl:03/17/98

PROCEDURE:#31031

REFERRING PHYSICIAN:Rahul Kuver, MD
Division of Gastroenterology

PROCEDURE NAME:Esophagogastroduodenoscopy with dilatation.

OPERATORS:
Richard Tobin, MD, Attending Physician
Elizabeth Morrison, MD, Fellow in Gastroenterology

ENDOSCOPY INDICATIONS:
Dysphagia to solids for one year. No weight loss. Long-term history of heartburn.

MEDICATIONS:
Demerol, 50 mg; Versed, 5 mg IV in divided doses.

CONSENT:
The patient was advised regarding the risks of the procedure, including but not limited to bleeding, perforation and aspiration, and informed consent was obtained.

PATIENT MONITORING:
Patient monitoring included continuous clinical assessment, blood pressure, EKG and pulse oximetry. All parameters remained within normal limits.

DESCRIPTION OF PROCEDURE/FINDINGS:
Please note, Doctor Tobin was present and guided throughout the procedure. The patient was placed in the left lateral decubitus position and the esophagus was intubated under direct vision once conscious sedation was attained. The endoscope was advanced to the duodenum without difficulty. There was a distal esophageal stricture noted at 32 cm, through which the endoscope passed with ease. A hiatal hernia was present from 32 to 35 cm. The duodenal bulb and first and second portion were normal. The gastric mucosa was without abnormality. Retroflex view confirmed hiatal hernia and a stricture.

The esophageal stricture was biopsied times two, although its appearance was that consistent with a peptic stricture. The remainder of the esophagus was normal. A wire was advanced through the endoscope, into the antrum, after which the endoscope was withdrawn from the patient. Dilation of the stricture was performed using a 38 French, followed by 42 and lastly 45 French Savory dilators.

The 45 French had minimal resistance. There were no complications. The dilator and the wire were withdrawn from the patient, following dilation with the 45 French tube.

IMPRESSION:
Likely
peptic stricture, however, biopsies taken. No evidence of Barrett's.

PLAN:
Given patient's age and sedation late in day and no available ride home, the patient will be admitted for overnight observation limited stay on 8 South. The patient may resume her Coumadin beginning 3/12. The patient will follow up with Doctor Kuver.

ELIZABETH D. MORRISON, MD
FELLOW

RICHARD W. TOBIN, MD
ATTENDING PHYSICIAN, DIVISION OF GASTROENTEROLOGY BOX 356424

EDM:03/11/98djl:03/12/98

HOFFMAN, JEANNE
8-17-01-35
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ROOSEVELT

X ENDOSCOPY

CC:RAHUL P KUVER
DIVISION OF GASTROENTEROLOGY
,

356424

FAMILY MEDICAL CENTER
BOX 354770
(206) 548-4055

February 24, 1998

RHODODENDRON APARTMENTS

RE:HOFFMAN, JEANNE
U 8-17-01-35

Dear Sirs:

I am the longtime personal care physician for Ms. Jeanne Hoffman who suffers from multiple medical problems, including significant hearing impairment. She relies on her cats to alert her to noises and visitors at the door and, therefore, I believe it is reasonable that she has cats living in her apartment.

Sincerely yours,

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

WN:02/24/98cld:02/27/98

PROBLEM - DYSPHAGIA.

S:The patient is scheduled for esophagogastroduodenoscopy in March and will be off of Coumadin for a couple of days before that.

PROBLEM - HEALTH MAINTENANCE.

S:Due for a mammogram in May, which is ordered, and for health maintenance examination in June, which is ordered.

PROBLEM - DYSLIPIDEMIA.

S:She has not had cholesterol testing done as ordered and is reminded to do this.

PROBLEM - RECURRENT DVT.

S:She is given a prescription for support stockings.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

WN:02/24/98jg:03/02/98

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:02/24/98
DOB:01/06/25
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

ANTICOAGULATION FOLLOW UP PHONE CALL:

SUBJECTIVE:
The patient dropped into clinic today for blood pressure check of protime INR. Has been taking coumadin 12.5 mg Tuesday and Saturday, 10 mg the rest of the time, and has been compliant, per medi-set check, as well as per patient report. Of note, has added Omeprazole as of last visit here, which may cause an increase in protime and INR. She has not had problems with bruising or bleeding, and in fact remarked that when her blood was drawn, she thought her blood would be too thick because it did not bleed at all. Has not had any nose-bleeds, does have a scratch on her hand, which was caused by a dog and has not bled at all.

OBJECTIVE:
INR today 5.7.

ASSESSMENT:
Super therapeutic anticoagulation on patient who is INR is between 2 and 3 for recurrent deep venous thrombosis.

PLAN:
The patient will hold coumadin for two days, resume with 5 mg on Thursday, and Sunday, 10 mg the rest of the time. Has appointment scheduled with Dr. Neighbor on Tuesday the 24th. Will recheck protime at that time. Is to call should she have trouble with excess bruising or bleeding. Suspect that improved compliance with mini-set, as well as increased addition of Omeprazole which could increase the INR may have resulted in this bump, and have readjusted the dose down 20% accordingly.

KAREN GUNNING, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

KG:02/17/98mmf:02/23/98

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:02/17/98
DOB:01/06/25
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

RECURRENT THROMBOPHLEBITIS, ANTICOAGULATION; GERD
S:The patient is scheduled for review of protime despite increasing doses over the past couple of visits. The patient's pro time has remained subtherapeutic. She was provided with a mediset at the last visit. She was asked to increase her dose 20% and follow back shortly for fear that assisted adherence might set up a super therapeutic effect from the Coumadin. She continues to claim excellent adherence to the regimen. She has been taking 10 mg each day and then on Tuesday, Thursday, and Saturday an additional 2.5 for a total of 12.5 on those three days. She had no problems with bruising or bleeding or recurrence of thrombophlebitis. She has had some difficulties with GERD, and was recently seen by the gastroenterologist who scheduled an upper endoscopy which, in his opinion, will require hospitalization and heparinization in case biopsies and dilatation are necessary. Until this can be organized, prescription or omeprazole 20 mg daily was prescribed.

O:Prothrombin time as INR 3.3.

A:1.Anticoagulation, slight hypoprothrombinemic effect (doubt this is all the dosage increase, probably some degree of improved adherence as well).
2.Potential drug interaction between omeprazole (omeprazole inhibits CYP2C9 mildly and accounts for slight elevation in prothrombin time, at least in some individuals).

P:Will reduce Coumadin to 10 mg each day and then 12.5 mg on Tuesday and Saturday. Will have her return in two weeks to continue to monitor the effect of the mediset on her adherence and the effect of omeprazole before going back to a monthly schedule.

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

AE:02/06/98rr:02/12/98

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:02/06/98
DOB:01/06/25

PAGE

ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE,
WASHINGTON 98195

CC:RAHUL P KUVER
DIVISION OF GASTROENTEROLOGY
,
356424

WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

GASTROENTEROLOGY CLINIC NOTE

CCID:
This is a 27-year-old woman referred regarding solid food dysphagia.

HISTORY OF PRESENT ILLNESS:
The patient complains of dysphagia for solid foods times approximately one year. There are times when she is able to drink water and the dysphagia resolves. However, at other times she has had to regurgitate food. She denies having any liquid dysphagia. She also describes a history of heartburn which has been longstanding and present for at least three years. She has been taking Tums prn for this, and this has often been adequate to control her heartburn symptoms. She briefly tried an H2 blocker, but did not think that this alleviated her symptoms sufficiently. Her heartburn tends to occur after she eats. She has not had a problem with dysphagia with her medications. She has not had any documented weight loss and she does not have any nausea, and the dysphagia has not been progressive as far as she can tell. She also complains of a vague, dull, upper abdominal ache which is present the majority of the time. Her bowel movements have been normal and there has been no gross evidence of blood in her stools. She denies any early satiety. She has a poor appetite, but as noted above, her weight has been stable.

The patient is on Coumadin for a history of recurrent DVT. The patient also had a barium swallow done in 1991 which showed a hiatal hernia and thickened antral folds which were felt to be consistent most with a prior ulcer disease. There was also eventration of the right hemidiaphragm noted on the upper GI study.

ALLERGIES:
NO KNOWN DRUG ALLERGIES.

MEDICATIONS:
1.Zocor.
2.Carbamazepine.
3.Pentoxifylline.
4.Coumadin.PAST MEDICAL HISTORY:
1.Glaucoma.
2.History of seizures.
3.History of lower extremity skin grafts for stasis ulcers.
4.Status post hysterectomy.

SOCIAL HISTORY:
The patient does not smoke and does not drink alcohol. She is a widow.

FAMILY HISTORY:
Noncontributory. There is no family history of malignancies.

REVIEW OF SYSTEMS:
Unremarkable. She has no dyspnea on exertion or orthopnea. She has no chest pain. She has no cough. She does not have insomnia.

PHYSICAL EXAMINATION:
Blood pressure 116/70, weight 147 lb. GENERAL: This is a well-developed elderly woman in no acute distress. She is alert and oriented times three. She does not appear acutely ill. She looks quite well for her stated age. HEENT: Atraumatic and normocephalic head. Pupils are equal, round, and reactive to light and accommodation. Extraocular movements are intact. Anicteric sclerae. Oropharynx is clear without lesions or exudate. NECK: Supple without adenopathy and without thyroid enlargement. LUNGS: Clear to auscultation. CARDIAC: S1 and S2, regular rate and rhythm, without murmurs, rubs, or gallops. ABDOMEN: Soft and nontender without masses. There is no hepatosplenomegaly. Positive bowel tones. RECTAL: Normal sphincter tone. No perianal lesions. Stool is hemoccult negative. EXTREMITIES: Evidence of skin grafts. There is no edema.

LABORATORY DATA:
Laboratory values from January 27, 1998, show ALT of 8, AST 12, prothrombin time 17.8, and cholesterol 284.

ASSESSMENT AND PLAN:
This is a 72-year-old woman with a long history of heartburn who complains of dysphagia for solids which has been present for approximately one year. There is no documented weight loss and the nonprogressive nature of this dysphagia suggests a Schatzki's ring rather than a malignancy. Regardless of the underlying diagnosis, the patient requires an upper endoscopy in order to make the diagnosis as well as to provide therapy if indicated by the findings. Due to her anticoagulation for recurrent DVT, the patient will require hospitalization in order that heparin may be started prior to the procedure as her prothrombin time normalizes. We will need to coordinate this with the patient's referring provider, Dr. Neighbor. We anticipate performing an upper endoscopy once her prothrombin time has normalized. Biopsies may need to be taken and a dilatation may need to be performed if a ring is found in order to alleviate her symptoms. For these reasons it is not safe to proceed until her prothrombin time has come to the normal range and the patient is on full dose heparin. The heparin can be stopped immediately prior to the procedure and then restarted after the procedure.

I would also recommend giving her a trial of a proton pump inhibitor such as Omeprazole to determine whether some of her heartburn symptoms can be better controlled. Antireflux measures

were also discussed with the patient.

RECOMMENDATIONS:
1.I discussed with Dr. Neighbor regarding admission for heparinization.
2.Schedule upper endoscopy in coordination with the admission.
3.Trial of Omeprazole 20 mg per day.

RAHUL P. KUVER, MD
ATTENDING PHYSICIAN, DIVISION OF GASTROENTEROLOGY BOX 356424

RK:02/05/98jg:02/05/98

PATIENT NAME: HOFFMAN, JEANNE

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ROOSEVELT

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT

,
354770

ANTICOAGULATION FOLLOWUP

S:
The patient dropped by today for a recheck of her protime and INR. She has, by her report, been taking Coumadin 10 mg every day of the week except for Sunday, in which she takes 5 mg. We discussed in detail her system for remembering to take her medications. She takes her medications, carried them around with her, and is able to very nicely able to recite exactly when she takes the medications. She denies missing doses. She does report that one time over the past month she did double up on a dose of her Carbamazepine, but reported that this only occurred one time. She has not had any problems with bruising or bleeding. She does report pain in her legs when she walks, left greater than right, but this has not really changed over her previous presentation.

She is also taking the other following medications:
Trental 400 mg tid.
Carbamazepine 200 mg tid.
Simvastatin 10 mg q hs.
Some eye drops.
Occasional Tums.

She does not report taking any other medications and is not carrying any others with her at this time.

O:
INR today was 1.5.

A:
Continued subtherapeutic anticoagulation despite recent dose increases.

P:
Have provided the patient with a Mediset set up with her for the first week. She verbalizes her understanding and how to set it up for next week. An appointment has been set for next Thursday with Doctor Ellsworth to review her anticoagulation as well as review

her compliance package. She will call if she has any questions in the meantime.

KAREN GUNNING, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

KG:01/27/98jas:01/30/98

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FAMILY MEDICAL CENTER CLINIC NOTE

FOLLOWUP BRONCHITIS
S:Treated with Zithromax in December and returns for followup on bronchitis. She is currently asymptomatic except for suffering from intercurrent sore throat related to recent upper respiratory infection.

O:Afebrile, in no acute distress. CHEST: Completely clear except for mild coarse crackles at the left lower base which were present in September of 1996, at which time, chest x-ray was unremarkable.

A:1.Bronchitis, resolved.
2.Chronic left lower base crackles, probably secondary to fibrotic changes.

P:No need for further followup on this problem.

HEALTH MAINTENANCE
S:Hemoccults were negative in April of 1997. The patient has not had sigmoidoscopy but is advised to have this at this time. However, mammogram was done in April and was normal.

DYSLIPIDEMIA
S:She is due for total cholesterol testing and liver function tests, given treatment with lovastatin and follow up in six weeks with me.

DYSPHAGIA AND GASTROESOPHAGEAL REFLUX DISEASE
S:The patient with long history of gastroesophageal reflux disease, last seen by me in April of 1997, at which time, she was treated with a course of Axid and instructed to follow up and, if persistent symptoms, would consider esophagogastroduodenoscopy. She did not follow up as instructed with me. On review of her records in February of 1991, barium swallow revealed hiatal hernia with reflux and additionally eventration of the right diaphragm. The patient reports a long history of dysphagia and states presently that food seems to stick in the mid esophagus, and she needs to drink extra fluids to wash the foods down. She is occasionally using Axid for heartburn symptoms.

O:The patient was in for a brief visit today to follow up on her cough, and there was inadequate time to complete abdominal examination.

A:Chronic gastroesophageal reflux disease symptoms and dysphagia in patient who has had no recent followup evaluation for this problem since
approximately 1991. In part, this has been related to her lack of follow-through.

P:Refer to Gastroenterology Clinic for consideration whether to pursue barium swallow followed by

esophagogastroduodenoscopy or simply to do EGD. The patient understands the reason for the referral.

WILLIAM E. NEIGHBOR, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354770

WN:01/13/98sms380/bmm:01/15/98

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ANTICOAGULATION FOLLOW UP

S:The patient in to see Dr Neighbor today for followup of bronchitis. She has been taking since her last visit Coumadin 10 mg daily except for 5 mg on Saturday and Sunday. She has completed her course of azithromycin and has not had any new medications added to her regimen. She does not have any complaints of bruising or bleeding and has been doing well except for continuing symptoms of bronchitis. She states that she takes her medication every evening, had her bottles with her. We went over, pill by pill, what she takes, and it appears she is compliant.

O:Prothrombin time today 18.6 seconds with an INR of 1.6.

A:Subtherapeutic anticoagulation with the patient being treated for recurrent deep venous thrombosis.

P:The patient will increase medication to 10 mg qd and 5 mg on Sunday. There appears to be no rationale for her continued decrease in prothrombin time which is exactly the same as it was when she was here previously. Will follow closely and have her come back in two weeks' time for recheck of her prothrombin time.

KAREN GUNNING, PHARMD

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

KG:01/13/98sms380/bmm:01/15/98rr: 01/29/98

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FAMILY MEDICINE CLINIC NOTE

S:MSW had met with the patient on 12/30/97. At that time, she stated she wanted some help finding low-income housing. Her son, Douglas, was to take her to a place on Queen Anne on Wednesday, 12/31/97. The patient states that she spends about three days a week over with Douglas on Bainbridge Island, and then spends the rest of the time with a friend in Mountlake Terrace. The number at Mountlake Terrace is 425-670-9712. The patient states that everything is in storage at this point, and she would like to get her own apartment. The patient requested Division on Aging case management. This morning, I called Mildred Dade, her social worker at Division on Aging at 684-0678, to explain that patient was living between two households and had requested help with low-income housing. According to Mildred, her son Douglas had said that he would take care of it and did not want any social agency involved. Therefore, the case was closed, this was back in 9/97. If the patient were to call Mildred, she would help her with the paperwork and put her on the list of low-cost housing. Therefore, I attempted to reach the patient this morning. I did call the Bainbridge Island number, 842-8360, of Douglas and left a brief message that I was trying to reach the patient. I then was able to reach the patient at the 425-670-9712 number. The patient was going to call Mildred Dade, as I gave her Mildred's phone number, to request an appointment to assist with paperwork and get on the low-income housing list. I will remain available as needed.

MOLLY K. HOFFMAN, MSW
DEPARTMENT OF FAMILY MEDICINE BOX 354770

MH:01/05/98sms401/bmm:01/05/98

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FAMILY MEDICINE CLINIC NOTE

COAGULOPATHY, ANTICOAGULATION

S:The patient was seen by Dr. Shade for bronchitis and was given a prescription for azithromycin. Also had her prothrombin time checked, and felt like she is a little under-anticoagulated, though she has not made any dietary modification changes, as her feet are colder. She continues taking Coumadin 5 mg Monday, Wednesday, Friday, 10 mg the rest of the days.

O:LABORATORY DATA: Prothrombin time 18.6 seconds, INR 1.6.

A:Inadequate anticoagulation.

P:Increase Coumadin to 10 mg everyday, except Sunday, where she will take 5 mg. The azithromycin that she has ordered for her respiratory infection should not interfere. Will plan on followup in two weeks, just before she comes to recheck on the bronchitis.

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

AE:12/30/97sms401/mah:12/31/97

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12/30/97
COUGH X TWO WEEKS
S:The patient is a patient of Dr. Neighbor who is new to me today presenting with the complaint of productive cough x 2 weeks. She has a nagging cough productive of yellow and brown sticky sputum. Coughing is forced at night, and she is kept up much of the night. She is very fatigued during the day, and thinks she is having maybe some subjective fevers and chills. She has pain over her lower sternum and chest with coughing, and sometimes with deep breathing. Otherwise, no chest pressure, chest pain, no shortness of breath. She denies paroxysmal nocturnal dyspnea, orthopnea, or edema. She denies sore throat, ear pain, facial pain, or headache.

Current Medications:
1.Coumadin
2.Trental
3.Tegretol
4.Lovastatin

ALLERGIES: PENICILLIN AND SULFA.

O:VITAL SIGNS: Temperature 36.8 degrees, respirations 16, pulse 72, blood pressure 132/80. GENERAL: Mildly ill-appearing, elderly female in no acute distress. HEENT: The left tympanic membranes has a PE tube in place. Right tympanic membranes is pearly gray with good light reflex. Nasal mucosa shows some injection with no obvious discharge. Oropharynx is clear, not injected, no exudate. NECK: Supple without lymphadenopathy. Conjunctivae clear with tearing bilaterally. LUNGS: Bibasilar crackles which clear with cough, otherwise no rales or wheezes, no tachypnea. CARDIAC: Regular rate and rhythm.

LABORATORY DATA: INR pending.

A:Bronchitis.

P:1.Azithromycin Z-PAK x 5 days.
2.Check INR in two weeks to see that antibiotic does not affect Coumadin metabolism.
3.Recommended using lots of fluids and mist showers for cough control rather than over-the-counter cough suppressants.
4.Return to clinic in two weeks for repeat examination.

KATHRYN A. SHADE, MD

RESIDENT

BARRY G. SAVER, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 354795

KS:12/30/97DMX/ljp:12/31/97

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FAMILY MEDICINE CLINIC NOTE

HYPERCOAGULOPATHY/ANTICOAGULATION
S:Patient returns for routine prothrombin time monitoring. She is taking Coumadin 5 mg Monday, Wednesday and Friday, and 10 mg the rest of the days, without complaints, problems, bruising or bleeding.

O:Protime 26.2 seconds (INR 2.6)

A:Adequate anticoagulation.

P:Continue Coumadin at above dose. Recheck in one month.

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

AE:12/11/97sms401/jet:12/12/97

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FAMILY MEDICINE CENTER CLINIC NOTE

UNSCHEDULED VISIT REGARDING ANTICOAGULATION

S:The patient returned for routine prothrombin time monitoring several days ago. She is now in today to discuss the results. Her past dose had been 5 mg on Monday and Friday, 10 mg the rest of the days, trying to achieve a goal INR of 2.3. She has no bruising or bleeding problems. In fact, they had difficulty getting blood from her.

O:Prothrombin time as INR 4.3 (38.3 seconds).

A:Over anticoagulated, without complications.

P:Hold dose tonight. Restart Coumadin on Thursday at: Monday, Wednesday, and Friday 5 mg, 10 mg the rest. Will recheck to make sure we are stable at two weeks.

ALLAN J. ELLSWORTH, PHARMD
DEPARTMENT OF FAMILY MEDICINE BOX 354770

AE:11/26/97sms380/jet:11/29/97

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FAMILY MEDICINE CENTER CLINIC NOTE

LEFT HIP PAIN

S:The patient comes in with a two-week history of left hip pain. She notes that she has been moving boxes at her home and is in the process of leaving her apartment, and it was during that time of onset of her symptoms. She states that the pain is in her hip, worse with walking and moving. It radiates down to her left calf. Denies any fevers or trauma.

O:Alert, anxious female in no apparent distress. EXTREMITIES: Left calf with mild tenderness to palpation as compared to the right. No positive thickening of the skin on the left calf consistent with chronic venous stasis changes. No swelling. No posterior calf pain with dorsiflexion. Pulses: Dorsalis pedis and posterior tibial are palpable bilaterally. No posterior knee pain. KNEE: No posterior knee pain. Full range of motion with no pain. No effusions. HIPS: Range of motion symmetric bilaterally. Pain initially on internal rotation, but that was inconsistent and not present on numerous other repeated examinations. No pain on external rotation. Positive reproducible pain over the greater trochanter. No erythema or warmth. Gait is normal bilaterally with mild favoring of the left side. Straight leg raise negative. BACK: With normal flexion, extension, and rotation to the left and to the right.

A/P:Left greater trochanter bursitis. The patient gave informed consent for injection of 1% bupivacaine of 4 cc and 1 cc of steroid injection. Minutes following the procedure, the patient noted marked improvement in her symptoms. Able to ambulate with no pain. Instructed the patient to continue with ibuprofen 600 mg qid with food for the next two weeks. Will have her follow up in one week's time to be certain her symptoms are not resolved and there are no further questions. She will follow up either with myself or her primary care provider, Dr Neighbor.The patient was seen and evaluated and injection performed with Ronald Schneeweiss, MD.

ANN
HAWN, MD
RESIDENT

RONALD SCHNEEWEISS, MD
ATTENDING PHYSICIAN, DEPARTMENT OF FAMILY MEDICINE BOX 356390

AH:11/24/97sms380/bmm:11/26/97

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FAMILY MEDICINE CENTER CLINIC NOTE

ANTICOAGULATION

S:The patient's PT came back at an INR of 2.6. The goal for this patient is between 2 and 3, given her history of deep venous thrombosis. Therefore she is over anticoagulated and likely needs a change in her Coumadin dose. Per the last report, her Coumadin was 10 mg qd except on Friday which was 5 mg. Likely needs a change to drop the Tuesday dose to 5 mg as well. However, tried the patient at home and there was no answer and no answer on the message machine. The patient does have a followup appointment on October 20, 1997. Therefore, hopefully, this issue will be addressed at this time. No further action could be taken today.

Julianne Mattson, MD
Chief Resident
Family Medicine, Box 354770

JM:10/17/97sms380/bmm:10/20/97

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After the events of last week, MSW did speak with the APS person who did go out and do a home evaluation. Her name is Denise Ross who can be reached at 626-5727. According to Denise, this case will be held open by APS. They are turning it over to the Division on Aging as well. There are some issues with the son who is living there, and when she was there she did see at least one person in the apartment. The manager will be changing the locks and they will be trying to contact the son on Bainbridge Island who currently is in Hawaii; his name is Douglas Hoffman. He will eventually be able to be reached at 842-8360.

At this point, the other issue is to perhaps get the patient into low income housing as her rent is more than her income at this time. The Division on Aging will take over case management for her at that point. Issues of the son are being dealt with also. Denise will be in touch with me as need be.

MSW will remain available as needed.

Molly Hoffman, MSW
Family Medicine, Box 354770

MH:08/20/97rr:08/21/97

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08/11/97

S:MSW asked today to see patient by Dr. Al Ellsworth. The patient is a 72-year-old white female who is in an apartment, Colonial Gardens, 14817 15th Ave. NE, apartment 24, with her son, Lewis, who is somewhere in his 40s. According to Dr. Ellsworth, the patient has a seizure disorder and has had a couple in the lobby when she becomes stressed. According to the doctor, she may be building up to one before I was seeing her this morning. The patient is hard of hearing, does read lips. MSW then met with patient who came into my room. The patient was fairly vague about some of the details I asked her such as how old was her son, "old enough to know better." Finally, she stated that he probably was in his 40s. The patient was able to produce documents giving her social security number and DSHS number, then we started to talk about what the problem was at the moment. According to patient, her son has brought home between three and four street kids, teenagers, who smoke, urinate, spill things, are eating all her food, sleeping all day, and in her apartment now for three to four weeks. At least one of the teens is a female. The patient states she has asked the kids to leaves and they will not. She has asked them not to eat her food, and she stated that she felt she was going crazy. She just could not take it any more with these kids there. MSW asked about the lease which is only for herself and her son Lewis. The patient states she called the police last night, but when a woman accused her of being drunk, she hung up. The patient is hard of hearing and has the seizure disorder. We talked about what avenues to take. I supported the patient in her right to have her apartment back, and indeed with only the two of them on the lease, these other teens should not be there at all. I called APS first at 626-5732 to report that I would like at some point to make a report. I was only able to leave a message stating that I wanted to get support for getting teenage street people
out of this elderly woman's home. We then called the police with patient agreeing to my call, and I finally spoke to operator 65 who stated that at this point from what I was described, there is no criminal act, therefore, she recommended that we work through the manager and see what he could do. I did ask the patient if I could call the manager, and the patient became quite worried about getting her son in trouble. I stated that as far as I could tell there would be no reason to get Lewis involved or in trouble as he was on the lease. I began to notice that patient's expression on her face had changed and her eyes had become fixed in a stare at me. Therefore, I secured the assistance of an MA and then we had quite a few folks helping us out. The patient had some sort of event, a seizure or I am not exactly sure what took place, but the patient became combative, probably disoriented, would only answer no to any question asked her, and indeed for a long time was essentially unresponsive. The patient finally became very agitated and began to pull pictures off the wall and push items off my desk. We called security and ended up actually calling the emergency response team to come to help with patient. At one point, the patient lost her balance and slid to the floor, but became combative again when asked about assistance. We were unable to administer any kind of sedative. The patient went against her will to be evaluated in the emergency room. In the mean time, I had called the MHPs who stated that given the fact that if she was being taken to the

ER, they would do an evaluation and perhaps be involved later on. I called this information to Maggie Yamanaca at 4222 at the ER. In the mean time, I have looked through the chart and found that Dr. Edward Walker saw the patient in August 1996. She evidently had a neuro evaluation which questioned the authenticity of the seizures. At some point in 1985, she had IQ testing which proved to identify her IQ as being 72. The patient
evidently states she had a high school education, but "got the lowest grades ever." According to Dr. Walker's note, the patient has a broad, severe cognitive impairment consistent with long-standing organic brain damage. No history of drug or alcohol use. Evidently, the patient has another son who is married. The patient was married for 25 years and then divorced. At this point, will be in touch with Maggie Yamanaca, and I will continue to try to reach APF folks to see about getting these kids out of the house and doing some protective interventions for patient. I will remain available as needed.

Molly Hoffman, MSW
Family Medicine, Box 354770

MH:08/11/97DMX/smc:08/12/97

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FAMILY MEDICINE CENTER CLINIC NOTE

ACUTE ANXIETY

S:The patient was on Dr Ann Hawn's schedule and was actually seen by Dr Hawn initially but then transferred to me as her primary care provider when I had an opening this morning. She has been under a great deal of psychosocial stress in that her son, who is approximately age 40, lives at home and has multiple friends coming over. While her son is gay, she does not have a problem with that, but she does have a problem with their demanding attitude. She would like to get a smaller house where she can live just with her cats, and she thinks that her neighbor will help her in this. She was downtown yesterday, in part, because of the underlying stress when a kid threw a water balloon at her. She chased after him and kicked him, and then the police got involved. She comes in today tearful. Over the weekend, she reported having some suicidal ideation and even had a plan involving getting on a ferry and jumping off of it. However, today, she states that those thoughts have subsided and she is not having any further suicidal ideation. There are no delusions present.

O:VITAL SIGNS: Per chart. Tearful but controlled.

A:Acute anxiety with possible underlying depression, in part, related no psychosocial situation.

P:1.Offered our social work resources, but the patient feels she can deal with this on her own with the help of her neighbor at the present time, but I advised her to call us if there are any problems.
2.Since her main problem presently is an acute anxiety and there is no suicidal ideation, and we have known this patient for a long time, will begin oxazepam 10 mg one po tid prn number 20 given with no refills and to follow up next week. Reviewed with our pharmacist who does not feel there will be any strong interactions with her other medications. She should have an INR done next week when she comes in.
3.As she has hearing problems, she is offered resource of coming into our clinic whenever she likes as she has difficulties communicating by telephone.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:07/22/97sms15:07/23/97

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PROBLEM:DERMATITIS.
S:In the last few days, she has noted some itching over her lower legs. She was seen by Doctor Strandness who asked her to be seen here. He did not feel that this was related to vascular disease.
O:Examination revealed slightly pruritic mild papules occurring in four areas over her lower extremities below the knees. There is no evidence of infection or cellulitis. Evidence of scratching is present.
A:Probable contact dermatitis.
P:Hydrocortisone 1% cream bid until resolved for approximately ten days.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:06/26/97:mcw:07/02/97

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FAMILY MEDICINE CENTER CLINIC NOTE

BACK AND LEG PAIN
S:The patient symptoms are improved today. Today, she focuses on left upper back pain which she has had since a fall in July of 1996.
O:Thoracic spine films were unremarkable. Lumbosacral films showed a degenerative joint disease with narrowing at L4 through 5. Aortic calcifications were noted as well. BACK EXAMINATION: Reveals tenderness over the mid portion of the thoracic spine paraspinal muscles on the left.
A:1.Chronic low back pain secondary to degenerative joint disease with narrowing at L4-5 with no symptoms to suggest radiculopathy today.
2.Left midthoracic paraspinal muscle tenderness, probably secondary to chronic strain, with no evidence of pathology on lumbar spine films.
P:Advised the patient to consider physical therapy. However, she is reluctant to do this and states that it really has not been a problem for her today. She is instructed to follow up if symptoms change or do not resolve.

DYSPEPSIA
S:The patient now reports that she takes Axid 150 mg tid. Her symptoms are improving. However, she occasionally has some dyspepsia.
O:No examination.
A:Dyspepsia.
P:Reemphasized compliance with 150 mg bid of Axid and prn use of Maalox for interval symptoms. Treatment is four two months with consideration for esophagogastroduodenoscopy if does not respond appropriately as discussed on April 22, 1997 visit. ANTICOAGULATION
S:INR last week 1.9. No change in therapy. Repeat test in one month.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:05/21/97sms15:05/25/97

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
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DOB:01/06/25

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FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

FAMILY MEDICINE CENTER CLINIC NOTE

FOLLOWUP OF BACK AND LEG PAIN
S:See note dated April 7, 1997. The patient lost requisition for x-ray and slip is completed again today, and she will follow up for results in one month. She stated she is impossible to reach by telephone.

DYSPEPSIA
S:Continues on Axid 150 mg, but rather than taking two tablets qhs, she is taking one bid but reports this completely resolved her dyspepsia.
P:Plan is, as before, to continue treatment for two months and then discontinue, it if there are recurrent symptoms, obtain esophagogastroduodenoscopy.

ANTICOAGULATION
S:INR yesterday 3.0 which is therapeutic compared to value on April 4, 1997 of 1.5 though there has been no change in dose and the patient insists that she is compliant.
A:Anticoagulation.
P:Continue same dose. Recheck INR in one month and follow up with me.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:04/22/97sms15:04/22/97

PATIENT NAME: HOFFMAN, JEANNE

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FAMILY MEDICINE CENTER CLINIC NOTE

BACK AND LEG PAIN
S:Status post hospitalization ten days ago for rule out deep venous thrombosis with no evidence of deep venous thrombosis. She complains of at least two-month history of mid and lower back pain with radiation to her thigh and below the knee with some numbness over the anterolateral portion of her thigh. There is no history of injury. The patient has been on Coumadin for years and also may have some osteoporosis.
O:Tenderness over the right paraspinal muscles at approximately the level of T12. No midline tenderness otherwise. Straight leg test negative bilaterally. There is decreased sensation over the anterolateral thigh and anterolateral lower leg but no decreased sensation to the foot. However, because of her venous stasis disease, it may be difficult to detect differences between the two sides. Great toe extensors, ankle dorsiflexion and plantar flexion intact. Reflexes 0 to 1+, bilaterally symmetrical.
A:Back pain with possible radicular symptoms.
P:X-ray of thoracic spine and lumbosacral spine to rule out compression fracture or other pathology. Follow up in two weeks for test results.

HEALTH MAINTENANCE
S:Briefly reviewed her health maintenance. The patient is past due for Hemoccults and mammogram which are ordered today. Follow up in two weeks.

DYSPEPSIA
S:Two months ago, the patient was begun on Axid 150 mg bid for recurrent dyspepsia. The patient states that it has worked to some extent. However, she still has some dyspepsia symptoms once or twice weekly. However, on further questioning, it is apparent that she was never fully compliant with recommended treatment.
O:No examination.
A:Dyspepsia. Patient with history of reflux esophagitis first diagnosed in 1982.
P:Axid 150 mg two tablets po qhs to improve compliance. Insist on compliance and follow up at two months. If persistent symptoms at that time, would consider repeating esophagogastroduodenoscopy which, it appears,
has not been done for some time to rule out Barrett esophagus.

ANTICOAGULATION
S:Currently taking 10 mg qd except for Fridays at which time she takes 5 mg qd which is the same dosage as prior to hospitalization.
O:On April 4, INR 1.5.

A:INR subtherapeutic. However, given the fact that the patient was apparently off Coumadin during her hospitalization and was not reloaded, some of the effect of this may still be reflected in the low INR. Plan is to continue same dose and recheck INR in two weeks.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:04/07/97sms15:04/07/97

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FAMILY MEDICINE CLINIC -- ROOSEVELT

Anticoagulation follow up.

SUBJECTIVE:
The patient stopped by the clinic unscheduled following discharge from the hospital for deep venous thrombosis. Hospital Note not yet available. Per patient report had eye doctor appointment on Friday and then stopped by Dr. D. Eugene Strandness, Jr.'s office, who admitted her to the hospital for deep venous thrombosis. The patient was Heparinized over the weekend, however, Coumadin was not reinitiated. The patient is to take a first dose tonight according to her understanding of instructions.

OBJECTIVE:INR today 1.0.

ASSESSMENT:Subtherapeutic anticoagulation.

PLAN:
Discharge prescription states the patient is to take Warfarin 10 mg qd except 5 mg on Friday which is the same as the patient's pre-hospitalization dose. Tried to call the House Officer for Vascular Surgery to double check that the patient is not to be loaded on Warfarin. Did not return page. I am working with the assumption that this is the intended plan.

FOLLOW-UP:
She will follow up with myself or Allan Ellsworth, PharmD this Friday, 04/04/97, for repeat INR and dosage titration on Warfarin.

Beth Chester, PharmD
Family Medicine Clinic

Allan Ellsworth, PharmD
Clinical Pharmacist
Family Medicine, Box 354770

BC:04/01/97bd:04/03/97

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ADMISSION DIAGNOSIS:
Rule out deep vein thrombosis.

DISCHARGE DIAGNOSIS:
Rule out deep vein thrombosis.

SURGICAL PROCEDURES PERFORMED DURING THIS HOSPITALIZATION:
None.

HISTORY OF PRESENT ILLNESS:
The patient is a 72-year-old female with a past history of venous stasis and deep vein thromboses to lower extremities who presents with one day duration of right lower extremity pain. The patient states it was acute in onset and hurt constantly. The patient stated that exercise did not make it worse. She also stated that the pain is located in the thigh laterally and posteriorly. The patient stated that she felt as if her right calf was swollen.

PAST MEDICAL HISTORY:
Significant for glaucoma, epilepsy and lower extremity problems already discussed.

PAST SURGICAL HISTORY:
Significant for multiple skin grafts to the lower extremities and hysterectomy.
MEDICATIONS PRIOR TO ADMISSION:
1.Lovastatin.
2.Carbamazepine.
3.Pentoxifylline.
4.Coumadin 10 mg q day, except for Fridays, in which case she takes 5 mg.

ALLERGIES:
NO KNOWN DRUG ALLERGIES.

HABITS:
Denies tobacco, alcohol or drug use.

PHYSICAL EXAMINATION ON ADMISSION:
The patient had palpable bilateral pulses. Multiple split thickness skin graft sites to her lower extremities which are well healed. Compression stockings in place. Positive Homans's sign on the right. Positive calf pain on palpation on the right, but no erythema.

HOSPITAL COURSE:
The patient was admitted for rule out deep vein thrombosis. The patient was started on a heparin drip which was monitored every six hours and the patient's leg was elevated. The patient's hospital course was unremarkable and on the first and second hospital days, the patient's pain began to cease and by the third hospital day, the patient's pain had gone away. Venous duplex examination performed on March 31, 1997 showed right iliac, femoral, popliteal and tibial veins were patent, a chronically occluded left iliac vein, however the rest of her left-sided
veins were all patent, as was the inferior vena cava. Given that the patient's duplex was negative, except for chronic occlusion and the patient's pain had resolved and the patient's lower extremities were no longer edematous, the patient was discharged on her prehospital medications, in addition to Tylenol 650 mg po q 6 hours prn pain.

DISCHARGE MEDICATIONS:
1.Lovastatin 40 mg po qhs.
2.Carbamazepine 200 mg po tid.
3.Pentoxifylline 400 mg po tid.
4.Coumadin 10 mg po q day, except for Fridays, in which case she takes 5 mg.
5.Tylenol 650 mg po q 6 hours prn pain.

FOLLOWUP:
The patient is to follow up with her primary care physician and to return to see Doctor Strandness in the future if she has any further problems.

John Connolly, MD
Resident

D. Eugene Strandness, Jr., MD
Attending Physician
Department of Surgery, Box 356410

JC:04/01/97sms27:04/02/97

HOFFMAN, JEANNE
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ADMIT: 03/28/97

DISCH: 04/01/97
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ROOSEVELT
XDISCHARGE SUMMARY

DYSPEPSIA
S:Patient with history of dyspepsia in the distant past, reports one month history of recurrent dyspepsia, particularly when her stomach is empty. Denies nausea or vomiting. No melena or hematochezia.
O:VITAL SIGNS: Per chart. No epigastric tenderness or right upper quadrant tenderness.
A:Dyspepsia, probably secondary to gastroesophageal reflux disease.
P:Axid 150 mg bid times six weeks. Recheck at two months, earlier if no improvement.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:02/13/97sms15:02/14/97

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SURGERY CLINIC NOTE

Ms. Hoffman returns to the Vascular Clinic on 2/11/97. Since her last visit she has developed a small punctate area on the dorsum of her right foot which she states will periodically open and then close. This area is quite painful. The lesion itself is approximately 2 mm in diameter but at the present time is well-healed. It is not in the vicinity of any varicose veins so I am not quite sure what this lesion is.

I have no suggestions and told her to return if this does cause her further problems or some other development takes place.

D. Eugene Strandness, Jr., MD
Attending Physician
Department of Surgery, Box 356410

ES:02/11/97tlr:02/14/97

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FAMILY MEDICINE CLINIC NOTE

S:The patient is comes into the clinic today complaining of a four-week history of a persistent cough which is productive of yellowish phlegm. Denies any fever or chills or shortness of breath. Complains of chest pain when she is coughing. The patient has a history of multiple medical problems, including a history of recurrent deep venous thrombosis for which she recent anticoagulation. She is followed by Allan Ellsworth. This patient's primary care provider is Dr Neighbor. The patient reports ALLERGY TO PENICILLIN which leads to a rash and ALLERGY TO SULFA which leads to a rash.

O:GENERAL: The patient is alert, in no apparent distress. HEENT: Tympanic membranes clear. Throat is injected. No lymphadenopathy. LUNGS: Clear to auscultation. CARDIOVASCULAR: No jugular venous distention. Regular rate and rhythm. Normal S1, S2.

A/P:Bronchitis. Recommended Suprax 400 mg one po qd for ten days. Follow up with Dr Neighbor in a week if her symptoms are not improved. Of note is that THE PATIENT IS ALLERGIC TO PENICILLIN AT TO SULFA ANTIBIOTICS. She has tolerated Suprax well in the past and has responded well to this antibiotic previously. Of note is that the patient had pneumonia last year. Presently, there is no evidence of this, but the patient made aware that if she develops fevers, shortness of breath, or any concerns to let us know.

Rosa Solorio, MD
Attending Physician
Family Medicine, Box 354770

RS:02/05/97sms15:02/07/97

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ANTICOAGULATION, SEIZURE DISORDER, RECURRENT DEEP VENOUS THROMBOSIS
S:The patient has been taking Coumadin 10 mg each day without complications or problems. No bruising, bleeding. No extension of thromboembolic events.
O:Prothrombin time as INR 3.7.
A:Hypoprothrombinemia.
P:Hold Coumadin tonight. Restart at 10 mg each day with only 5 mg on Friday. Follow up in one month.

Allan Ellsworth, PharmD
Clinical Pharmacist
Family Medicine, Box 354770

AE:01/03/97sms15:01/03/97

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UPPER RESPIRATORY INFECTION
S:The patient comes in today continuing to complain of cough productive of purulent sputum as well as purulent rhinorrhea. She is finishing a ten-day course of doxycycline that was started on October 21, 1996, with minimal improvement. She has not had any fevers or chest pain.
O:Temperature is 36.7, respirations 24, pulse 18, blood pressure 130/70, weight is 152, and oxygen saturation is 96% on room air. GENERAL: A hard-of-hearing but well appearing woman with a productive cough. PHYSICAL EXAMINATION: HEENT: Tympanic membranes are unchanged from my last examination with serous otitis bilaterally. Nares are mildly erythematous with purulent drainage. Oropharynx is normal with new drainage. NECK: Supple with normal lymphadenopathy. HEART: Regular rate and rhythm without murmurs. LUNGS: Without persistent crackles in the bases.
A:Question persistent bronchitis versus persistent sinusitis.
P:1.Ceftriaxone 1 gm IM followed by Suprax 400 mg one po q day for fourteen days. Follow up in fourteen days.
2.If symptoms have not improved, will get a limited sinus CT scan to be sure that we are following the correct thing. If the patient continues to have difficulty after this, would recommend followup with ENT Clinic.

SEIZURE
S:The patient had finished in clinic, gone down to pharmacy to fill her prescription, and came back to ask a question about her medication. Helped with someone by the front desk staff and found the patient complaining of severe headache and not mentating clearly. She was saying that she was fine and wanted to go home, but her speech was somewhat slurred and she was not answering questions appropriately. While myself, Elizabeth Gamboa, and Beth Chester were talking with her, she had three or four movements of her right arm, fluttering of her eyelids, and stiffening of her entire body with attempts to stand up. She continued to talk during most of the episodes that lasted approximately 40 seconds.
She did have some breaks in her speech and continued to say that she was fine and that she was going to fight this and wanted to go home. After approximately 40 seconds, she agreed to sit down, and her thoughts became more coherent. She knew where she was, that she had had a seizure, and she had been somewhat belligerent during it.

O:Bringing her back to an examination room to draw a Tegretol level, she was quite ataxic but able to ambulate with assistance. Approximately 30 minutes after her seizure, a neurological examination found her alert and oriented with cranial nerves II through XII individually tested and intact. Motor strength was 5/5. Flexors and extensors in upper extremities and lower extremities, deep tendon reflexes were 2+ at the elbow, right knee, and bilateral ankles. Left knee had no knee jerk. Toes were downgoing bilaterally. Sensation was grossly intact. Cerebellar examination revealed normal

single finger-to-nose, normal heel-to-shin, positive Romberg, and ataxia with heel-to-toe walking. The patient states that she always has poor balance. On the mental status, the patient was oriented times three, was able to subtract 3 from 20 down to 11, was able to remember two out of three objects after five minutes and seemed to be back to her normal self. Tegretol level was 7.4 which is the low end of therapeutic but is normal for her.

A:Likely petit mal seizure. Questions of pseudoseizure.

P:Continue Tegretol at current dose. Plan to follow up in two weeks. If this continues to be an escalating pattern, would consider additional seizure medication or touching base with her neurologist.

Elizabeth O'Kane, MD
Resident
Family Medicine, Box 354770

Carlos Frias, MD
Attending Physician
Family Medicine, Box 356390

EO:10/29/96sms15:10/30/96

PATIENT NAME: HOFFMAN, JEANNE

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S:The patient returns to the clinic to discuss lab results from yesterday. Yesterday, she came in reporting an episode of bright red blood per rectum. Hematocrit and INR tests were ordered. Today, the patient is feeling much better, denies any more episodes of blood in the stools.
O:GENERAL: The patient is alert, in no apparent distress. INR is 2.0. Prothrombin time 23.7. Hematocrit 41%.
A/P:1.Status post gastrointestinal bleed, hematocrit stable. INR is 2.0.
2.History of recurrent deep venous thromboses. The patient currently on Coumadin, followed by Allan Ellsworth, pharmacist for this. Advised to continue with previous recommendations on her Coumadin.
3.The patient has an appointment to see Dr. Neighbor next week. Dr. Neighbor is her primary care provider.

Rosa Solorio, MD
Attending Physician
Family Medicine, Box 354770

RS:10/22/96sms15:10/23/96

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S:This is a patient of Dr. Neighbor who comes to the clinic today complaining of an episode of bright red blood per rectum yesterday evening and this morning again. She has never had this type of problem before. She does report a history of hemorrhoids for many years, although this had never caused her rectal bleeding in the past. She is also complaining today of a four week history of a cough and nasal congestion and sinus pressure. She is found to be ALLERGIC TO PENICILLIN AND SULFA DRUGS. She denies any chest pain. She reports that about two days ago she had a low-grade fever and none today.
O:GENERAL: The patient is alert and in no apparent distress. VITAL SIGNS: Blood pressure is 100/70. Heart rate is 76. Respiratory rate is 16. Weight is 154 and stable. Temperature is 36.5. HEENT: TMs are clear. Throat is injected. NECK: Supple. No lymphadenopathy. LUNGS: Clear to auscultation. CARDIOVASCULAR: No jugular venous distention. Regular rate and rhythm, normal S1 and S2. ABDOMEN: Positive bowel sounds. Soft, nontender. RECTAL: Stool is heme positive. Anoscopy shows evidence of external hemorrhoids with a small amount of bright blood around these.
A/P:1.Acute bronchitis, recommended doxycycline 100 mg one po bid for ten days. Followup with Dr. Neighbor in one week.
2.History of GI bleeding, may be related to her external hemorrhoids, but I cannot be sure of that. She may require a flexible sigmoidoscopy if the problem is recurrent. The patient is advised to follow a high-fiber diet and if she develops a recurrent episode of bright red blood per rectum, would like her to call the clinic immediately. We will go ahead and check a hematocrit today. Discussed with the patient that we need to observe her closely.

Rosa Solorio, MD
Attending Physician
Family Medicine, Box 354770

RS:10/21/96kk:10/22/96

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PROBLEM: Serous otitis media.
S.The patient is a 71-year-old woman who presents today complaining of increased hearing loss. In general, she does have hearing loss and wears one hearing-aid. She has not been wearing this hearing-aid recently and feels that her hearing is worse. She has recently been on antibiotics including Doxycycline and Keflex for possible pneumonia. She has also been using Afrin nose spray for eustachian tube dysfunction. She denies any pain in her ears. She still has some cough and rhinorrhea, both productive of yellow sputum.

O.VITAL SIGNS: Temperature 36.9. Pulse 84. Blood pressure 124/66. Weight is 155. GENERAL APPEARANCE: The patient is a well-appearing, but very hard of hearing, woman in no acute distress. HEENT: Normocephalic, atraumatic. Right tympanic membrane with yellowish fluid behind the eardrum with normal light reflex and minimal movement of the drum. Left tympanic membrane has normal light reflex but some fluid behind the drum with no movement. Oropharynx is slightly erythematous but no tonsillar enlargement or purulent drainage. Tympanograms bilaterally were completely flat. NECK: Supple with no lymphadenopathy. CARDIAC: Regular rate and rhythm. LUNGS: Crackles in bilateral bases.

A.1.Serous otitis possibly secondary to eustachian tube dysfunction and recent upper respiratory tract infection.
2.Persistent crackles in bilateral lung bases.

P.1.Encouraged the patient to wear her hearing-aid as this may improve her hearing loss.
2.Asked the patient to return in three weeks to evaluate clearing of the fluid at that time. If there is no improvement, would consider referral to Otolaryngology for further evaluation in light of her previous hearing loss.

Elizabeth O'Kane, MD
Resident
Family Medicine, Box 354770

Carlos Frias, MD
Attending Physician
Family Medicine Clinic, Box 354700

EO:10/08/96clb:10/09/96

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FOLLOWUP OF PNEUMONIA AND EUSTACHIAN TUBE DYSFUNCTION
S:Completed ten-day course of doxycycline and five-day course of Afrin nasal spray for eustachian tube dysfunction without problems. Feels considerably improved. While she continues to have some feeling of hoarseness in her breathing, she denies fevers, chills, night sweats, or any productive cough.
O:VITAL SIGNS: Per chart. Afebrile today. HEENT EXAMINATION: Reveals tympanic membranes move bilaterally equal and are clear. CHEST: Clear today throughout, without rales or wheezes.
A:1.Pneumonia, resolved, with treatment with doxycycline.
2.Eustachian tube dysfunction, clinically resolving.
P:Follow up prn for this problem. Otherwise, continue regular followup for her prothrombin time and monitoring for Tegretol.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:09/25/96sms15:09/26/96

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FAMILY MEDICINE CLINIC NOTE

URI (POSSIBLE PNEUMONIA)
S:The patient continues to have a slight cough. She complains of blocking of her ears over the last several days. She is still taking Doxycycline bid, as prescribed by Dr. Neighbor (progress note not yet in the chart). She does not have a fever and feels well.

O:VITAL SIGNS: WT 161 lb. BP 132/80. TEMP 36.1 orally. NECK: No cervical adenopathy. THROAT: Clear. No PND detected. NOSE: Not particularly congested. LUNGS: There are rales heard in the mid-axillary area that do not clear with coughing. A chest x-ray was performed, which showed no evidence of any infiltrates (I wonder whether the rales are an old finding since the location is not usually included in a routine examination). EARS: TMS appear normal.

A:The patient most likely has a URI which is now resolving, and also eustachian tube dysfunction as a result of the illness.
P:1.Afrin nose drops bid x 5 days and no more.
2.Return to see Dr. Neighbor next week for her routine followup.

Ronald Schneeweiss, MD
Attending Physician
Family Medicine, Box 354770

RS:09/17/96kp:09/18/96

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FAMILY MEDICINE CLINIC NOTE

PROBLEM #1. Left lower lobe pneumonia.

SUBJECTIVE:
See prior note. Completed ten-day course of Keflex with some improvement in cough but still intermittent production of yellowish sputum, without fever, chills or night sweats, complains of some left chest wall discomfort.

OBJECTIVE:
VITAL SIGNS: Weight 159, stable. BP 114/56. Temperature afebrile. GENERAL: No acute distress. HEENT: Unremarkable. CHEST: Left base rales, otherwise clear, no wheezes.

ASSESSMENT:
Left lower lobe pneumonitis, community acquired, with poor response to Keflex. Suspect Mycoplasma.

PLAN:
Given that erythromycin would interact with her Tegretol and Coumadin, will treat with doxycycline 100 mg bid times ten full days with GI precautions. Follow up in two weeks for pneumonitis. If persistent symptoms at that time, would place PPD and obtain chest x-ray. Will also check PT at that time.

ADDENDUM:
On 9/3 her INR was 1.8, but prior to that, on 8/8, it had been 3.0. There was no change in dose. Her Tegretol level on 9/3 was 7.9. Her sleep-deprived EEG revealed bitemporal eliptiform discharges. The patient refused VN visit to her home.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:09/10/96jmj:09/16/96

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ROOSEVELT FAMILY MEDICINE CLINIC

PERSISTENT COUGH

S:Patient presents to the clinic with a two week history of cough unrelieved by Robitussin. Patient states that she has taken five bottles over the last two weeks. Her cough is slightly productive of phlegm which is gray-green in color. She is unable to loosen larger amounts of phlegm, which she states she can feel in her chest. She has no complaints of nausea, vomiting, chills or fever. She has had no sore throat or runny nose.

O:VITAL SIGNS: Patient is afebrile. HEENT: Exam unremarkable. CHEST: Left lower lobe rales appreciated.

A:MILD LEFT LOWER LOBE PNEUMONIA.

P:Given patient prescription for Robitussin AC for cough. Rx with Cephalexin 250 mg one capsule bid x 10 days. Patient is to bring in her own supply to pharmacy to verify dose and adequate quantity for ten full days of therapy. Patient will followup with Dr. Neighbor in two weeks and call prn problems.

Kathy Byun for

Allan Ellsworth, PharmD
Clinical Pharmacist
Family Medicine, Box 354770

CB:08/27/96jd:08/29/96

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S:The patient is a 71-year-old divorced woman referred by Ann Hawn, MD and also a patient of William Neighbor, MD. She is referred for a general psychiatric disorder. On July 11, she had a "seizure" where she, while in the Ophthalmology Clinic where she was gently lowered to the floor after feeling "faint" or "limp." She was observed to have a random arm and head movements and was thought to have a seizure. She was evaluated in the Emergency Room and these subsequently by Neurology. The neurology consult questioned the authenticity of the seizures, and then she had a followup EEG which was judged to be abnormal but inconclusive. She has a history of "seizure disorder" going back to her earliest notes in the Family Medical Center chart in 1983. A review of the chart suggests that the authenticity of the seizures has been questioned for over ten years with the majority of the symptoms appearing to be consisted with pseudoseizures. Despite this, she is currently on anticonvulsants.

She was given psychological testing in 1985 and was found to have a full scale IQ of 72. She has broad severe cognitive impairment in most levels of her functioning which are consistent with longstanding organic brain damage. She is noted in that evaluation to be functioning at a much higher level socially due to her ability to rely on other individuals.

She arrived 30 minutes late for her evaluation today and immediately began complaining about her cough and low back pain, expressing some skepticism about why she needed to be evaluated. She was very difficult to engage in the interview and had a loose, disorganized cognitive style that was difficult to follow. She endorsed essentially no psychiatric symptoms except middle insomnia. She was questioned about a full range of depression, mania, psychosis, and anxiety symptoms. She gave very little prior history, and "I don't know" was a common response. She does not know of any past or family history of psychiatric disorder
and noted only that her father had a lifelong grand mal seizure disorder which was treated with phenobarbital. She has no history of any alcohol or drug use.

She currently lives with her son in an apartment in Northeast Seattle. She has another son who is married. She has not worked very much through her life except in childcare settings. She grew up in Bainbridge Island to a family that she said was "fine." She is the middle of three children and described her brother and sister who did well. Her mother was "strict and orderly." Her father was "a groundskeeper." She was not able to describe any emotional characteristics of either of her parents. She denied any history of emotional, physical, or sexual abuse or neglect and reported no domestic violence as an adult. She states she was educated through high school but got the "lowest grades ever." She was married at age 20 and lived with her husband for 25 years, after which he left her for another woman.

O:Mental status examination was notable for a casually dressed and groomed woman who appeared

very disorganized and had trouble following the interview. Part of this was due to a hearing impairment, but even when she clearly heard my questions, the answers were occasionally off target and reflected her desire to talk about what she thought was important. She spoke without any latency. Her thought process was nonlinear, often circumstantial and tangential. She had no abnormal content, including suicidality, or any cognitive distortions. She was oriented times three but was unable to do the simplest abstractions such as similarities between an apple and an orange, proverbs, or dissimilarities. She could count backwards from ten but could not do so from 100. She could not do the month of the year backwards. Her mood was neutral, affect full range. Judgment and insight were extremely poor.

A:In summary, this 71-year-old woman provided very little new information during the interview. She seems
very consistent with the prior descriptions of her problems in the chart, particularly a 1985 neuropsychological assessment which suggests that she has longstanding cognitive impairment that shows a broad and severe pattern. She most likely has organic brain damage from some birth trauma, and she is nonetheless able to present herself as someone who does not appear to be as severely impaired as she actually is. She has been able to live in the community with the assistance of other family members and has basically overlearned and rehearsed certain social graces that allow her to just get by. I am grateful that she has had a recent neurology workup and that, according to the chart, she has also had, in 1993, an MRI and before that, in 1990, a CT. These organic workups suggest that the majority of what she expresses is probably a pseudoseizure, although one cannot rule out an underlying organic seizure disorder which would be consistent with the organic damage that she has experienced. The relative proportion of these is unknown, but my guess would be that most of what we are seeing is a well controlled seizure disorder that has erupted periodically as a pseudoseizure process. The triggers of these spells are not clear. However, in most patients, they have to do with episodic social stressors. She did mention that insecurity about housing was one thing that brought these on in the past.

P:I would suggest that you continue with your supportive care of this woman for her primary care medical problems. She is an easily overwhelmed woman who would likely decompensate in the presence of a new social stress or the absence of the family who has provided so much supportive care. It might be interesting to invited her son, who lives with her, as well as her married son, to talk about ways in which they can prepare her to continue to live through her remaining years. Since she expresses no symptomatic distress at this time, I have no recommendations for pharmacologic management other than the maintenance of her anticonvulsant. Return to see Dr. Neighbor prn.

Edward Walker, MD
Attending Physician

Department of Psychiatry, Box 356560

EW:08/13/96sms15:08/15/96

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FAMILY MEDICAL CENTER

CLINIC NOTE

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SEIZURE DISORDER
S:Sleep deprived EEG was done earlier this week, but final report is not yet available. She has had no recurrent seizure activity and has been compliant with Tegretol 200 mg qid. Tegretol and prothrombin time done today for her seizure disorder and her Coumadin treatment. She is to follow up next week for test results, and she is very difficult to reach by telephone.

COUGH
S:Since last week, has had a hacking nonproductive cough, occasionally productive of yellowish sputum, without fever, chills, or night sweats.
O:Afebrile, no acute distress. HEENT: Examination unremarkable. CHEST: Clear throughout.
A:Viral upper respiratory infection.
P:She may safely use dextromethorphan type over-the-counter cough remedies. Follow up if recurrent problem.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:08/08/96sms15:08/08/96

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SEIZURE DISORDER
S:See prior note. The patient has sleep EEG which was slightly abnormal, and recommendation was for sleep deprived EEG. Current Tegretol dose is 200 mg qid which is increased from tid, her previous dose. She has had no recurrent seizures and no side effects from the increased dose of Tegretol.
O:Weight 160, blood pressure 140/80, pulse 76 and regular. No other examination today.
A:Seizure disorder, etiology to be determined, presently well controlled.
P:1.Scheduled sleep deprived EEG.
2.Return in one week for Tegretol level which would occur about ten days after a change in dose. She would have a Coumadin measured at that time as well.
3.I will call VNS to arrange for home safety evaluation and the possible use of lifeline at home. Their number is 1-800-449-2221.

PHLEBITIS
S:Developed some redness on the inner aspect of her right arm shortly after her hospitalization and IVs. This has been improved. She has been using cold packs but not warm moist packs on the area.
O:Afebrile. Examination reveals slightly red, slightly increased warmth area over the inner aspect of her right ARM. There is no venous engorgement distally and no streaks running up the inner aspect of her arm.
A:Mild post catheter phlebitis.
P:Warm moist packs bid and expect continued improvement. Otherwise, recheck.

William Neighbor, MD
Attending Physician
Family Medicine, Box 354770

WN:08/01/96sms15:08/03/96

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PROBLEMS
1.Followup of seizure.
2.Followup of chest wall contusion.

S:A 71-year-old female with a history of seizure disorder, recurrent phlebitis and deep venous thrombosis, on Coumadin and multiple other problems. On July 11, she was seen in the Emergency Room for seizure or possible pseudoseizure. She was scheduled for an appointment with neurology. She was seen there on approximately July 18. An EEG was done which was abnormal. It was recommended that possible sleep deprivation EEG would be helpful. It was recommended that she increase her Tegretol from 200 mg tid to 200 mg qid. However, she misunderstood the instructions and increased her Tegretol to 400 mg qid. She took at least three doses the next day and two to three doses a day following. On that day, July 20, she was feeling really funny, got up to walk across the room, felt even more weak, with whole lower body weakness and she ended up falling and hit her back on a bookcase. She was seen in the Emergency Room at that time, and her Tegretol level was noted to be now 15.1. It had been 6.4 on her visit of July 11.

It was also noted that her prothrombin time had increased from 13.6 on July 11 to 28. She was sent home from the emergency room off of the Coumadin, which she takes 10 mg qd, and the Tegretol. She was to follow up on July 23 at the clinic here. However, she said "one more day would not matter. I am feeling fine" and came in today. She has been feeling fine at home. No seizure activity at home.

O:No acute distress. VITAL SIGNS: Blood pressure 124/80, pulse 76. A 13.5 x 5 cm ecchymotic area over the posterolateral left chest. Tenderness over the bruise, but ribs are nontender. HEART: Regular rate and rhythm without murmurs. LUNGS: Clear. NEUROLOGIC: Cranial nerves III through XII grossly intact. Has 2+/2+ deep tendon reflexes in the upper extremities, 1+/2+ in the lower extremities. Good muscle strength and tone in the upper and lower extremities. Romberg positive
with eyes open. Not attempted with eyes closed. The patient did not want to do it. Slight ataxia. Unable to do heel-to-toe walking.

A:1.Chest wall contusion.
2.Follow up of seizure with secondary Tegretol toxicity.

P:1.Continue with ice in the area of her bruising.
2.Neurologic exam is essentially unchanged from the neurology note of July 18. Case discussed with Dr. Church and Dr. Ellsworth. Decided not to load her back with the Tegretol and Coumadin since she was high four days ago. Will start back on the Tegretol 200 mg qid. She will take a qid dose

today. Go back on the Coumadin 10 mg qd. Continue with her Trental and lovastatin which have been unchanged. Follow up in one week with Dr. Neighbor to see how she is doing and then in two weeks with Dr. Neighbor, her primary care physician, for a repeat Tegretol level.
3.Electrolytes, prothrombin time, Tegretol level, and liver function tests drawn today.

NOTE: After the patient had left the examination room and after she had made her followup appointment, she had an apparent seizure in the waiting room. Please see handwritten note on the chart. She was transferred to the Emergency Room.

Grace Landel, PA-C
Family Medicine, Box 354770

Lili Church, MD
Attending Physician
Family Medicine, Box 354700
GL:07/24/96sms15:07/26/96

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ANTICOAGULATION

S:The patient reports to clinic unexpectedly to discuss results of prothrombin time INR. The patient takes warfarin 10 mg daily except for Tuesdays and Saturdays when she takes 7.5 mg. The patient adamantly denies any missed doses, dietary changes, or changes in prescription or over-the-counter medications. No signs or symptoms of thrombolic events and no complaints of any unusual bruising or bleeding.

O:INR 1.1 on July 11, 1996, upon presentation to the Emergency Room (see previous note.)

A:Inadequate anticoagulation without complications, unable to reconcile sub-therapeutic INR with the patient's history.

P:Continue daily warfarin. The patient to take 15 mg tonight only followed by 10 mg daily thereafter. Follow up with repeat prothrombin time INR in two weeks.

Beth Chester, PharmD
Family Medicine Clinic

BC:07/15/96sms15:07/15/96

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7/12/96

RIGHT ARM PAIN

S:Jeanne is a 71-YO female who was seen in the ER yesterday for evaluation of seizure. She was in the Eye Clinic, when she went "faint/limp" and was guided to the floor, and she started with random arm and head movements. At that time, she was thought to have a seizure. The code team was called, and she was brought down to the ER. Her vitals remained stable at all times. She was treated in the ER with a total of 7.5 mg of Valium and 1 gm of Dilantin. Her "seizures" resolved after several hrs in the ER. Neurology was consulted. The neurology consult questioned that she was indeed having seizures because they said that the movements were not typical of seizures, and rather they thought that perhaps she was having pseudoseizures. Her seizures are not well-documented in her hospital chart. It was decided at that time that she would F/U with an EEG on Wednesday, July 17, at 1:00 p.m., and from there, F/U with Neurology for further evaluation. She was discharged to home.

Jeanne comes in today, with no memory of what happened yesterday, and with the complaint that her right forearm hurts. Otherwise, she is feeling better and has no complaints.

O:Pleasant female in NAD. Much more alert and oriented than when seen in the ER. Very steady on her feet. BP 132/80, pulse 78, wt #152. RIGHT FOREARM: With some swelling, as compared to the left; mild tenderness to palpation of the right forearm and in the right antecubital area; some evidence of bruising in the antecubital region; no evidence of skin breakdown; minimal erythema; no warmth, as compared to the left arm; strength intact; reflexes 1+ bilaterally.
A:Phlebitis. OF NOTE: While in the ER, Jeanne had an IV in her right forearm, and it was bandaged on a straight board so it would not come out while she was having her seizure-like movements. The IV and tape wrapping are the most likely etiologies of her phlebitis, bruising, and right forearm pain. Discussed this with Jeanne.
P:1.She
will take Motrin 600 mg q.4-6h. with food p.r.n.
2.She will use ice tonight; then, she will treat with heat.
3.She is also to keep the forearm elevated.
4.She will call if any of her symptoms worsen.
5.I re-emphasized today the importance of following up with her EEG and Neurology.
6.Pt is also going to F/U with Al Ellsworth regarding her Coumadin management.

Ann Hawn, MDRobert Crittenden, MD/attending

AH:07/12/96jm:07/13/96

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ROOSEVELT FAMILY MEDICAL CENTER
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ORTHOPEDICS CLINIC NOTE

HISTORY OF PRESENT ILLNESS:
Ms Hoffman returns now almost four months after her right thumb distal phalangeal interarticular fracture. Today she has reasonable range of motion of the IP joint. She is able to touch the base of her fifth finger. She has minimal pain, and would like nothing more done. This certainly seems reasonable.

ON EXAMINATION:
Today her pinch strength is 12 pounds bilaterally. In apposition mode, grip strength is 35 pounds on the right, 45 pounds on the left.

PLAN:
We gave her are card should she develop post-traumatic arthritis in this joint painful enough for her to want an IP joint fusion. Her followup is then left on a prn basis, and she understands. She was seen with Doctor Trumble today.

Greg May, MD
Hand Fellow
Bone & Joint Center, Box 354740

Thomas E. Trumble, MD
Attending Physician
Bone & Joint Center, Box 354740

GM:05/29/96jl:05/30/96

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ORTHOPEDIC HAND CLINIC NOTE:

DIAGNOSIS:
Status post right thumb intra-articular fracture on 2/1/96.

The patient presents to Orthopedic Clinic today complaining of a rash over the dorsal aspect of the proximal phalanx of the right thumb. She states that this rash is secondary to Gel pad use. She had discontinued the use of the Gel pad over a week ago, and she states that the rash persists.

On physical examination there is a very mildly erythematous area of skin over the dorsal aspect of her right proximal phalanx. There is no skin breakdown.

RADIOGRAPHS: None.

ASSESSMENT:
This patient is now three and one-half months status post right thumb intra-articular fracture. She has developed a rash over the dorsum of her right thumb IP joint from Gel pad use. We have recommended Benadryl on a prn basis, 1% hydrocortisone cream on a prn basis and for the patient to return to our clinic in two weeks' time for a follow up examination.

Randy Viola, MD
Resident
Bone & Joint Center, Box 354740

Douglas P. Hanel, MD
Attending Physician
Bone & Joint Center, Box 354740

RV:05/14/96led:05/15/96

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SEATTLE, WASHINGTON 98195

CC:THOMAS E TRUMBLE
BONE & JOINT CENTER
UWMC/ROOSEVELT
,
354740

BONE & JOINT CENTER CLINIC NOTE

SUBJECTIVE:
The patient returns to clinic today for followup status post right thumb intra-articular fracture on 02/01/96. The patient was treated with a splint initially and later with a Stax splint for protection. Three weeks ago she began rehabilitation. She complains of continued pain and burning in the IP joint of the right thumb. She and Dr. Vedder discussed the possibility of an IP fusion in the event that her symptoms continue at an unacceptable level.

OBJECTIVE:
On examination today, the patient continues to have swelling of the thumb with tenderness to palpation particularly dorsally over the IP joint. The stinging pain them radiates proximally to the MP joint. No x-rays were taken but review of x-rays taken three weeks ago shows an intra-articular dislocated right thumb fracture. Her range of motion continues to be minimal. She has from 0-30 of IP flexion on the right which compares to 0-55 on the left.

ASSESSMENT:
The patient continues to have pain and swelling following her intra-articular fracture. This is superimposed on a long history of degenerative joint disease affecting the joint. Again we discussed the possibility of needing to fuse the joint; however, we are going to move cautiously. The patient has had some peripheral vascular disease, which has required skin grafts to non-healing ulcers on her legs. She is also on coumadin at 10 and 10 qd. If she goes over on 10 and 10 she goes to 10 and 7.5.

PLAN:
For now the plan will be to place a Gel pad over the swollen area of her thumb to see if we can help to shrink the swelling and decrease the inflammation. We will check her back in a month for followup x-rays. The patient was examined today by Dr. Trumble.

Ivory Larry, PAThomas Trumble, MD, Attending
Bone & Joint Center, Box 354740Bone & Joint Center, Box 354740

IL:05/08/96tk:05/09/96

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COAGULOPATHY, ANTICOAGULATIONS:
S:The patient had prothrombin time measured yesterday; no complaints or problems associated with bleeding or evidence of thromboembolic events.

O:Prothrombin time returns at 3.5.

A:Excess of anticoagulation unaccounted for by current dose which is 10 mg of Warfarin qd.

P:Continue Warfarin qd, but decrease to 7.5 mg on Tuesday and Saturday. A prescription for #30, 7.5 mg Coumadin was phoned to Roosevelt Pharmacy. Followup with a repeat prothrombin time in one month.

Allan Ellsworth, PharmD
Clinical Pharmacist
Family Medicine, Box 354770

AE:05/08/96jl:05/10/96

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CLINIC NOTE

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BONE & JOINT CLINIC NOTE

SUBJECTIVE:
Ms. Hoffman returns 2-1/2 months status post right thumb intra-articular fracture. She has been wearing a stack splint. She continues to have some stiffness and tenderness with movement of the joint. She does have a history of significant osteoarthritis in both hands, evident on the x-rays.

EXAMINATION:
On examination, she still has some tenderness over the fracture and surrounding tissues. She has about 20 of motion at the IP joint. The swelling is minimal. Today's x-ray shows evidence of good healing with previously apparent numerous osteophytes, both at this joint and other joints of the fingers. She has some dorsal angulation and intra-articular displacement at the IP joint.

PLAN:
The plan is to have her do some home exercises with some soft yellow putty to increase her strength and range of motion. She will continue to wear her stack splint when she is lifting heavy objects or seeks extra protection.

Doctor Trumble saw this patient and she appears to understand the instructions.

Victoria Moore, PA Student for
Thomas E. Trumble, MD
Attending Physician
Bone & Joint Center, Box 354740

VM:04/17/96jas:04/18/96

PATIENT NAME: HOFFMAN, JEANNE

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CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

3/15/96 TELEPHONE CALL

ANTICOAGULATION (HYPERCOAGULABLE STATE)
S:Pt has been taking Coumadin 10 mg daily except for M-W-F when she takes 15 since leaving the hospital. Has also added ibuprofen lately which she is taking sporadically since she is unable to afford regular dosing. There is no bruising or bleeding complaints. Had routine scheduled prothrombin time on Friday.

O:Protime 34 seconds ,(INR 5.9).

A:Hypoprothrombinemia, probably from excessive Coumadin in transition from hospital and addition of new medications at home.

P:Hold Coumadin tonight and tomorrow.
Recheck prothrombin time on Wednesday. Make further definitive decisions from there for chronic therapy.

Allan Ellsworth, PharmD

AE:03/18/96rr:03/19/96

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ORTHOPEDIC CLINIC NOTE:

Ms. Hoffman is a patient of Dr. Sullivan's in the Family Medicine Center at Roosevelt, as well as a patient of Dr. Strandness. She presents having sustained an intraarticular fracture at the base of her right thumb distal phalanx three weeks ago. She has been splinted since that time. Radiographs show that she did have what appears to be a proximal base of distal phalanx thumb with an intraarticular extension. Superimposed on this are significant changes associated with osteoarthritis with osteophytes and lipping, as well as joint narrowing.

On examination, she still has some tenderness over the fracture and has about 20 of motion at the IP joint. There is not too much swelling associated with this, however.

At this point in time there is not much we can do other than allow this to continue to heal in its current position even though it does have some dorsal angulation and intraarticular displacement. We discussed with her the long range course of this and the significant change she has of developing worsening arthritis of the IP joint, especially given her history of superimposed osteoarthritis. We also discussed the possibility that she may ultimately need to have this joint fused, however, she is not interested in considering this at this point in time. We will therefore get her fitted for some new splints for this and allow the bone to fully heal before making any recommendations about further interventions. We will see her back in three to four weeks.

Nicholas B. Vedder, MD
Attending Physician
Department of Orthopedics (HMC), Box 359798

NV:03/06/96led:03/07/96

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CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

D EUGENE STRANDNESS
DEPARTMENT
OF SURGERY
,
356410

1.Anticoagulation, coagulopathy.

S:The patient returns for routine coag monitoring. She has been taking 10 mg daily since discharge from hospital, along with other concurrent medications: pentoxifylline, Carbamazepine, Lovastatin, and over-the-counter ibuprofen. No complaints of bruising or bleeding. No signs of thromboembolic events.

O:Prothrombin time 15.5 seconds (INR 1.4).

A:Inadequate anticoagulation without complications or problems on current dose.

P:Increase coumadin to 15 mg Monday, Wednesday, Friday; and 10 mg the rest of the days. Recheck in two weeks. Instead of over-the-counter aspirin, we have provided her with a prescription for ibuprofen 600 mg three times a day (which she is taking anyway).

Allan Ellsworth, PharmD
Clinical Pharmacist
Family Medicine, Box 354770

AE:02/29/96dls:03/01/96

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ADMISSION DIAGNOSIS:
Venous stasis ulcer on the right ankle.

DISCHARGE DIAGNOSIS:
Venous stasis ulcer on the right ankle.

OTHER DIAGNOSES:
History of recurrent deep vein thromboses, history of seizures.

SURGICAL PROCEDURES PERFORMED:
Split thickness skin grafting of the right ankle, January 4, 1996.

HISTORY OF PRESENT ILLNESS:
The patient is a 70-year-old female who has had a history of recurrent deep vein thromboses and hypercoagulable state, who has had significant venous stasis ulcer on the right ankle. The patient has had a long history of ulcers, and had skin grafting several years ago. The patient initially was admitted earlier between November 28, 1995 and December 5, 1995 to treat the venous stasis ulcer, but now returns with poor healing of the current ulcer despite Unna boot and antibiotics.

PAST MEDICAL HISTORY:
History of recurrent deep vein thromboses, history of seizures, venous stasis disease as above, history of reflux esophagitis, history of hyperlipidemia.

CURRENT MEDICATIONS:
1.Tegretol 200 mg po t.i.d.
2.Pentoxifylline 400 mg po t.i.d.
3.Lovastatin 20 mg po b.i.d.
4.Coumadin 10 mg po qPM.

ALLERGIES:
The patient has no known drug allergies.

PHYSICAL EXAMINATION ON ADMISSION:
The patient is an elderly female who appears well-nourished and well-developed. Cardiovascular: Regular rate and rhythm, no murmurs. Lungs: Clear to auscultation bilaterally. Abdomen: Soft. Neurologic examination: Intact and symmetric with normal sensation to both lower extremities and toes. Right leg has a approximately 7 cm ulcer above the medial malleolus with some fibrinous exudate and greenish discharge and a central dime-sized ulcer.

HOSPITAL COURSE:
The patient was admitted to the Vascular Surgery Service on December 22, 1995 for wound care and antibiotics. We attempted to allow the wound to heal on its own with leg elevation, bed rest and intravenous antibiotics and wet-to-dry dressings. We also initiated whirlpool treatment with Physical Therapy. However, despite these measures, the central unhealing ulcer area did not heal and it was decided that a skin graft would be necessary. The patient underwent split thickness skin grafting on January 4, 1996 without any complications. Postoperatively the patient was kept under a dressing for five days, after which the graft appeared to take 100%. The donor site was treated with a Xeroform gauze and allowed to dry. The patient appears to have taken the graft quite well and is discharged on postoperative day #7 in stable condition. The staples were removed today and the wound was dressed with a nonadhesive gauze and Unna boot was placed with an ACE wrap around that. The patient is instructed to keep the leg elevated as much as possible and to followup with Doctor Strandness on Friday, January 19, 1996.

DISCHARGE MEDICATIONS:
1.Coumadin 10 mg po qPM.
2.??Pentoxacillin?? 400 mg po t.i.d.
3.Tegretol 200 mg po t.i.d.
4.Lovastatin 20 mg po b.i.d.
5.Omeprazole 20 mg po qd.
6.Percocet, 1-2 po q 4 hours p.r.n. pain.
7.Colace 100 mg po b.i.d.

Jimmy Chung, MD
Resident

D. Eugene Strandness, Jr., MD
Attending Physician
Department of Surgery, Box 356410

JC:01/11/96sms27:01/15/96sms1/17/96

HOFFMAN, JEANNE
U 8-17-01-35
ADMIT: 12/22/95

DISCH: 01/11/96
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ROOSEVELT
XDISCHARGE SUMMARY

CC:ALLAN J ELLSWORTH
FAMILY MEDICINE CLINIC
UWMC/ROOSEVELT
,
354775

WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

PREOPERATIVE DIAGNOSIS:
Non-healing right medial ankle ulcer.

POSTOPERATIVE DIAGNOSIS:
Non-healing right medial ankle ulcer.

OPERATION:
Excision, chronic ankle ulcer, with split thickness skin graft using right lateral thigh as donor.

SURGEONS:
D. Eugene Strandness, Jr., MD
Julie Wynne, MD
George Huang, MD

ANESTHESIA:
General.

INDICATIONS:
Ms. Hoffman is a 70-year-old woman with a history of chronic leg ulcers. She has had skin grafting to similar ulcers in the past, and now presents with a non-healing ulcer on the medial malleolar aspect of the right ankle.

METHOD:
Informed consent was obtained. The patient was brought into the Operating Room and placed in the supine position. When adequate general anesthesia had been obtained, the patient was prepped and draped in sterile fashion.

At that point, a #10 blade was used to remove the non-healing ulcer tissue down to bleeding tissue. The fragments were sent to Pathology for examination. When an adequate skin graft bed had been prepared on the ankle, a dressing of epinephrine and saline was placed on the ankle.

Attention was then turned to the right lateral thigh. A split thickness graft of 0.015" thickness and measuring 30 cm2 was taken from the right superior lateral thigh. The skin graft was then meshed in a 1:1.5 fashion. The ulcer site was then reinspected and good hemostasis was noted. The skin graft was then laid in place and fastened with staples around the circumference.

Wet fluffs were then placed in the middle of the graft to keep it adherent to the grafting site. A Kerlix was then used to cover the fluffs and a Coban dressing was then placed around the operative site, as well as the foot and ankle.

The donor site was then examined and found to be hemostatic. A piece of fine mesh gauze was then placed over it and it was then covered with a sterile gauze dressing and paper tape.

The patient tolerated the procedure well. Estimated blood loss was 10 cc. IV fluids: 400 cc of lactated
Ringer's.

SPECIMENS:
Wound fragments to Pathology.

DRAINS:
None.

COMPLICATIONS:
None.

DISPOSITION:
To the Recovery Room in satisfactory condition.

Julie Wynne, MD
Resident

D. Eugene Strandness, Jr., MD
Attending Physician
Department of Surgery, Box 356410

JW:01/04/96bt:01/06/96

HOFFMAN, JEANNE
U 8-17-01-35
01/04/96

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ROOSEVELT
XOPERATIVE REPORT

CC:GEORGE M HUANG
,

WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

12/12/95
PROBLEM: Anticoagulation.

S:Phone call to follow up patient-generated laboratory. Apparently she was in the hospital last week for a leg ulcer and had some difficulties with her Coumadin, with very high and very low numbers, and some dosage manipulations. Since last Tuesday she has been on 10 mg a day. Follow up prothrombin time on the following Friday (12/8).

O:Prothrombin time on 12/8, 2.3.

A:Anticoagulation, probably not yet stable nor steady stated.

P:Continue 10 mg of Coumadin each day, recheck prothrombin time next Wednesday. Concomitant with visit with Dr. Neighbor.

Allan Ellsworth, PharmD

AE:12/12/95DMX/cml:12/16/95

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:12/12/95
DOB:01/06/25
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FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

DIAGNOSIS
Venous stasis ulcer.

OPERATIONS/PROCEDURES
None.

HISTORY OF PRESENT ILLNESS
This is a 70-year-old white female with a history of recurrent right lower extremity venous stasis ulcers and a hypercoagulable state who has had significant progression of an ulcer with home care over the last several weeks. She denies fever, chills, nausea, or vomiting. She has noted increased pain and increased discharge over the last several days.

PAST MEDICAL HISTORY Includes:
1.Venous stasis disease.
2.Recurrent deep venous thromboses (on Coumadin)
3.Seizures (on Tegretol).
4.Reflux esophagitis.
5.Cholesterol.
6.Positive PPD
7.Vertigo.

PHYSICAL EXAMINATION
Lungs clear to auscultation. Abdomen soft, nontender, nondistended. Positive bowel sounds. Extremities: On the medial aspect of her right ankle, there is a 5 x 4 cm ulcer with a central cavity. The periphery shows good granulation tissue.

HOSPITAL COURSE
The patient was admitted to the hospital for wound care which included whirlpool and Water Pic therapy. Over the course of her therapy, the outer margins of her ulcer began to heal well. She was discharged to home on 12/05/95 with a small 1.7 x 1.2 cm ulcer. She has instructions to continue her wet-to-dry dressing changes b.i.d. She will continue to be followed in the anticoagulation clinic, and she is to follow up with Dr. Strandness on 12/08/95. Of note, she was also started on omeprazole for her esophageal reflux, and her discharge medications now include Coumadin 5 mg tablets two tablets p.o. q.h.s. and omeprazole 20 mg p.o. q.day.

Brett Quigley, MD
Resident

D. Eugene Strandness, Jr., MD
Attending Physician
Department of Surgery, Box 356410

BQ:12/06/95sms56:12/12/95

HOFFMAN, JEANNE
U 8-17-01-35
ADMIT: 11/28/95
DISCH: 12/05/95
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ROOSEVELT
XDISCHARGE SUMMARY

FAMILY MEDICAL CENTER
BOX 354770
(206) 548-4055

October 27, 1995

RE:HOFFMAN, JEANNE
U 8-17-01-35

Dear Mrs. Hoffman:

I tried to call this evening to relay the results of your prothrombin time from Friday. Sorry I missed you. I presume you are still taking 10 mg each day except for Thursday when you take 12.5 mg and you are not having any difficulties with bruising or bleeding. If either of the above two conditions are incorrect, please notify me at your earliest convenience. If they are correct, please continue taking the same dose as your prothrombin time was nearly within therapeutic range at 1.8. As you know, we are shooting for a goal of prothrombin time as INR between 2.0 and 3.0. We should plan on rechecking the prothrombin time in 1 month. Please let me know slightly in advance, and I will help facilitate getting this done. If you have any other questions or problems, please don't hesitate to contact me.

Sincerely,

Allan Ellsworth, PharmD

AE:10/27/95rr:10/31/95

10/13/95

ANTICOAGULATION/RECURRENT DVT
S:Pt presents to clinic for anticoagulation appt. No complaints of bruising or bleeding. Is complaining of fatigue and being very busy taking care of grandchildren.

O:INR 4.1.

A:Over anticoagulation.

P:Decrease Coumadin to 12.5 mg Thursday, 10 mg all other days. Pt to f/u with INR in 2 wks.

Deb Trent, PharmDAllan Ellsworth, PharmD

DT:10/13/95rr:10/18/95

HOFFMAN, JEANNE

U 8-17-01-35

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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

9/7/95

ANTICOAGULATION
S:Pt telephones clinic to find out results of INR drawn yesterday. No complaints of bruising or bleeding, but pt does claim to feel "tired all the time" and c/o being cold.
O:INR 1.6.
A:Subtherapeutic INR.
P:Will increase dose of Coumadin to 12.5 mg M & Th, 10 mg all other days. (Pt has 5 mg tabs.)
F/u 1 month.

Donna Cook, RPhAllan Ellsworth, PharmD

DC:09/07/95rr:09/08/95

HOFFMAN, JEANNE

U 8-17-01-35

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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

8/17/95

ANTICOAGULATION (RECURRENT TVT)

S:Patient reports routine monitoring of anticoagulation. No complaints of bruising or bleeding. Continues to take 10mg of Coumadin each day.

O:Prothrombin time with INR 1.7.

A:Adequate anticoagulation, though barely, without complications or problems.

P:Continue on the same dose. Recheck in one month.

Allan Ellsworth, PharmD

AL:08/17/95sms50:08/22/95

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

7/28/95

S:This lady came in today for removal of sutures that were put two weeks ago on a cut in her head. The area is completely cleaned and there is good connection between the two sides of the cut. I took the sutures out at this time. As there is no need for any other treatment, she will be able to wash her hair tomorrow.

A second problem, she has had conjunctivitis over the last four or five days with some secretion and pus-like in the morning and later on, not a big amount. Also some mild photophobia, no pain in the area, no sensitivity when I checked it. She had a history of glaucoma with cataract operation on the right side. This looked mainly as a viral conjunctivitis. She was given gentamicin ophthalmic rub only as a cover to prevent secondary infection or recurrent infection. It this does not improve or if she has any pain, she will come to the clinic.

Amnon Lahad, MD

AL:07/28/95sms50:08/01/95

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:07/28/95
DOB:01/06/25
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

6/27/95

S:C/o 1 wk h/o URI. She is now blowing thick yellow mucus and coughing up the same kind of sputum. Her teeth hurt. She has had facial pain and increased pain to her face with flexion. She has taken sinus tabs w/o any relief of her symptoms. She is on Keflex 250 mg q.i.d. prescribed by Dr. Strandness for an infected leg ulcer. She has been at this dose for, I believe 10 days, and has f/u appt with Dr. Strandness on Friday June 30.

O:77 YO female in mild distress. Eyes are watery. Ears clear. Normal TMs. Nasal mucosa red and moderately edematous. No purulent mucus noted. Throat: Mild posterior pharynx erythema and purulent postnasal drainage. No cervical adenopathy. NECK supple. CHEST clear to A. There is exquisite tenderness to the right frontal and maxillary sinuses, and moderate tenderness on the left.

A:Acute sinusitis.

P: Discussed with Tammy Marek who knows this pt well and has followed her with her medications. Keflex is obviously not giving any benefit toward the sinus infection, and will change to Suprax 400 mg, #14, 1 qd.

Tammy will follow the pt next wk at her regularly scheduled time, and will arrange for f/u appt with me if that is necessary.

Pt is to continue to use warm packs to the face and steam might be helpful for her. She is to increase fluids. RTC if symptoms worsen in the meantime.

Ron Schneeweiss, MD, Attending

EH:06/27/95rr:06/30/95

HOFFMAN, JEANNE

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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

06/08/95
PROBLEM: Chronic anticoagulation for recurrent deep venous thrombosis.

S:The patient returns for prothrombin time monitoring without complications or problems. Taking Coumadin 10 mg each day.

O:Prothrombin time INR 2.0.

A:Adequate anticoagulation without problems.

P:Continue same dose. Return in one month.

Allan Ellsworth, PharmD

AE:06/09/95sms39:06/15/95

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
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DOB:01/06/25
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FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

05-22-95
S:70 year old female complaining of rib pain that occurred two days after she was leaning over into a trash can to pick up aluminum can. She heard a snap in her right side at that time. Now the pain is constant and it hurts to walk or to breathe, interrupts her sleep. She uses an Ace bandage and this seems to help. She is eating and drinking well. No problems with bowel movements. No history of osteoporosis that she knows of. She has never had an injury to this area before.

O:Patient moves with care secondary to pain, does not take deep breaths. Tenderness is elicited at the tenth rib mid axillary line. Lungs CTA.

X-ray negative for fracture.

Abdomen is nontender.

A:Tenth rib pain right side secondary to bending over.

P:6" Ace wrap was used to wrap the chest. This brought her immediate comfort. She was reminded to take deep breaths since aspirin upsets her stomach suggested Tylenol p.r.n. pain. She is to call back or return to the clinic p.r.n. We talked about no heavy lifting or overexertion.

Pam Meredith, ARNP

PM:05/22/95sms33:05/25/95

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:05/22/95
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

ADMITTING DIAGNOSIS: Bilateral lower extremity cellulitis.

SECONDARY DIAGNOSIS:
1.Recurrent lower extremity venous insufficiency ulcer, status post grafting.
2.Recurrent DVT thrombophlebitis, on Coumadin.
3.Distant history of seizure disorder.
4.History of reflux esophagitis.
5.Hypercholesterolemia.
6.History of positive PPD with negative chest x-ray in 1993.
7.Recurrent veritgo/dizziness of unknown etiology.
8.Bilateral chronic hearing loss.

OPERATIONS AND PROCEDURE ON THIS ADMISSION: Lower extremity venous duplex on 3/26/95, showed left iliac vein appearing to be clinically occluded with partial recannelization with history of thrombus seen in the proximal left common femoral vein. No acute deep vein thrombosis bilaterally.

HISTORY OF THE PRESENT ILLNESS: This is a 70-year-old female with history of severe venous stasis disease, status post graft and status post DVT, who presents with less than 24-hour history of bilateral spreading lower extremity erythema and induration. The patient was seen on 3/24/95, in the Family Medicine Clinic for minimal increasing erythema and edema and had negative Doppler of the upper and lower extremities at that time. The patient was started on Keflex q 6 h for two days prior to the current admission. The patient denied fever, chills, pain and shortness of breath with chest pain.

PAST MEDICAL HISTORY: As above. Status post TAH and BSO in 1971. Carpal tunnel release in 1989. Status post cataract surgery.

PHYSICAL EXAMINATION: On admission, examination revealed bilateral erythema with 3+ tense pitting edema bilaterally from the ankle to mid-calf level. The lower extremities feel warm to the touch with minimal tenderness, negative Homan's sign. No palpable calf cords. Capillary refills were less than 2 seconds. Dorsal pedis and posterior tibialis were palpable bilaterally. The erythema was worse on the left than the right moreover diffuse brown induration.

LABORATORY ON ADMISSION: Revealed a WBC of
6.3, hematocrit of 39, a PT of 17.3 seconds with an INR of 2.6. Blood culture was negative.

HOSPITAL COURSE: Upon admission, the patient was placed on Kefzol 1 gram IV q.8 h. and evaluation of both lower extremities, erythema and induration show significant response to the antibiotics and evaluation on the second and third days of hospitalization and on the fourth day of

hospitalization (which is today), the patient's erythema and induration have come back to baseline. The patient has nevere developed a fever on this current hospitalization, however, the patient has a small, superficial ulcer just posterior-inferior to the medial malleolus on right angle that has had some small amount of discharge.

A decision was made with concurrent agreement by Surgery, that an Unna boot would benefit the patient.

At discharge, the patient has an Unna boot on the right lower extremity and there was significant decrease in erythema and induration on both lower extremities.

DISCHARGE MEDICATIONS: Include Keflex 500 mg PO q.i.d. for 10 more days to complete a 14-day course of IV PO antibiotics. Other medication includes Coumadin 10 mg PO on Tuesday, Wednesday, Thursday, Saturday and Sunday; 7.5 mg PO on Monday and Friday. Tegretol 200 mg PO b.i.d. Trental 400 mg PO t.i.d. Mevacor 20 mg PO b.i.d.

The patient is to be followed up in the Surgery Clinic with Dr. Strandness in less than one week, at which time she should have her Unna boot removed.

Hoang Truong, MD
Resident
Family Medicine, XD-45

Sharon A. Dobie, MD
Attending Physician
Family Medicine, XD-45

HT:03/29/95blj:04/04/95ba:04/08/95

HOFFMAN, JEANNE
U 8-17-01-35
ADMIT: 03/26/95
DISCH: 03/29/95
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ROOSEVELT
XDISCHARGE SUMMARY

CC:D EUGENE STRANDNESS
DEPARTMENT OF SURGERY
,
356410

H. THOMAS GREER
FMC/VIROLOGY CLINIC
UWMC/ROOSEVELT
,
354770

3/20/95

LOW BACK STRAIN
S:Reports approx 2 wk h/o increased lumbar pain. Was working in her daycare and lifting children, perhaps more than usual, when she had an insidious onset of some especially left-sided low back discomfort. Some mild radiation to the buttock area but none more distal than that. Denies any leg weakness. No numbness or tingling. Bowel and bladder function has been completely normal. Denies any sensory changes about the perineum or in the lower extremities. Pt does have a h/o multiple low back strains in the past, and has used Motrin or Tylenol for discomfort 1-2 tabs/day. Otherwise is not icing or using any other treatment modalities.

O:Some mild paravertebral tenderness but no distinct muscle spasms of the erector spinae muscles. She has no bony defects palpable. Lower extremity strength is excellent, and she has bilateral negative leg raises. ROM at hip normal bilaterally. Knee mobility is full.

A:Low back strain.

P:1)Motrin 600 mg PO t.i.d. with instructions that if she has GI discomfort or upset to DC this medication.
2)Tylenol 325 mg, 1-2 PO q4-6h for discomfort. Have suggested pt ice her back 4-5 times/day 20 minutes per episode, and have given her a back care book which she can read ways she can optimize her back positioning and sleeping arrangements. Also to use some gentle stretching exercises to re mobilize her low back muscles.
3)RTC 4 wks if not completely better.

Janice McClean, MD

JM:03/20/95rr:03/29/95

HOFFMAN, JEANNE

U 8-17-01-35

DOB:01/06/25
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

1/4/95

ANTICOAGULATION
S:Received phone call from pt requesting INR which was drawn yesterday. Pt denies any signs or symptoms of bleeding or bruising, and admits to being in generally good health. Current regimen has been 10 mg Coumadin T-Th-Sa-Su with 7 mg M-W-F. Pt admits to being compliant with this and has no other changes in her medication regimen or diet.

O:Today's INR was 1.2.

A:Inadequate anticoagulation on current regimen.

P:Change dose to 7 mg M-F and 10 mg the rest of the wk.

Discussed with pt the importance of her coming in to see a health care provider rather than just doing this over the phone with monthly lab values. Pt has not been seen since 10/25/94, at which time Dr. Neighbor performed full physical exam. Pt agreed to try to make appt as soon as she can get it in her schedule. (Pt babysits and needs to know days off of couple she babysits for.)

Will RTC in 2 wks for f/u INR value to see what dose change had done for her value.

Tamara Marek, PharmDAllan Ellsworth, PharmD

TM:01/04/95rr:01/09/95

HOFFMAN, JEANNE

U 8-17-01-35

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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER

1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

12/28/94
RIGHT LOWER EXTREMITY SUPERFICIAL THROMBOPHLEBITIS
S:Patient seen in the emergency room for left leg cellulitis three days ago and treated with Keflex 250 mg qid and Una boot and followup with Dr. Ziegler or Strandness in Vascular Clinic on this Friday. Yesterday she developed redness about the right ankle.
O:Vital signs per chart. Afebrile. No acute distress. Ambulating satisfactorily. Examination reveals 8 x 4 cm area of redness with one tender superficial vein in the middle of this area of redness. There is no ankle edema. Homans' negative. No cords palpated in the calf. Left lower extremity not examined, as it is in an Una boot.
A:1) Right lower extremity superficial thrombophlebitis without evidence of infection. 2) Patient reported left lower extremity cellulitis being treated by Vascular Clinic.
P:1) Warm soaks 30 minutes bid to the right lower extremity and followup with Dr. Strandness in Vascular Clinic. 2) Increase Keflex dose to more usual dose which would be 500 mg qid. Followup again with Vascular Clinic.

William Neighbor, MD/led

WN:12/28/94led:01/04/95

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:12/28/94
DOB:01/06/25
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ROOSEVELT FAMILY MEDICAL CENTER
CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

ORTHOPEDIC CLINIC NOTE

Ms. Hoffman is a very pleasant 69-year-old female referred by Dr. Neighbor to evaluate her right knee. She is a bit of a difficult historian, but believes that she first injured her knee during a fall 9/13/94. At that time she had pain on her patella. Subsequently it was evaluated with x-rays on 9/21 and revealed an unusual fracture of the right lateral aspect of her patella, consistent with her pain over that area. She was treated conservatively and did relatively well. She does state that she fell approximately 1 mo later at the post office when her knee gave way and she has not had problems since then with giving-way. She denies any cracking, popping, walking, other mechanical symptoms. She overall is quite happy with her knee. She is able to walk approximately 1 mi, but does have pain over her patella when the weather changes.

EXAMINATION:
There is no effusion nor erythema over this area. She is nontender to palpation over the patellar retinaculum. She has range of motion of the knee from 0-140. There is no joint line tenderness, negative McMurray's. She is stable to Lachman's, negative patellar apprehension though she does have patellar crepitus.

A sunrise patellar view reveals no change in the alignment of the fracture.

ASSESSMENT/PLAN:
Patient with a healed right lateral patellar fracture. She appears to be doing well. She does have some symptoms when the weather changes, and this is commonly seen after a fracture. She has no evidence of ligamentous injury nor arthritis, and I think her symptoms will continue to improve with conservative measures. She need only return on a prn basis, though some strengthening may be of benefit to her, or something such as our Patellar Protection Program available at Physical Therapy here at the UWMC.

Ron Kristensen, MD
Chief Resident, Attending Physician
Department of Orthopedics, RK-10

Theodore K. Greenlee, MD
Attending Physician
Department of Orthopedics, XD-45

RK:11/17/94njp:11/20/94

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:11/17/94
DOB:01/06/25
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CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CC:WILLIAM E NEIGHBOR
DEPT. OF FAMILY MEDICINE
UWMC/ROOSEVELT
,
354770

10/25/94

HM
69 YO female with multiple medical problems, followed in this clinic, in for HM examination. On stable Coumadin and Tegretol doses. No specific complaints today other than h/o night sweats for many many years. She recently had a right patellar fracture for which she has seen Dr. Mackenzie in our clinic and is apparently being referred to Bone & Joint.

CURRENT MEDICATIONS: Coumadin 5 mg qd. Lovastatin 20 mg qd. Tegretol 200 mg t.i.d. Trental 400 mg t.i.d.

O:VS and examination per forms in chart.

A:1)HM.
2)H/o seizure disorder since 1975.
3)H/o recurrent phlebitis and DVT.
4)Edema managed with lovastatin.
5)S/p TAHBSO for benign disease in the distant past.
6)Bilateral talonavicular joint arthritis, currently asymptomatic.
7)Recent right patellar fracture.
8)H/o borderline glucose in 1990 with subsequent testing being negative.

P:Flu vaccine today.
Mammogram in Jan 95, 2 yrs from last exam.
Cholesterol, protime, hct, Tegretol, TSH, creatinine, fasting blood sugar in 1 wk, and will call results to pt.
Stool occult blood testing kit given.

Bill Neighbor, MD

BN:10/25/94rr:10/26/94

HOFFMAN, JEANNE

U 8-17-01-35

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FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

10/21/94

F/U RIGHT PATELLAR FRACTURE
S:Pt states improving significantly with minimal pain. Continues to use an ace wrap because feels occasionally her knee has a sensation of "dropping". No locking. Overall, she feels significantly improving.

O:No effusion or erythema. Patella mildly tender to palpation along the lateral aspect on the right, otherwise w/o tenderness. No tenderness along joint line. Medial collateral ligament and lateral collateral ligament w/o laxity. Anterior drawer ? positive with good end-point. Negative posterior drawer. Extension and flexion of right knee 5/5. Reflexes 2+ and symmetric. Left knee also examined and w/o effusion or laxity of ligaments.

A:Patellar fracture, healing well.
? of anterior cruciate ligament laxity.

P:Pt was also examined with Dr. Dobie, and our plan at present is for her to continue ace wrap as she feels it helps support her knee. Continue ROM and strengthening exercises.
F/u in 3 wks. We discussed possible referral at that time to Bone and Joint Clinic.

Sarah Mackenzie, MDSharon Dobie, MD, Attending
SM:10/21/94rr:10/24/94

HOFFMAN, JEANNE

U 8-17-01-35

DOB:01/06/25
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FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

9/21/94
RIGHT KNEE PAIN
S:Pt was seen 9/13 after a fall on some concrete landing on her right knee. She states she continues to have pain in that region and difficulty ambulating. She has been wrapping her knee with an ace wrap, and otherwise taking her usual medications. No locking or instability.

O:Elderly female in moderate distress while ambulating around the room. LEFT KNEE: No effusion. No tenderness with palpation of patella. Good mobility. ligaments intact. RIGHT KNEE: Extreme tenderness over patellar region especially the lateral inferior surface, and guarding with any attempts at moving the patella. No effusion or ecchymosis evidence. Her medial and lateral ligaments are intact, however difficult to assess fully secondary to voluntary guarding. ROM: Able to go from 180 to about 70 degrees w/o difficulty, however some discomfort with full flexion. No tenderness along joint line. Negative Lachman's.

XRAY remarkable for a vertical fracture of the patella, displaced approx 3 mm, good approximation.

A:Patellar fracture.

P:Knee immobilizer given to pt. Recommended use 24 hrs per day, however remove 3-4 times/day for ROM exercises. She is to take care with ambulation to prevent further falls.

F/u 1 wk for evaluation. I will call and discuss with Ortho further recommendations.

Sarah Mackenzie, MDMarion Kreder, MD, Attending

SM:09/21/94rr:09/26/94

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35

DOB:01/06/25
PAGE

FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

>>
9/13/94
KNEE PAIN
S:Pt reports tripping over the concrete while walking outside today and falling on her right knee and right outstretched hand. She does not report striking her hand or losing consciousness. Pt was able to ambulate immediately thereafter and continues to ambulate, however has noted some progressive stiffness in her right knee. She does not c/o anything but mild soreness on her right palm.

O:Elderly female in NAD. EXTREMITIES: Mild ecchymosis on right palm. Right knee exam shows superficial abrasion above the patella in the midline. No obvious swelling. Pt is able to perform extension to 180 with moderate discomfort and flexion to about 80 with moderate discomfort. On palpation, the right knee is tender on the lateral side at about the joint line, however there is no sign of focal injury or swelling or erythema at that point. The patella is also tender in the area of the abrasion. There is no evidence of effusion. Left upper and left lower extremities both unremarkable.

A:Mild abrasion of right knee with soft tissue damage.

P:Advised to rest, elevate, and apply ice to the knee the first 24 hrs after injury, and to take extra caution when ambulating to prevent a secondary fall given her decreased ROM.

Pt also advised to RTC if her symptoms do not begin to improve after a few days or if there are signs of increasing swelling in her joint as she is on chronic anticoagulation therapy.

Ken Schellhase, MDSharon Dobie, MD, Attending
<<
>>KS<<:09/13/94>>rr<<:09/16/94>> <<

PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:
DOB:01/06/25
PAGE >> <<

FAMILY MEDICAL CENTER

CLINIC NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER

1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

>>
7/16/94:

RIGHT FOOT PAIN:

S:The patient walked in at the end of Saturday morning clinic, this morning, with a complaint of difficulty with pain in her right foot. She, per the receptionist, was able to walk reasonably well to the reception desk, but had much more difficulty walking from the reception desk to the room with the Medical Assistant. The patient gives a history of increasing pain which grabs her in her foot on the right, leaving her for as much as 10 minutes at a time being unable to walk on that foot. She has no known injury; she does not have a lot of pain when she doesn't weight bear, per her, but as soon as she tries to weightbear. At times externally rotating her foot seems to give her less pain and she states that over the last month she has been definitely favoring that foot.
O:No swelling or signs of ecchymosis. She holds the foot quite still and is somewhat stiff to move it in any direction, walking is extremely limited. She seems to have difficulty even lifting the foot as she walks, but at other times seems to walk better. She localizes the pain somewhat to the top dorsal aspect of her right foot, much in the area where her left foot bothered her, exactly a year ago, per Dr. Neighbor's note. However, when distracted, firm pressure on the same area doesn't seem to elicit pain.
A:Very difficult to know the etiology of this kind of pain, but it is clearly making her favor this foot in a way that is disturbing her gait.
P:The patient will try ice to this area three times a day and will ace-wrap it if that makes her more comfortable and I strongly encouraged her to try to walk more normally. She will follow up with Dr. Neighbor in one week's time and they can determine further work-up at that point.

Nancy Stevens, MD/mmf

<<
>>NS<<:07/16/94>>mmf<<:07/20/94>> <<
PATIENT NAME: HOFFMAN, JEANNE

PATIENT NUMBER: U 8-17-01-35
DATE:07/16/94
DOB:01/06/25
PAGE >> <<

FAMILY MEDICAL CENTER

CLINIC
NOTE

UNIVERSITY OF WASHINGTON MEDICAL CENTER
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

RIGHT OTITIS EXTERNA

Pt has not yet used hydrogen peroxide drops. Symptoms have resolved.

HYPERCHOLESTEROLEMIA

Failed ot have cholesterol level measured at her last visit. Continues on lovastatin. Will check cholesterol at her next blood draw for PT which will be in 1-2 wks. F/u 1 month.

EPIGASTRIC PAIN/LUMBOSACRAL SPINE PAIN

Since her last visit, epigastric discomfort has completely resolved with Zantac 150 mg b.i.d. No further N&V such that she is now able to keep her medications down. Coincidentally, her back pain has improved and she is now only taking Tylenol each day. No ibuprofen.

O: Wt 166#, down approx 4# since last visit. BP 130/86. P 88 and regular. No abd discomfort on examination. LS SPINE XRAYS at last visit revealed mild kyphoscoliosis and moderate DJD. Aortic calcifications were incidentally noted w/o any evidence of aortic dilation.

A: 1) Acute gastritis resolved on H2 blockers and with decreased use of nonsteroidals.
2) DJD by xray of LS spine, currently controlled with simply use of Tylenol.

P: 1) Continue Zantac for a total of 6 wks.
2) Recheck 1 month.

RECURRENT SHARP CHEST PAIN

S: 2 wk h/o recurrent bilateral sharp nonradiating chest pain causing her to hold her breath. No other assoc cardiopulmonary symptoms. Sharp chest pain is fleeting in nature.

O: No JVD. CHEST clear. COR: Sl, S2 normal w/o murmur, gallop, or rub. There is chest wall tenderness over the lower costochondral junctions though the pt says this does not exactly duplicate the pain she has experienced.

A: Sharp chest wall pain w/o evidence of cardiopulmonary origin.

P: Tylenol prn.
Expect resolution as this has only been present for approx 2 wks.

Bill Neighbor, MD
BN:5/11/94:rr:5/17/94
8170135Y.65

PATIENT NAME: HOFFMAN, Jeanne LFMC CLINIC
NOTE

FAMILY MEDICINE CENTER

PATIENT NUMBER: U 8-17-01-35
SSN:
DATE: 5/11/94
DOB:
UNIVERSITY OF WASHINGTON MEDICAL CENTERPAGE
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

ANTICOAGULATION:

S: The patient comes in for left calf swelling and tenderness times two days. She had been taking stable doses of coumadin 10 mg Thursdays and Sundays, and 7.5 mg on other days. This dose had been stable for 5 months.

O: INR today 1.5.

A: Inadequate anticoagulation despite stable dose of 10 mg Thursday, Sunday and 7.5 mg other days which had maintained stable INR between 2.0 and 2.5 for five months. As Doppler showed, there was a 3 cm thrombosis of peroneal vein at mid-calf

P: Increase dose of coumadin to 10 mg q.d. except 7.5 mg Monday, Wednesday Friday and follow up INR in one week.

Hana Benko, Pharm D. Al Ellsworth, Pharm D./mmf

HB:4/1/94:mmf:4/4/94
8170135Y.08

PATIENT NAME: HOFFMAN, Jean FMC CLINIC NOTE
FAMILY MEDICINE CENTER
PATIENT NUMBER: U 8-17-01-35
SSN:
DATE: 4/1/94
DOB:
UNIVERSITY OF WASHINGTON MEDICAL CENTERPAGE
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CONSULTATIONS: None.

PROCEDURE: None.

IDENTIFICATION/CHIEF COMPLAINT: The patient is a 69-year-old female with a history of bilateral lower extremity cellulitis, chronic venous stasis, and healed lower extremity ulcers, and deep venous thromboses. She had been complaining of one day of increasing lower extremity pain and erythema. The patient denied any trauma to the area. She was seen in clinic two days prior to admission complaining of dizziness, and was diagnosed with viral labyrinthitis and bilateral otitis media. She was started on Keflex 250 mg qid. Her recent prothrombin time and Tegretol levels had been therapeutic.

PAST MEDICAL HISTORY: See chart.

ADMISSION PHYSICAL EXAMINATION: VITAL SIGNS: Afebrile; stable. GENERAL: Pleasant female, in no acute distress. She had tangential speech. LOWER EXTREMITIES: Remarkable for hyperpigmented, chronic venous stasis changes; bright erythema; warmth over the medial anterior surface of her right leg, and the anterolateral surface of her left leg, extending from her ankle to mid shin. No skin breakdown or ulcerations.

LABORATORY DATA: Remarkable for white count 8.7, hematocrit 44, prothrombin time 16.7, INR 2, and sodium 153. Other electrolytes were normal.

HOSPITAL COURSE:
1. BILATERAL LOWER-EXTREMITY CELLULITIS:
Although the patient was afebrile and had a normal white count, she had been on oral Keflex for two days, and thus the decision was made to admit her for intravenous antibiotics. She was started on Kefzol and received a 24-hour course, with improvement of the erythema. She also had her legs elevated throughout this time. The patient then was switched back to Keflex 500 mg qid and watched a further 24 hours, with continued improvement of the erythema and swelling. The patient was discharged home, to complete a seven-day course of Keflex 500 mg po qid.

2. ANTICOAGULATION:
The patient was therapeutic on admission and remained therapeutic throughout the hospital course.
There was no evidence of deep venous thrombosis, with symmetric, bilateral cellulitis.

3. OTHER PROBLEMS:
The patient's seizure disorder and recurrent dizziness were stable throughout admission.

4. HYPERNATREMIA:
The patient's sodium on admission was 152, with normal glucose. Old records show this is a chronic problem, most likely secondary to empiric thirst mechanism and chronic baseline mental status changes. The patient is not clinically volume depleted. She was given a bolus of normal saline, and sodium came down to 148, which is her baseline, on discharge to home.

DISCHARGE MEDICATIONS:
Keflex 500 mg po qid x7 days;
Coumadin 7.5 mg MTWFSun, and 10 mg ThSat;
Trental 400 mg po tid;
Meclizine 25 po bid;
Tegretol 200 mg po tid;
Lovastatin 20 mg qd.

DISCHARGE PLANS: The patient was advised to continue leg elevation for one-half hour at least three times a day, and to follow up at her already scheduled appointment on 4/4/94, or sooner prn increasing pain or erythema.

Sara Mackenzie, MD
Resident
Family Medicine, RC-98

H. Thomas Greer, MD

Attending Physician
Family Medicine, RC-98

SM:03/22/94:tl706/jfp:03/24-29/94
8170135D.500

cc: William Neighbor, MD, Family Medicine, RC-98
Kathleen Ellsbury, MD, Family Medicine, RC-98

PATIENT NAME: HOFFMAN, Jeanne DISCHARGE SUMMARY

PATIENT NUMBER: U 8-17-01-35
SSN:
DOB:
ADM: 03/19/94
DIS: 03/22/94
UNIVERSITY OF WASHINGTON MEDICAL CENTERPAGE
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

CELLULITIS

S: Pt was last seen in the clinic several days ago for diagnosis of viral labyrinthitis and bilateral OM. She has been taking her Keflex and Meclizine as prescribed and is improved in those symptoms. Today, she reports increasing pain and redness over her lower extremities bilaterally. She denies any trauma to the area, fevers, or chills.

O: T 36.6 PO. LOWER EXTREMITIES have marked erythemas and increased temperature over the right anterior lower extremity and the circumferential left lower extremity midway down, but not involving the foot. There is no obvious recent trauma, though there are superimposed chronic venous stasis changes and scarring from previous ulcers. There is no pitting edema, streaking, or fluctuance.

A: Lower extremity cellulitis in pt recently on antibiotics in the setting of chronic venous stasis ulcers and h/o DVTs.

P: Admit to Family Medicine Service for IV antibiotics and leg elevation.

Sarah Hathaway, MD

Lili Church, MD
Attending

SH:3/19/94:rr:3/23/94
8170135Y.65

PATIENT NAME: HOFFMAN, JeanneFMC CLINIC NOTE
FAMILY MEDICINE CENTER

PATIENT NUMBER: U 8-17-01-35
SSN:
DATE: 3/19/94
DOB:
UNIVERSITY OF WASHINGTON MEDICAL CENTERPAGE
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

DIZZINESS

S: 68 YO woman with multiple medical problems including seizure disorder, hearing loss, psychological disorder, and recurrent phlebitis, on Coumadin and antiplatelet agents. She reports that she has had a URI for the past several wks which seems to be improving. On Sunday, she noted the onset of positional dizziness, not assoc with vertigo, but more a sense of imbalance and that she would fall down. This seemed to resolve with sitting down. She does report an adequate fluid intake w/o fevers, nausea, vomiting, or diarrhea. She also denies ear pain, amaurosis fugax, or weakness in her extremities.

O: Wt 167#. BP 150/88. P 72. T 37.0. She is a fatigued-appearing woman wearing dark glasses who reports she is chronically unable to open her eyes fully secondary to photophobia. HEENT: TMs show central erythema bilaterally w/o retraction or fluid. Eyes are difficult to examine secondary to above-named problem. There is no obvious nystagmus. Mouth is with normal oral mucosa, no erythema. NECK supple w/o adenopathy. CN II-XII intact. DTRs are 2+ on the right knee and ankle jerk, absent on the left knee and ankle jerk. (Pt states this has always been the case.) Toes are down going. She has a positive Barany's test and does seem to list toward the left when she stands up immediately, though this resolves.

A: 1) Bilateral OM, early.
2) Viral labyrinthitis.

P: 1) Keflex 250 mg PO q.i.d.
2) Meclizine 25 mg PO b.i.d. X 5 days.
3) Conferred with Hana Benko Pharm D, and the above medications should not interfere with her Tegretol, Coumadin, and antiplatelet agents.
4) F/u 1-2 wks or sooner prn no improvement.
5) Push PO fluids.

Sarah Hathaway, MD Justin Osborn, MD
Attending

SH:3/17/94:rr:3/21/94
8170135Y.65

PATIENT NAME: HOFFMAN, JeanneFMC CLINIC NOTE
FAMILY MEDICINE CENTER
PATIENT NUMBER: U 8-17-01-35
SSN:
DATE: 3/17/94
DOB:
UNIVERSITY OF WASHINGTON MEDICAL CENTERPAGE
1959 N.E. PACIFIC STREET
SEATTLE, WASHINGTON 98195

Results

Category: Not Mapped
Date of Service: 05/27/2020 18:20
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 0

Encounter Number: ECGH0571976202005
Facility: HMC
Encounter Type: Ancillary
Admit Date Time:
Discharge Date Time:

HOFFMAN, JEANNE ID:H0571976 27-MAY-2020 18:20:58 HARBORVIEW MEDICAL CENTER-1EH-12 ROUTINE RECORD

06-JAN-1925 (95 yr)
Female Caucasian

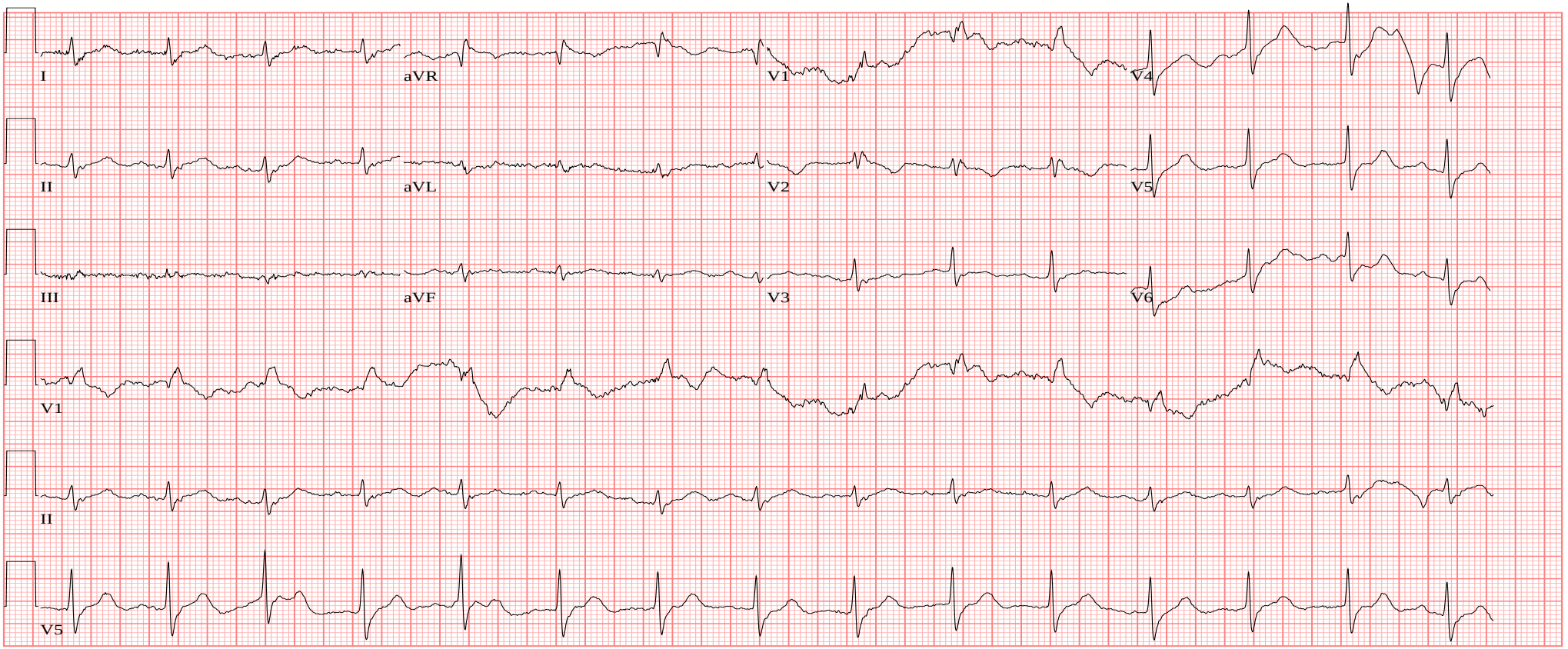
Room:
Loc:376

Vent. rate	89	BPM
PR interval	186	ms
QRS duration	126	ms
QT/QTc	394/479	ms
P-R-T axes	51 21	34

Normal sinus rhythm
Right bundle branch block
Abnormal ECG
When compared with ECG of 07-DEC-2012 01:19,
Right bundle branch block is now present
Confirmed by HUANG, MD, GARY (3019) on 5/28/2020 2:55:17 PM

Technician: FC
Test ind:R/O CVA

Confirmed By: GARY HUANG, MD



25mm/s 10mm/mV 40Hz 9.0.9 12SL 241 HD CID: 11

EID:3019 EDT: 14:55 28-MAY-2020 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

Category: Not Mapped
Date of Service: 07/15/2015 10:59
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 0

Encounter Number: ECGU8170135201507
Facility: UWMC
Encounter Type: Ancillary
Admit Date Time:
Discharge Date Time:

HOFFMAN, JEANNE ID:U8170135 15-JUL-2015 10:59:26 UW MEDICAL CTR-ER ROUTINE RECORD

06-JAN-1925 (90 yr)
Female Unknown

Room:12
Loc:1

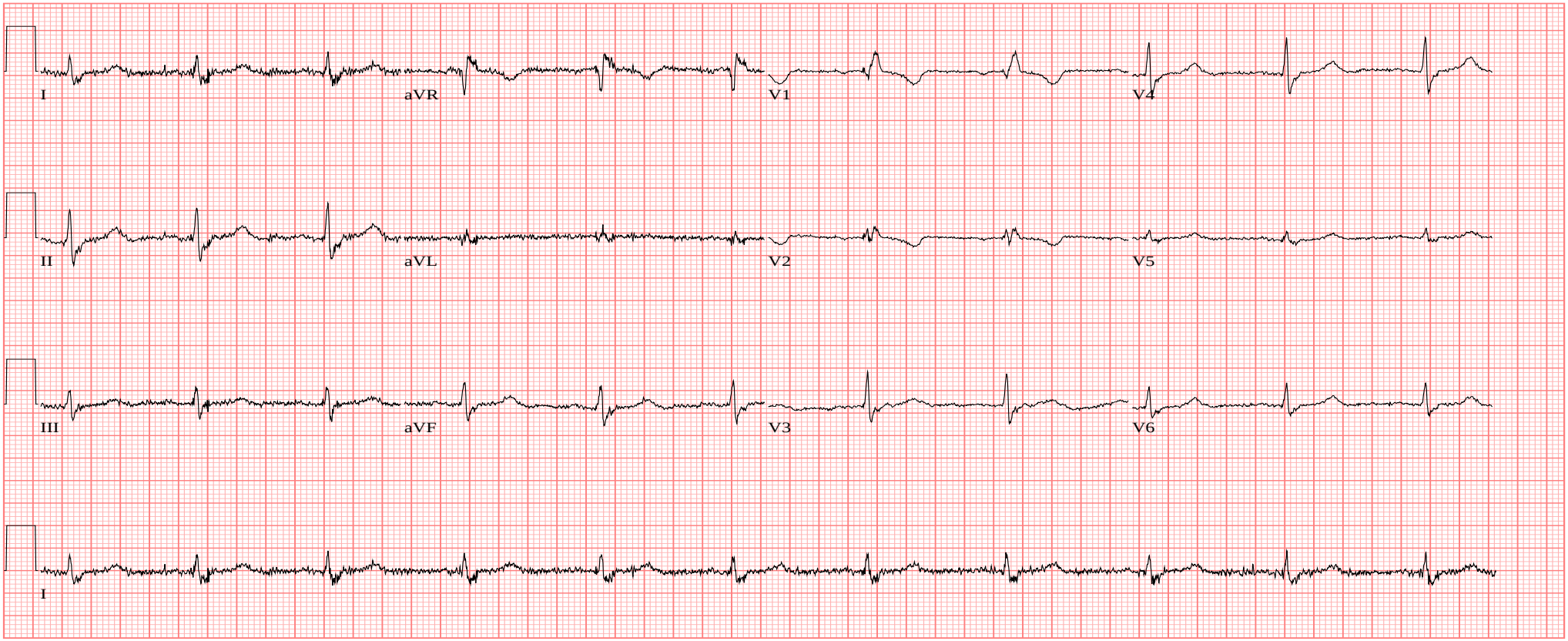
Vent. rate	64	BPM
PR interval	*	ms
QRS duration	126	ms
QT/QTc	462/476	ms
P-R-T axes	* 38	52

NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 15-JUL-2015 10:56,
NO SIGNIFICANT CHANGE
Confirmed by PRUTKIN MD, JORDAN (1002) on 7/16/2015 8:01:49 PM

Technician: WW
Test ind:780.2

Referred by: MORRIS

Confirmed By: JORDAN PRUTKIN MD



25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 5

EID:1002 EDT: 20:01 16-JUL-2015 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

Category: Not Mapped
Date of Service: 07/15/2015 10:56
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 0

Encounter Number: ECGU8170135201507
Facility: UWMC
Encounter Type: Ancillary
Admit Date Time:
Discharge Date Time:

HOFFMAN, JEANNE ID:U8170135 15-JUL-2015 10:56:04 UW MEDICAL CTR-ER ROUTINE RECORD

06-JAN-1925 (90 yr)
Female Unknown

Room:12
Loc:1

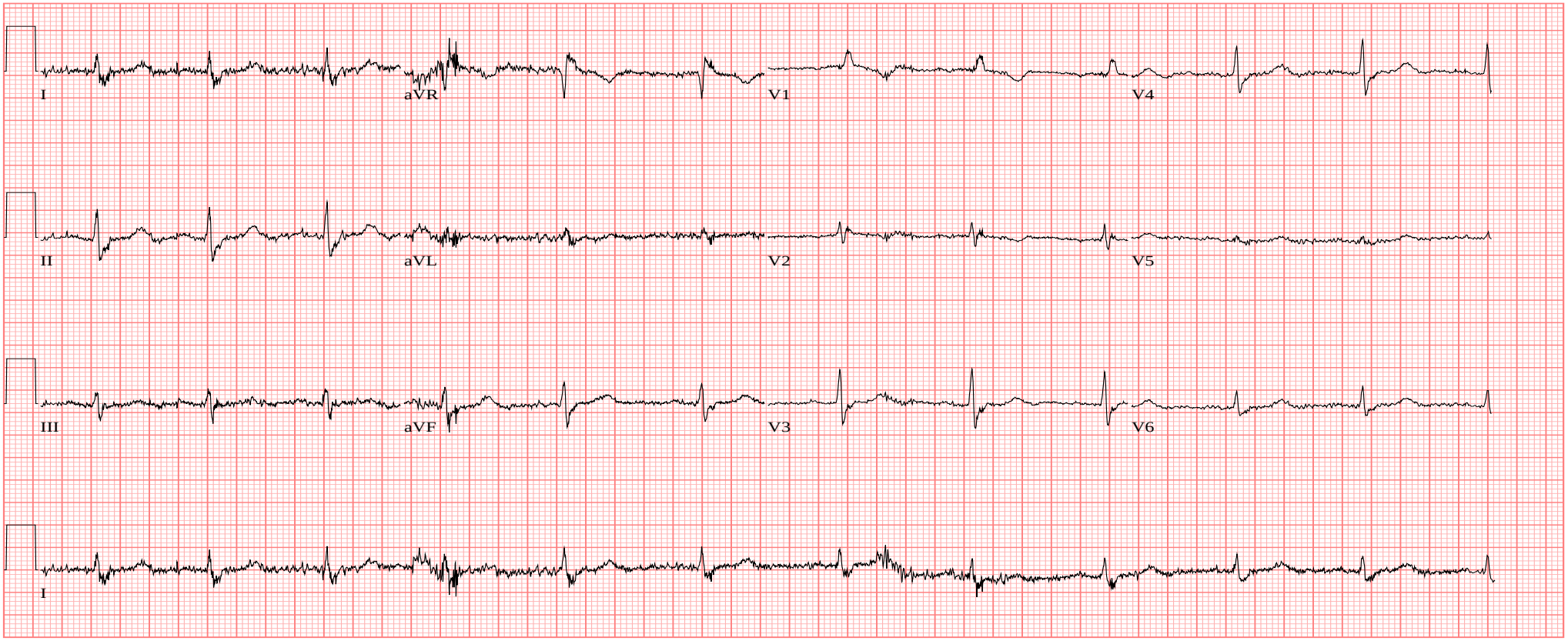
Vent. rate	69	BPM
PR interval	*	ms
QRS duration	118	ms
QT/QTc	434/465	ms
P-R-T axes	* 10	43

*** POOR DATA QUALITY, INTERPRETATION MAY BE ADVERSELY AFFECTED
NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 22-FEB-2013 11:42,
NO SIGNIFICANT CHANGE
Confirmed by PRUTKIN MD, JORDAN (1002) on 7/16/2015 8:01:48 PM

Technician: WW
Test ind:780.2

Referred by: MORRIS

Confirmed By: JORDAN PRUTKIN MD



25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 5

EID:1002 EDT: 20:01 16-JUL-2015 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

Category: Not Mapped
Date of Service: 02/22/2013 11:42
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 0

Encounter Number: ECGU8170135201302
Facility: UWMC
Encounter Type: Ancillary
Admit Date Time:
Discharge Date Time:

HOFFMAN, JEANNE ID:U8170135 22-FEB-2013 11:42:58 UW MEDICAL CTR-ER ROUTINE RECORD

06-JAN-1925 (88 yr)
Female Unknown

Room:14
Loc:1

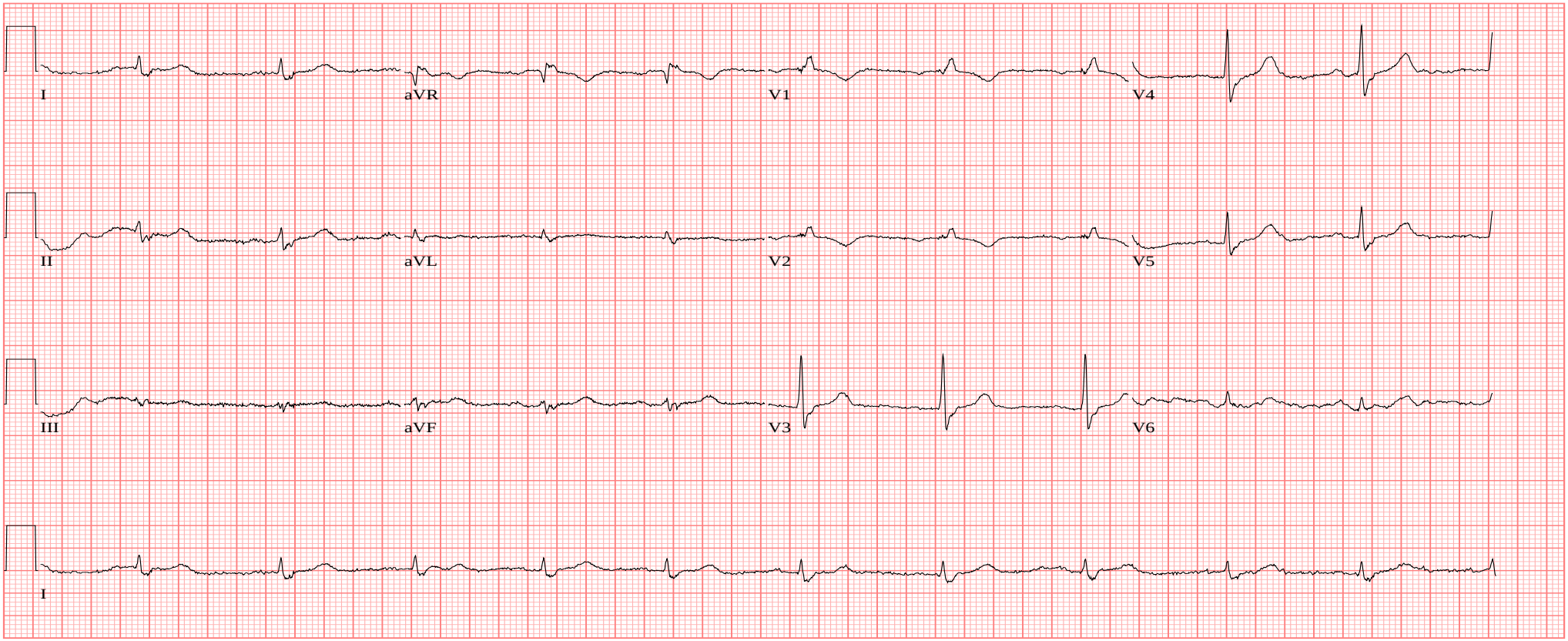
Vent. rate	64	BPM
PR interval	202	ms
QRS duration	120	ms
QT/QTc	440/453	ms
P-R-T axes	56 -31	35

NORMAL SINUS RHYTHM
LEFT AXIS DEVIATION
LOW VOLTAGE QRS
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 30-MAR-2007 19:19,
NO SIGNIFICANT CHANGE WAS FOUND
Confirmed by KRIEGER MD, ERIC (1100) on 2/25/2013 10:35:23 AM

Technician: JR
Test ind:

Referred by: 381800 GALLAHUE
Confirmed By: ERIC KRIEGER MD

ECG REASON:794.31



25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 5

EID:1100 EDT: 10:35 25-FEB-2013 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

Category: Not Mapped
Date of Service: 12/07/2012 01:19
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 0

Encounter Number: ECGH0571976201212
Facility: HMC
Encounter Type: Ancillary
Admit Date Time:
Discharge Date Time:

HOFFMAN, JEANNE ID:H0571976 07-DEC-2012 01:19:50 HARBORVIEW MEDICAL CENTER-ED ROUTINE RECORD

06-JAN-1925 (87 yr)
Female Unknown

Room:
Loc:378

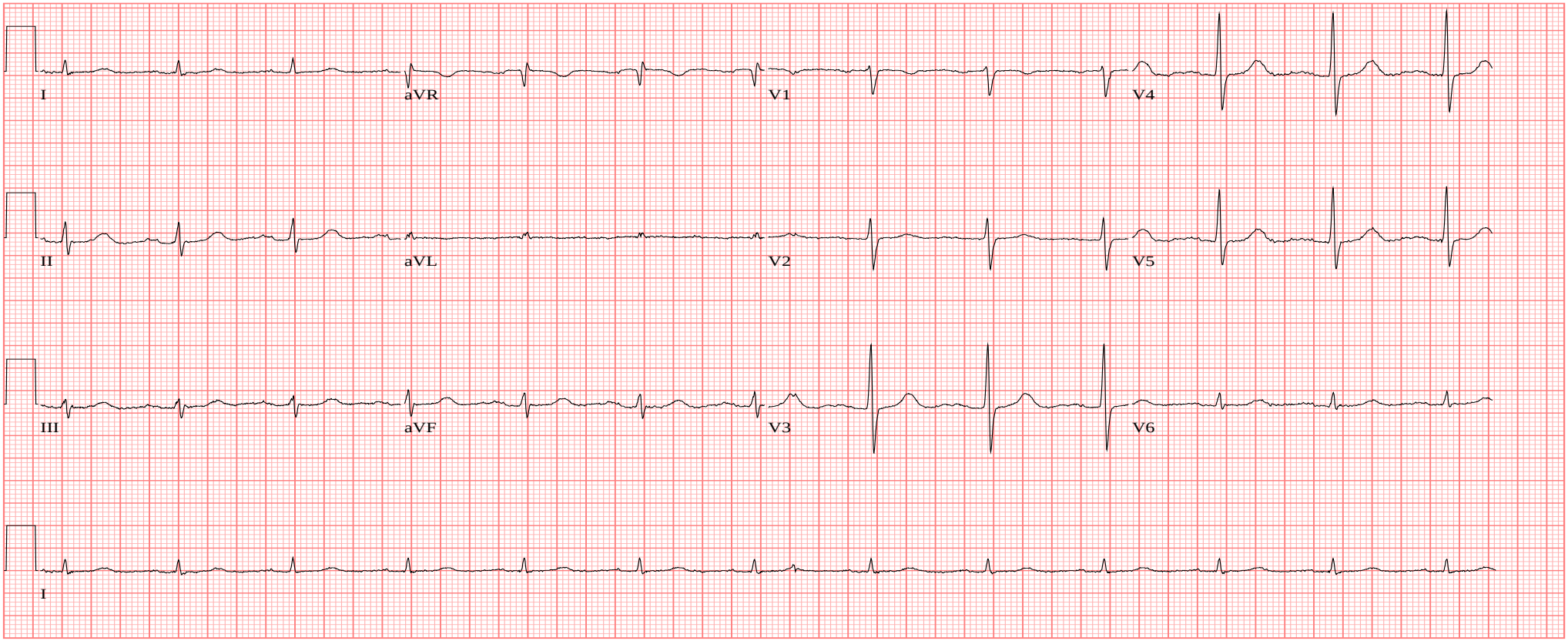
Vent. rate	76	BPM
PR interval	204	ms
QRS duration	88	ms
QT/QTc	394/443	ms
P-R-T axes	63 14	66

Normal sinus rhythm
Normal ECG
No previous ECGs available
Confirmed by GOLDBERGER, ZACHARY (3516), editor Baker, Kelsy (3009) on 12/7/2012 11:22:21 AM

Technician: EK
Test ind:HYPERTENSION

Referred by:

Confirmed By: ZACHARY GOLDBERGER



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 46

EID:3009 EDT: 11:22 07-DEC-2012 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

Category: Not Mapped
Date of Service: 03/30/2007 19:19
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 2

Encounter Number: ECGU8170135200703
Facility: UWMC
Encounter Type: Ancillary
Admit Date Time:
Discharge Date Time:

HOFFMAN, JEANNE **ID:U8170135** **30-MAR-2007 19:19:01** **UW MEDICAL CTR-ER** **ROUTINE RECORD**

06-JAN-1925 (82 yr)
Female Caucasian

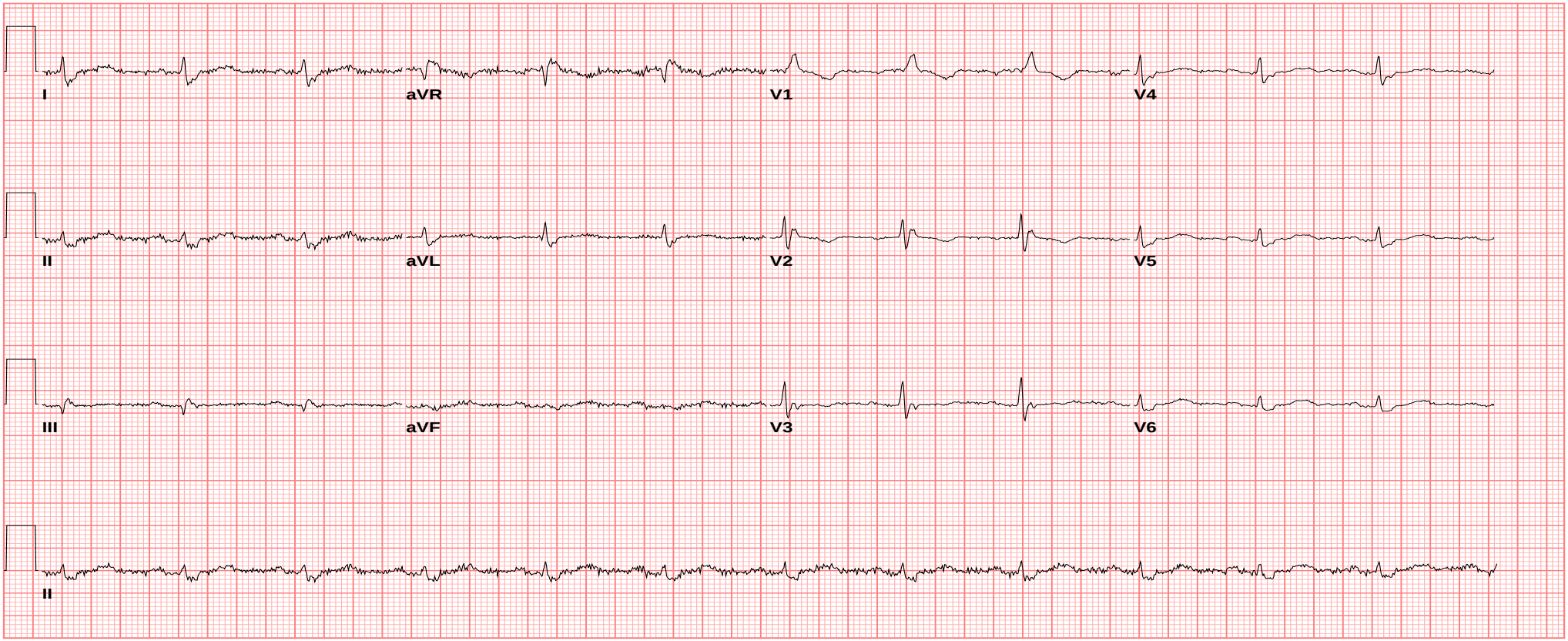
Room:3
Loc:1

Vent. rate	73	BPM
PR interval	212	ms
QRS duration	132	ms
QT/QTc	440/485	ms
P-R-T axes	51 13	41

SINUS RHYTHM WITH 1ST DEGREE A-V BLOCK
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 27-FEB-2007 14:25,
NO SIGNIFICANT CHANGE WAS FOUND
Confirmed by DICHEK M.D., DAVID (1047) on 02-Apr-2007 17:34:06

Technician: MNM

ECG Reason:FALL : Referred by: 3523 FIFE : Confirmed By: DAVID DICHEK M.D. :



25mm/s 10mm/mV 150Hz 005E 12SL 235 CID: 1

SID: 18170135 EID:1047 EDT: 17:34 02-APR-2007 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

Category: Not Mapped
Date of Service: 02/27/2007 14:25
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 0

Encounter Number: ECGU8170135200702
Facility: UWMC
Encounter Type: Ancillary
Admit Date Time:
Discharge Date Time:

HOFFMAN, JEANNE **ID:U8170135** **27-FEB-2007 14:25:09** **UW MEDICAL CTR-FMC** **ROUTINE RECORD**

06-JAN-1925 (82 yr)
Female Caucasian

Loc:8

Vent. rate	70	BPM
PR interval	198	ms
QRS duration	128	ms
QT/QTc	426/460	ms
P-R-T axes	60 39	41

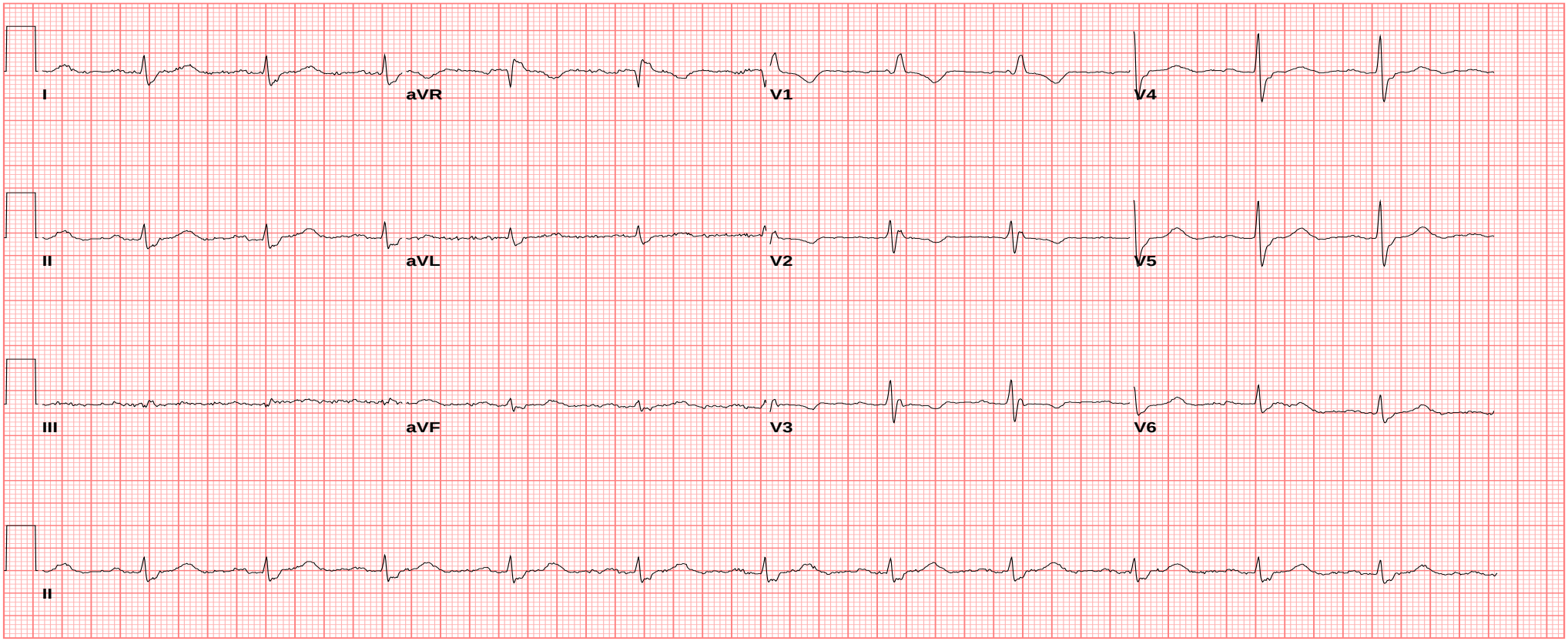
NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
NO PREVIOUS ECGS AVAILABLE
WHEN COMPARED WITH ECG OF 08-FEB-2006 13:53:35 NO SIGNIFICANT CHANGE WAS FOUND
Confirmed by DEAN, M.D., LARRY S. (1052), editor KORSOS, MONIKA (119) on 28-Feb-2007 15:00:45

Technician: KAREN C

ECG REASON:PRE SURG :

Referred by: PARKER MELANIE
NOTE:

Confirmed By: LARRY S. DEAN, M.D.
:



25mm/s 10mm/mV 40Hz 005E 12SL 250 CID: 1

SID: 18170135 EID:119 EDT: 15:00 28-FEB-2007 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

Category: Not Mapped
Date of Service: 02/08/2006 13:53
Document Status: Authenticated
Title: 12 Lead ECG
Document Version : 0

Encounter Number: ECGU8170135200602
Facility: UWMC
Encounter Type: Ancillary
Admit Date Time: 02/01/2006 00:01:00
Discharge Date Time: 02/28/2006 23:59:59

HOFFMAN, JEANNE **ID:U8170135** **08-FEB-2006 13:53:35** **UW MEDICAL CTR-MEDCON ROUTINE RECORD**

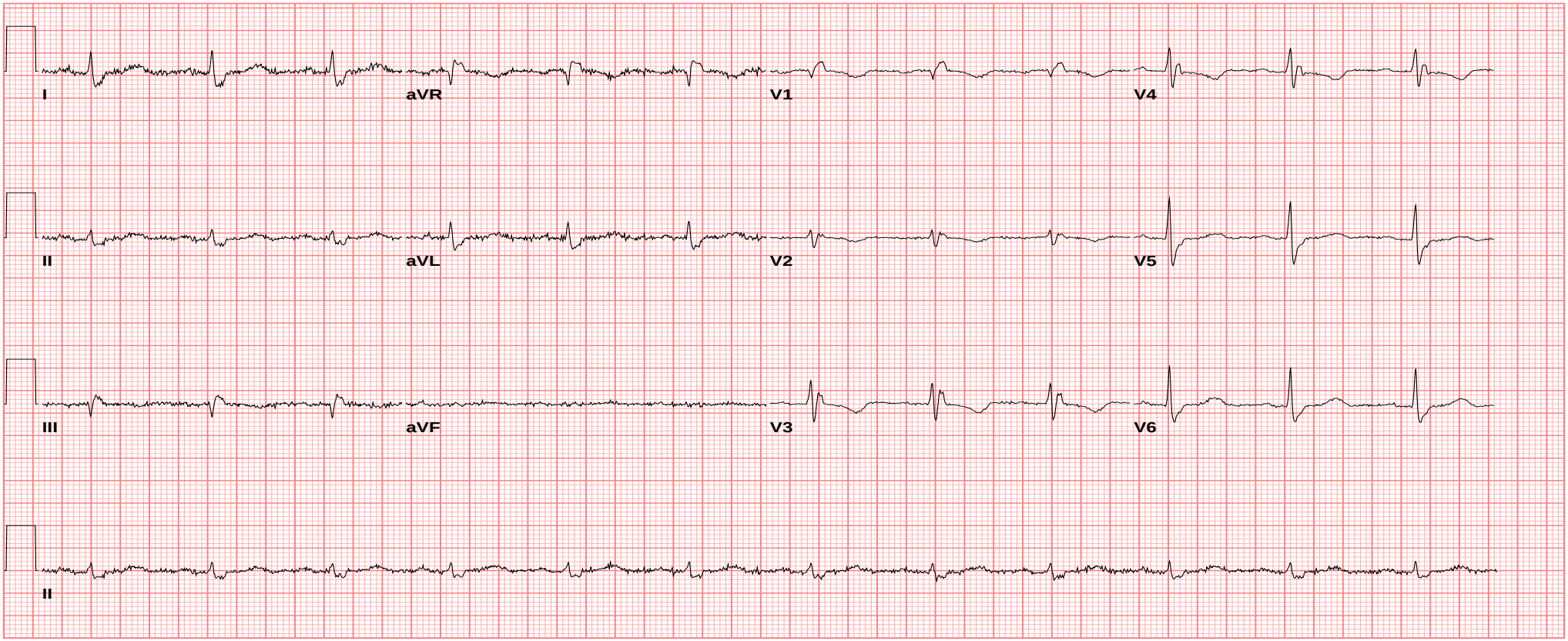
06-JAN-1925 (81 yr)
Female Caucasian

Loc:41

Vent. rate	72	BPM
PR interval	194	ms
QRS duration	124	ms
QT/QTc	450/492	ms
P-R-T axes	33 -8	15

NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 04-APR-2005 14:58,
QUESTIONABLE CHANGE IN QRS AXIS
Confirmed by LINKER, M.D., DAVID (24) on 09-Feb-2006 15:50:10

ECG REASON: ENCTR: Referred by: : Confirmed By: DAVID LINKER, M.D. :



25mm/s 10mm/mV 150Hz 005E 12SL 235 CID: 1 EID:24 EDT: 15:50 09-FEB-2006 ORDER:

Performed By:
Performed Date Time:
Verified By:
Verified Date Time:

MRN: U8170135
Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:00 AM

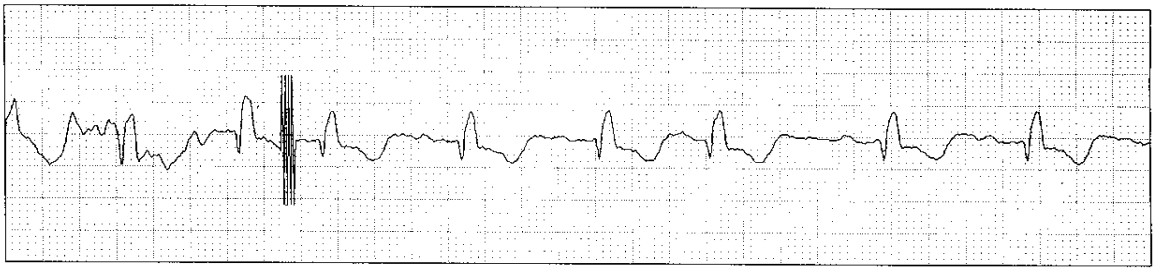
HARBORVIEW MEDICAL CENTER

ARRHYTHMIA/ST RECORDING Page 1

009100006613

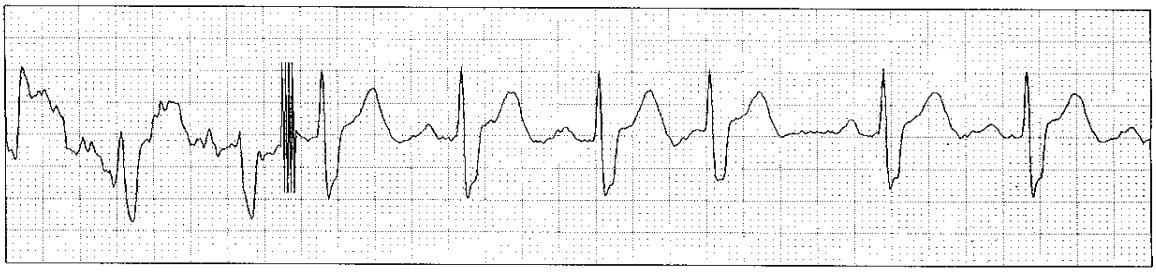
306–2 HOFFMAN 0 57 1
318
21:41 28MAR2000

LEAD=V1 ABNORMAL 1 ALARM ON EVENTS LAST HOUR=1/MIN=0



LAST EVENT AT
21:39 03/28/2000

LEAD=II ABNORMAL 1 ALARM ON EVENTS LAST HOUR=1/MIN=0



LAST EVENT AT
21:39 03/28/2000

SMC PAC conducted
KMack CMT

SpaceLabs Medical, Inc.

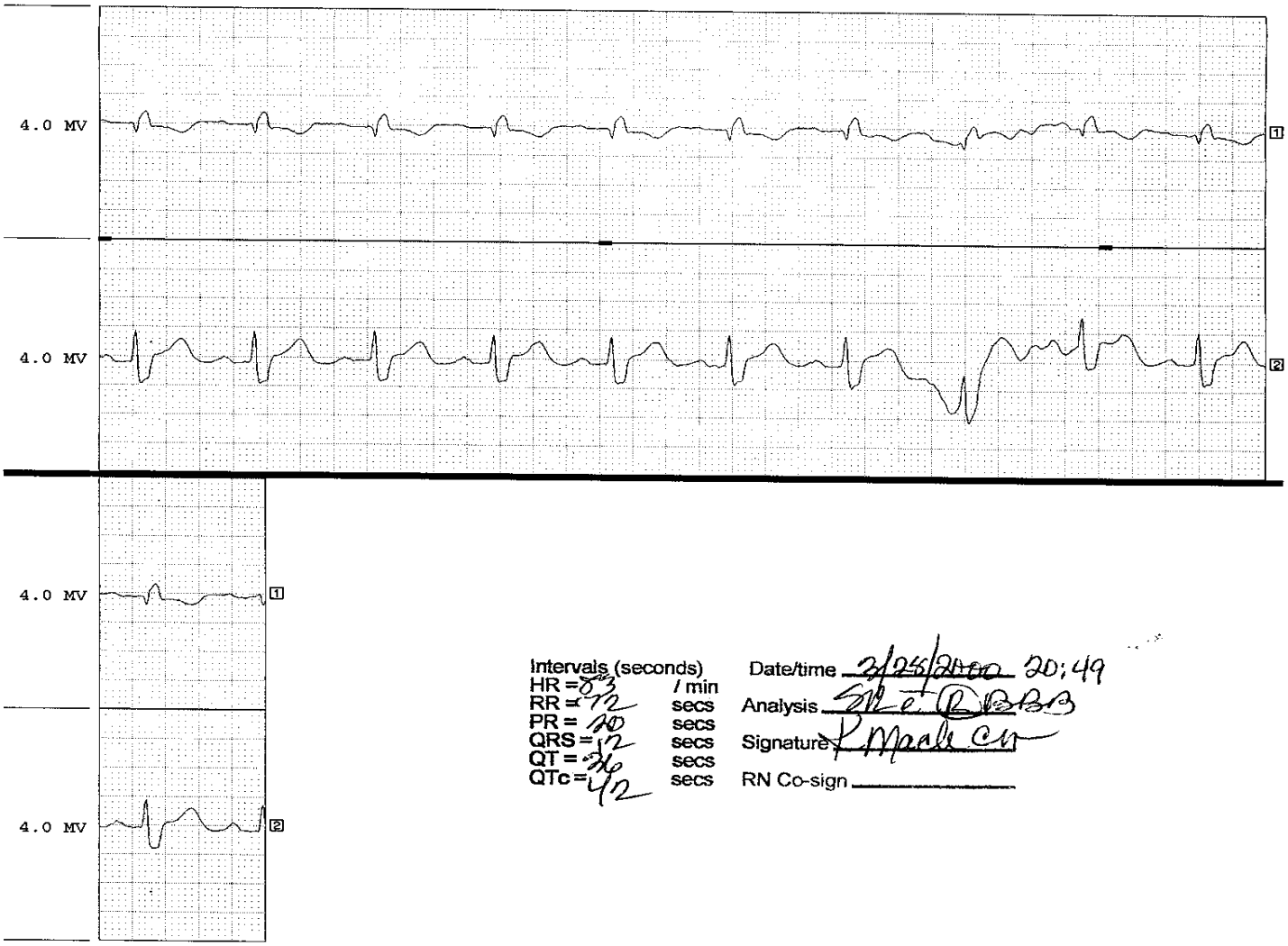
HARBORVIEW MEDICAL CENTER

PRESELECTED RECORDING Page 9

009100006614

[1] V1 MON HR =84 A=0
[2] II NIBP=20:19 136/ 81(100)mmHg

306–2 HOFFMAN 0 57 1
318
20:49 28MAR2000
SPEED=25 MM/SEC



Intervals (seconds)
HR = 83 / min
RR = .72 secs
PR = .20 secs
QRS = .12 secs
QT = .36 secs
QTc = .42 secs

Date/time 3/25/2000 20:49
Analysis [illegible]
Signature [illegible]
RN Co-sign _____

SpaceLabs Medical, Inc.

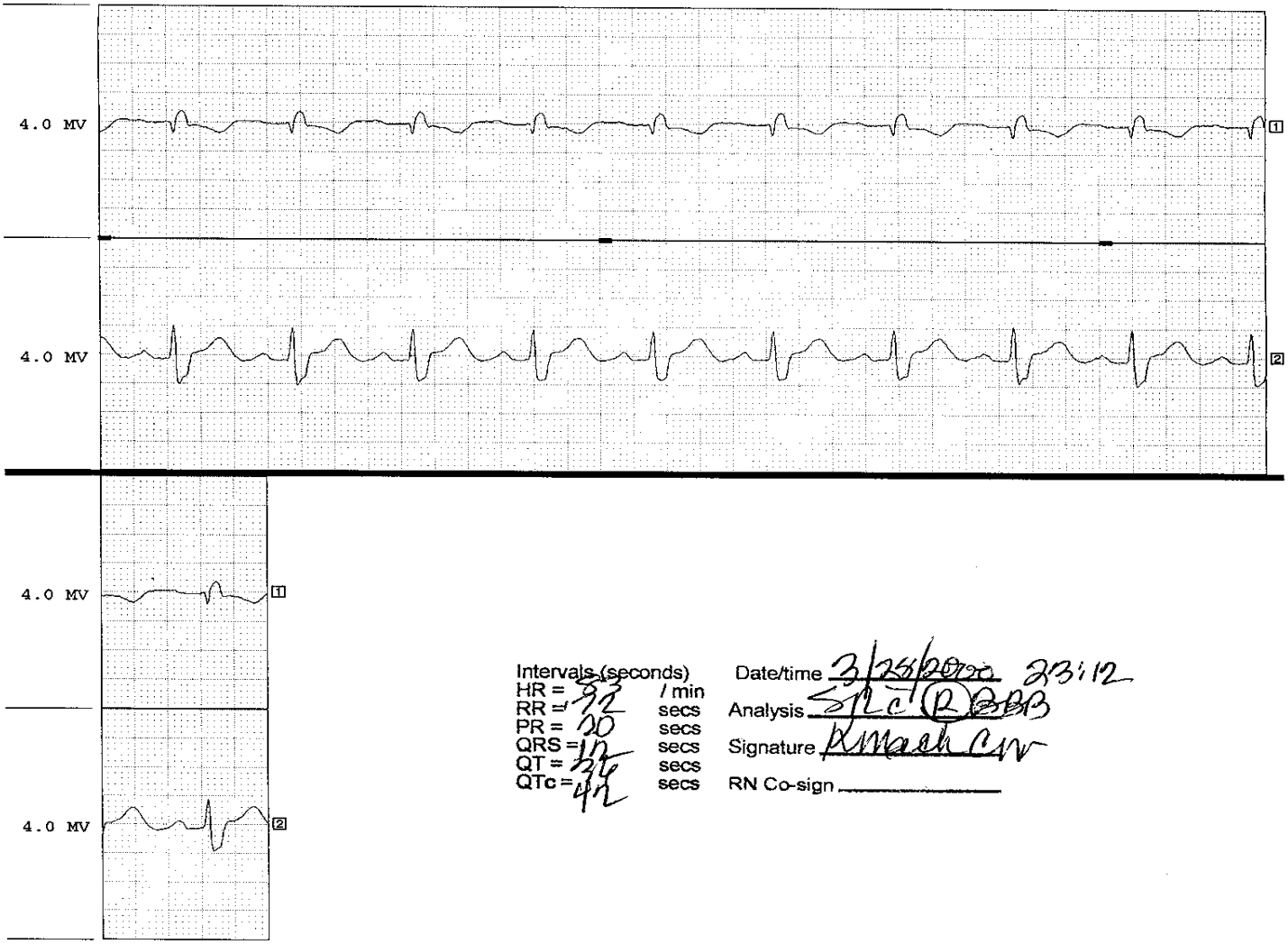
HARBORVIEW MEDICAL CENTER

PRESELECTED RECORDING Page 8

009100006615

[1] V1 MON HR =83 A=0
[2] II NIBP=22:09 143/ 79(99)mmHg

306-2 HOFFMAN 0 57 1
318
23:12 28MAR2000
SPEED=25 MM/SEC

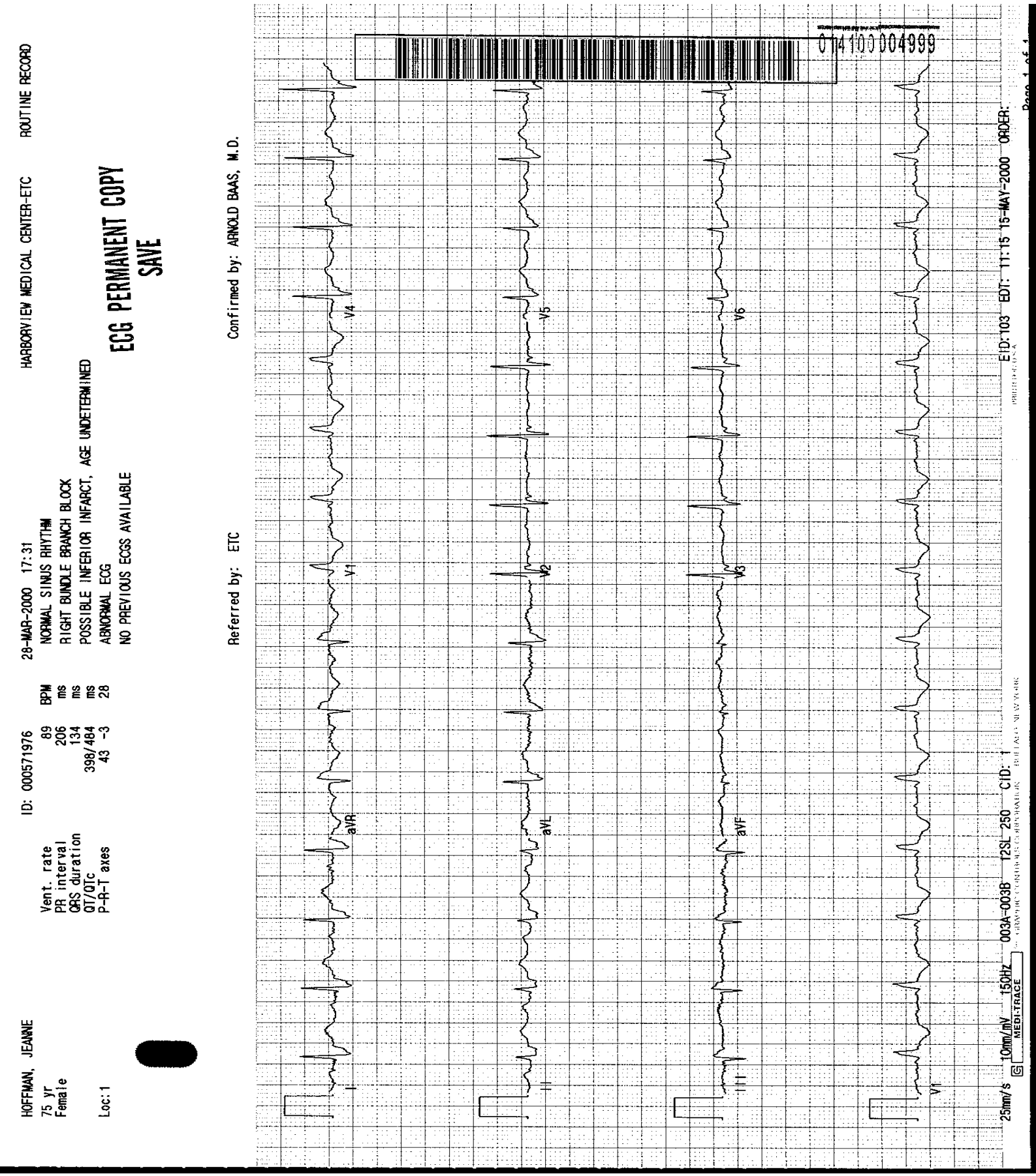


Intervals (seconds)
HR = 83 / min
RR = .72 secs
PR = .20 secs
QRS = .12 secs
QT = .36 secs
QTc = .42 secs

Date/time 3/28/2000 23:12
Analysis SR c RBBB
Signature KMash CNV
RN Co-sign _____

SpaceLabs Medical, Inc.

HARBORVIEW MEDICAL CENTER-3E
ROUTINE RECORD
ID: 000571976
29-MAR-2000 10:53
HOFFMAN, JEANNE
75 yr
Female
Loc:6
Vent. rate 71 BPM
PR interval 194 ms
QRS duration 132 ms
QT/QTc 440/478 ms
P-R-T axes 48 36 43
NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
ABNORMAL ECG
WHEN COMPARED WITH ECG OF 28-MAR-2000 17:31
BORDERLINE CRITERIA FOR INFERIOR INFARCT ARE NO LONGER PRESENT
ECG PERMANENT COPY
SAVE
Technician: 110
Referred by: 3EH
Confirmed by: FRANCIS KIM
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
00970000143O
00980000228J
RECEIVED
APR 05 2000
25mm/s 10mm/mV 150Hz 003A-003B 12SL 250 CID: 1
MEDITRACE
© GRAPHIC CONTROLS CORPORATION BUFFALO, NEW YORK
EID:110 EDT: 15:11 31-MAR-2000 ORDER:
PRINTED IN U.S.A.


HARBORVIEW MEDICAL CENTER-ETC ROUTINE RECORD
ECG PERMANENT COPY
SAVE
HOFFMAN, JEANNE
75 yr
Female
Loc:1
ID: 000571976
28-MAR-2000 17:31
Vent. rate 89 BPM
PR interval 206 ms
QRS duration 134 ms
QT/QTc 398/484 ms
P-R-T axes 43 -3 28
NORMAL SINUS RHYTHM
RIGHT BUNDLE BRANCH BLOCK
POSSIBLE INFERIOR INFARCT, AGE UNDETERMINED
ABNORMAL ECG
NO PREVIOUS ECGS AVAILABLE
Referred by: ETC
Confirmed by: ARNOLD BAAS, M.D.
I
II
III
aVR
aVL
aVF
V1
V2
V3
V4
V5
V6
25mm/s 10mm/mV 150Hz 003A-003B 12SL 250 CID: 1
MEDI-TRACE
EID:103 EDT: 11:15 15-MAY-2000 ORDER:

~EXAMINATION:
XR T SPINE 2 VIEWS

CLINICAL INDICATION:
slow fall yesterday in house. Now tender over T10-T11 in midline

COMPARISON:
CT chest July 24, 2019

FINDINGS:
S-shaped curvature of the thoracolumbar spine is again demonstrated. Generalized osteopenia is present. There are mild anterior compression fractures of T11, T12, L1, L2. Comparison with the chest CT suggests some progression at the T11 level, although this appears more chronic than acute. Overall, sensitivity is somewhat limited because of osteopenia and spinal curvature.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5279 HAYNOR DAVID ROBERT MD, PHD
(206)991-4263

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR JR 6267
Diagnosis:slow fall yesterday in house. Now tender over T10-T11 in midline
History:
Comment:From Epic: Diagnosis:Acute midline thoracic back pain, Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,
Assisting Radiologist(s):

~RADIOGRAPH OF THE CHEST, 1 VIEW

CLINICAL INDICATION:
fever

COMPARISONS:
8/1/2019

FINDINGS AND IMPRESSION:
There is new patchy opacification within the bilateral mid and lower lungs and increased prominence of the interstitium which may represent mild superimposed edema. Findings are concerning for multifocal pneumonia in setting of fever including atypical/viral pneumonia.

No effusion or pneumothorax.

Heart size is normal and unchanged.

No acute osseous abnormality. The right AC joint is not visualized. Mild left AC joint and shoulder osteoarthritis. Soft tissues are normal.
ATTENDING RADIOLOGIST AND PAGER NUMBER
3763 MEDVERD JONATHAN RUSSELL MD

RESULT DETAIL

Ordering Provider:MARISSA DEE MAROLF 513286
Diagnosis:fever
History:
Comment:From ORCA:
Assisting Radiologist(s):AARON DAUB 508923

~EXAMINATION:
CTA NECK ANGIO

CLINICAL INDICATION:
Stroke Code

TECHNIQUE:
CTA Head and Neck Stroke (N-48)
1. Non-contrast head: MDCT scanning was obtained through the head without contrast.
2. CTA Head/Neck: MDCT was obtained from the aortic arch to the vertex during bolus infusion of contrast. Slab 3D-MIP reformatted images of extracranial and intracranial vessels were obtained in multiple planes.
3. Post-contrast head: MDCT was obtained through the head after contrast injection.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.

CONTRAST:
Omnipaque 350 mg-ml 80 ml 05/27/2020 06:08 PM INTRAVENOUS

COMPARISON:
CT head without contrast 7/24/2019

FINDINGS:

NON-CONTRAST HEAD CT:
MASS EFFECT & VENTRICLES: No midline shift shift. The lateral ventricles are symmetric. Incidentally noted is a septum cavum pellucidum. Prominence of the ventricular system and extra-axial spaces is commensurate with mild cerebral volume loss. Basal cisterns are patent. No downward herniation.
BRAIN: No acute infarct, hemorrhage or mass lesion is seen. Mild periventricular and deep subcortical white matter hypodensities likely representing small vessel ischemic changes. Bilateral basal ganglia mineralization. Similar left parietoccipital calcification.
VASCULAR: Moderate calcification of bilateral cavernous carotids and intracranial segments of the vertebral arteries.
EXTRA-AXIAL: No abnormal extra-axial fluid collections or masses.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Bilateral lens replacement. Orbits are otherwise normal.

POST-CONTRAST HEAD CT:
ENHANCEMENT: Normal intracranial enhancement.

HEAD CTA:
ARTERIES: Normal intracranial arteries. No aneurysm, AVM, stenosis or occlusion.
VARIANTS: Circle of Willis is normally developed. No other vascular anatomic variants.
VEINS: Dural sinuses and deep venous structures are normal.

NECK CTA:
AORTIC ARCH: Common origin of the brachiocephalic and left common carotid arteries from the arch, a normal variant anatomy.
CAROTIDS: Common carotid vessels are normal. Mild calcified plaque at the carotid bulbs/origins of the bilateral ICAs without significant stenosis. Additional calcified plaque within the bilateral carotid canals, cavernous carotids and supraclinoid ICAs. Fusiform aneurysmal dilation of the right supraclinoid ICA to the circle of Willis measuring up to 0.6 cm. Internal carotid artery origins show no stenosis. Cervical ICA's are normal.
VERTEBRALS: Focal calcifications at the origins of the bilateral vertebral arteries without significant stenosis. There is flattening of the left vertebral artery within the V3 segment (12/132), although the more distal segments are well perfused. Right cervical segments are normal. Right vertebral artery is dominant.

IMPRESSION:
1. Head CT
- No acute infarct, hemorrhage or mass effect.
- Mild cerebral volume loss and sequela of chronic ischemic microvascular disease.
2. CTA head
- No high-grade stenosis or occlusion.
- Fusiform aneurysmal dilation of the right supraclinoid ICA measuring up to 0.6 cm.
3. CTA of the neck vessels
- No high-grade stenosis, dissection or occlusion.
- Mild calcified plaque in the bilateral carotid bulbs without significant ICA stenosis.

Internal carotid artery origin stenosis by NASCET criteria: No significant stenosis by NASCET criteria.

This is a preliminary report by Dr. Aaron Daub (PGY-5). A final report will be available by 10:00 AM on the following morning, or after 3 PM on weekends and holidays. Unless a final report appears below, an attending Radiologist has not yet reviewed the images.

ATTENDING FINAL REPORT

I agree with the preliminary report with the following comment(s) (Cat 2): There is a 5 mm smooth, non-spiculated nodular density in the right medial lung (series 12, images 1 through 3).

IMPRESSION:
See impression above.

PULMONARY NODULE MANAGEMENT RECOMMENDATIONS:

Pulmonary nodules are a common incidental finding on CT If there is prior imaging such as a chest radiograph or CT available at another facility, this should be compared to assess for stability.

Solitary non-calcified pulmonary nodule less than 6mm. In patients with a low risk of malignancy, no follow-up imaging is recommended for this nodule (less than1% risk of malignancy). In patients at higher risk, an optional low-dose CT of the chest in 12 months is recommended. Risk factors include current smoking, recently quit smoking, morphology (e.g. spiculated margins).

ATTENDING RADIOLOGIST AND PAGER NUMBER
2953 JARVIK JEFFREY GIL MD
(206)680-1153

RESULT DETAIL

Ordering Provider:JENELLE HOLST BADULAK 509366
Diagnosis:Stroke Code
History:
Comment:
Assisting Radiologist(s):AARON DAUB 508923

~D. E. STRANDNESS, JR. VASCULAR LABORATORY
University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195
206-598-4449

Accredited by the Intersocietal Accreditation Commission - Vascular Testing

EXAMINATION:
LOWER EXTREMITY VENOUS DUPLEX (BILATERAL)
Venous duplex examination performed using B-mode, color flow, and Doppler spectral waveform assessment.

INDICATION:
This is a 95 year-old woman with a history of DVT. The patient presents with a palpable lump in the medial left distal thigh-knee area.

PREVIOUS EXAMINATIONS:
11/2/2016 (Left external iliac vein is chronically occluded with collaterals noted)

EQUIPMENT:
GE Logic 9

FINDINGS:

LOWER EXTREMITY VENOUS DUPLEX

RIGHT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not evaluated due to wound wraps.
Peroneal Vein: Not evaluated due to wound wraps.

Gastrocnemius Veins: Not evaluated due to wound wraps.
Soleal Veins: Not evaluated due to wound wraps.

RIGHT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.

LEFT DEEP SYSTEM
Common Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Deep Femoral Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Main Femoral Vein Prox: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Mid: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes
Main Femoral Vein Dist: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Popliteal Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes

Posterior Tibial Vein: Not evaluated due to wound wraps.
Peroneal Vein: Not evaluated due to wound wraps.

Gastrocnemius Veins: Not evaluated due to wound wraps.
Soleal Veins: Not evaluated due to wound wraps.

LEFT SUPERFICIAL VENOUS SYSTEM
Great Saphenous Vein: Complete compressions, spontaneous and phasic flow, complete color filling, no intraluminal echoes at the saphenofemoral junction.

Shannon Wear,BS,RVT
Vascular Technologist

Karina Newhall
Vascular Fellow

FINAL PHYSICIAN INTERPRETATION

1. RIGHT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the right lower extremity, where evaluated.
- The deep veins in the right calf were not evaluated due to wounds and bandages.
- No superficial vein thrombosis in the right lower extremity, where evaluated.

2. LEFT LOWER EXTREMITY VENOUS
- No deep vein thrombosis in the left lower extremity, where evaluated.
- The deep veins in the left calf were not evaluated due to wounds and bandages.
- No superficial vein thrombosis in the left lower extremity, where evaluated.
- In the area of the palpable lump in the left medial knee area there is a non-vascularized, mixed echogenicity, solid-appearing structure located about 2 cm below the skin surface and measuring 1.9 x 1.2 cm.
ATTENDING VASCULAR SURGEON
5611 ZIERLER ROBERT EUGENE MD

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR JR 6267
Diagnosis:pain in both lower extremities,hx DVT
History:
Comment:
Assisting Radiologist(s):KARINA NEWHALL 5225939

~EXAMINATION:
XR SHOULDER MIN 2 VIEWS RIGHT, XR HUMERUS MIN 2 VIEWS RIGHT

CLINICAL INDICATION:
Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

COMPARISON:
No prior images are currently available for comparison.

FINDINGS:
Bones are osteopenic.
There is mild osteoarthritis at acromioclavicular and glenohumeral joints.
Calcification at the acromiohumeral interval is in keeping with calcific rotator cuff tendinosis.

A minimally displaced fracture is noted at the greater tuberosity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354

RESULT DETAIL

Ordering Provider:William E Neighbor 6267
Diagnosis:Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx
History:
Comment:From Epic: Diagnosis:Acute pain of right shoulder, Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,
Assisting Radiologist(s):

~EXAMINATION:
XR SHOULDER MIN 2 VIEWS RIGHT, XR HUMERUS MIN 2 VIEWS RIGHT

CLINICAL INDICATION:
Fell a couple of days ago. Now right shoulder pain in 94 year old with osteoporosis and hx of fx

COMPARISON:
No prior images are currently available for comparison.

FINDINGS:
Bones are osteopenic.
There is mild osteoarthritis at acromioclavicular and glenohumeral joints.
Calcification at the acromiohumeral interval is in keeping with calcific rotator cuff tendinosis.

A minimally displaced fracture is noted at the greater tuberosity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354

RESULT DETAIL

Ordering Provider:William E Neighbor 6267
Diagnosis:right shoulder and upper arm pain after fall a couple of days ago in 94 year old with osteoporsis and hx of fx
History:
Comment:From Epic: Diagnosis:Acute pain of right shoulder, Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,
Assisting Radiologist(s):

~EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
pnx

COMPARISON:
July 29, 2019 and prior

FINDINGS AND IMPRESSION:

Hiatal hernia. Bibasilar atelectasis. Senescent changes in the cardiomediastinal contour and skeleton no pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
0758 STERN ERIC JAMES MD
(206)680-5013

RESULT DETAIL

Ordering Provider:MICHAEL DEE ALLEY 2093129
Diagnosis:pnx
History:
Comment:From ORCA:
Assisting Radiologist(s):

~EXAMINATION:
XR PELVIS MIN 3 VIEWS

CLINICAL INDICATION:
please obtain inlet/outlet views after pt starts to mobilize

COMPARISON:
CT chest abdomen pelvis dated July 24, 2019

FINDINGS AND IMPRESSION:
Redemonstration of minimally displaced right inferior pubic ramus fracture. No change in alignment. No new fractures identified. Diffuse osteopenia.

Unchanged position of dynamic hip screw and lateral plate and screw fixation from remote proximal femoral fracture deformity.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 CHEW FELIX SZE-KWAY MD
(206)559-7501

RESULT DETAIL

Ordering Provider:DEREK TANG NHAN 5221488
Diagnosis:please obtain inlet/outlet views after pt starts to mobilize
History:
Comment:From ORCA:
Assisting Radiologist(s):ANDREW WOERNER 5217833

~EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval right apical pneumothorax

COMPARISONS:
July 28

FINDINGS AND IMPRESSION:
Lines and tubes are unchanged.

Heart size is normal.

Lungs: Persistent bilateral basilar opacities, likely atelectasis or aspiration.

Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
384960 REDDY GAUTHAM PUTTA MD
(206)540-6593

RESULT DETAIL

Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval right apical pneumothorax, none
History:
Comment:From ORCA:
Assisting Radiologist(s):

~EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
Reeval for pneumothorax

COMPARISONS:
7/27/2019 at 4:40 PM and other priors.

FINDINGS AND IMPRESSION:

Heart size is normal. Large hiatal hernia again noted.

Lungs: Persistent bibasilar opacities, likely atelectasis or aspiration.

Pleural spaces: No pleural effusions. No definite pneumothorax. Probable skinfold artifact overlying the right lung apex.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

RESULT DETAIL

Ordering Provider:JUDITH K GLANN 511065
Diagnosis:Reeval for pneumothorax
History:
Comment:From ORCA:
Assisting Radiologist(s):

~EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
eval for pneumothorax post CT removal

COMPARISONS:
7/27/2019 at 5:30 AM and other priors.

FINDINGS AND IMPRESSION:
Right chest tube has been removed.

Heart size is normal. Large hiatal hernia again noted.

Lungs: New bibasilar opacities, likely atelectasis or aspiration.

Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

RESULT DETAIL

Ordering Provider:JUDITH K GLANN 511065
Diagnosis:eval for pneumothorax post CT removal
History:
Comment:From ORCA:
Assisting Radiologist(s):

~EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval chest tube on water seal

COMPARISONS:
7/26/2019 and other priors

FINDINGS AND IMPRESSION:
Right chest tube again noted.

Heart size is normal. Large hiatal hernia again noted.

Lungs: No focal opacities.

Pleural spaces: No pleural effusions. No pneumothorax.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

RESULT DETAIL

Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval chest tube on water seal
History:
Comment:From ORCA:
Assisting Radiologist(s):

~Addendum Begins

The right apical pneumothorax is trace or minimal in size.

Addendum Ends

EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval CT to water seal

COMPARISONS:
July 26, 2019 at 06:24 chest radiograph

FINDINGS AND IMPRESSION:
Right thoracostomy tube is unchanged in position. New right apical pneumothorax.

No other substantial cardiopulmonary changes.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664

RESULT DETAIL

Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval CT to water seal
History:
Comment:From ORCA:
Assisting Radiologist(s):KIET VO 2090897

~EXAMINATION:
XR CHEST 1 VIEW

CLINICAL INDICATION:
reeval pneumothora

COMPARISONS:
July 25, 2019

FINDINGS AND IMPRESSION:
Right apical thoracostomy tube is unchanged in position. No evidence of pneumothorax.

Increased bibasilar atelectasis.

Stable cardiomediastinal contours.

No other substantial cardiopulmonary changes.
ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664

RESULT DETAIL

Ordering Provider:JUDITH K GLANN 511065
Diagnosis:reeval pneumothora
History:
Comment:From ORCA:
Assisting Radiologist(s):KIET VO 2090897

~RADIOGRAPH OF THE CHEST, 1 VIEW

CLINICAL INDICATION:
chest tube in place

COMPARISONS:
7/24/2019 and other priors

FINDINGS AND IMPRESSION:
Right chest tube in place.

Cardiac and mediastinal contours are normal.

Mild bibasal atelectasis persists. Questionable small right pleural effusion. There is no pneumothorax.

No acute bone or soft tissue abnormality.
ATTENDING RADIOLOGIST AND PAGER NUMBER
5217938 CHAM MATTHEW D MD
(206)314-2945

RESULT DETAIL

Ordering Provider:JOSHUA ROSEN 511958
Diagnosis:chest tube in place
History:
Comment:From ORCA:
Assisting Radiologist(s):

~RADIOGRAPH OF THE CHEST, 1 VIEW

CLINICAL INDICATION:
Chest tube placement

COMPARISONS:
July 24, 2019

FINDINGS AND IMPRESSION:
Right thoracostomy tube present. There may be persistent small right pneumothorax. There is a small persistent right pleural effusion.

Heart size is unchanged.

Unchanged bibasilar consolidations.
ATTENDING RADIOLOGIST AND PAGER NUMBER
268330 GROSS JOEL ALAN MD
(206)991-9135

RESULT DETAIL

Ordering Provider:Amit Raj Trivedi 501922
Diagnosis:Chest tube placement
History:
Comment:
Assisting Radiologist(s):MARIAM SHEHATA 503183

~EXAMINATION:
XR CHEST 1VIEW

CLINICAL INDICATION:
confirm chest tube placement

FINDINGS AND IMPRESSION:
Compared to chest CT done earlier today at 1326 hours, there is persistent right subpulmonic/anterior pneumothorax. There is associated small pleural effusion.
Right chest tube is in an expected position.
Heart size is unchanged.
There are bilateral basilar consolidations, which could represent either atelectasis, aspiration or pneumonia.

ATTENDING RADIOLOGIST AND PAGER NUMBER
294200 PIPAVATH SUDHAKAR NAIK JADAV MBBS
(206)986-3664

RESULT DETAIL

Ordering Provider:MARIE CLOUGHERTY VRABLIK 505826
Diagnosis:confirm chest tube placement
History:
Comment:From ORCA:
Assisting Radiologist(s):

~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65)
MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)

Superior Extent: T1
Inferior Extent: Sacrum

COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors

FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.

Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.

Partially visualized right femoral head/neck instrumental fixation.

Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.

HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.

SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.

LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.

IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.

Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.

Acute displaced fractures of the right posterior eighth and ninth ribs. Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.

Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.

The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747

RESULT DETAIL

Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

~EXAMINATION:
CT T SPINE WO CONT, CT L SPINE WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
CT thoracic spine without contrast: routine (N-65) MDCT scanning was obtained through the thoracic spine without contrast. Coronal and sagittal reformatted images were performed. Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560201), CT Lumbar Spine without contrast: routine (N-65)
MDCT scanning was obtained through the lumbar spine without contrast. Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure. (accession 12560202)

Superior Extent: T1
Inferior Extent: Sacrum

COMPARISON:
MRI thoracic spine 9/17/2018, radiographically lumbar spine 10/22/2014, and other priors

FINDINGS:
ALIGNMENT: Minimal anterolisthesis of L5 on S1. Left convex scoliosis of the lumbar spine with a Cobb angle of approximately 21 degrees.
VERTEBRAE/BONES: Again seen are chronic compression fractures of T12-L3. Cortical irregularity at the posterior aspect of the L1 vertebral body with correlate on MRI dated 9/17/18. Consider repeat MRI if pain persists in this region. No acute vertebral fractures. Diffuse osteopenia.

Partially visualized multiple rib fractures, some of which are chronic:
-Chronic fracture deformities of the right 10-12th posterior ribs.
-Acute mildly displaced fractures of the right posterior 8th and 9th ribs.

Partially visualized right femoral head/neck instrumental fixation.

Minimally displaced right sacral zone 1 fracture (604B/74 and 305B/166) with intra-articular extension into the SI joint.

HARDWARE: No spinal hardware present.
CORD: Visualized throracic cord and conus medularis are normal size.

SOFT TISSUES: Please refer to same day CT chest abdomen and pelvis for extraspinal findings. Paravertebral, interspinous, and posterior soft tissues are normal.

LEVELS: No central stenosis. Mild bony right neural foramen narrowing at L5-S1. ABNORMAL
LEVELS: Partial bony fusion of T3-T4. Severe disc space narrowing at L4-L5.

IMPRESSION:
No acute thoracolumbar spinal fractures or malalignment. Again seen are chronic compression fractures of T12-L3, with posterior cortical irregularity at L1. If patient's back pain persists, consider repeat MRI for further evaluation.

Minimally displaced right sacral zone 1 fracture with intra-articular extension into the SI joint.

Acute displaced fractures of the right posterior eighth and ninth ribs. Chronic fracture deformities of the right 10th-12th posterior ribs. Please refer to same day chest, abdomen, and pelvis CT for further description of rib fractures.

Moderate to severe multilevel degenerative changes of the thoracolumbar spine as detailed above.

The above findings were communicated to Nemanich by Moran at 7/24/2019 3:23 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747

RESULT DETAIL

Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):SHAMUS MORAN 513509

~EXAMINATION:
CT CHEST ABDOMEN AND PELVIS W CONTRAST

CLINICAL INDICATION:
GLF. Additional history: 94-year-old female patient with a ground level fall yesterday presented with the back, right side and right hip pain.

TECHNIQUE:
CTB A15 CT Chest Abdomen Pelvis with IV contrast.
Contiguous axial sections were obtained through the chest, abdomen and pelvis with IV contrast only. Multiplanar reformatted images were performed. Automated exposure control and statistical iterative reconstruction techniques substantially lowered patient radiation dose.

CONTRAST:
Omnipaque 350 mg-ml 88@2.2 ml 07/24/2019 02:03 PM INTRAVENOUS

COMPARISON:
None.

FINDINGS:
CHEST:
Thyroid: Unremarkable.
Thoracic lymph nodes: No lymphadenopathy by size criteria.
Mediastinum and esophagus: Moderate sliding hiatus hernia.
Heart and vasculature: Moderate to severe coronary artery disease. Atherosclerotic changes of the aorta. Aortic wall calcifications.
Lungs: Unremarkable.
Pleura: Right sided hydropneumothorax with no mediastinal shift. Trace left pleural effusion.
Chest wall: Slightly displaced fracture right posterior eighth and ninth rib. No fracture is noted involving right seventh rib at the costovertebral junction.

ABDOMEN:
Liver: Unremarkable.
Gallbladder: Distended with no opaque stones
Bile ducts: Prominent CBD measuring 9 mm (601/54) with associated mild intrahepatic biliary radical dilatation. CBD seen) distally towards the pancreas with no obvious lesions in the periampullary region.
Spleen: Unremarkable.
Pancreas: Unremarkable.

Adrenals: Unremarkable.
Kidneys and Ureters: Bilateral renal cortical hypodense lesions, the small lesions are too small to characterize while the larger lesions are likely cysts.

Abdominal Lymph Nodes and Retroperitoneum: No lymphadenopathy by size criteria.
Vasculature: Moderate aortobiiliac atherosclerotic disease with no aneurysmal dilatation of the aorta.
Bowel: Unremarkable.
Peritoneum and Abdominal Wall: Mild ascites. No abdominal collections. No pneumoperitoneum.

PELVIS:
Pelvic Viscera: Unremarkable.
Bladder: Unremarkable.

BONES:
-Two fracture lines involving the right inferior pubic ramus (3/213-216).
-Severe spondylo-degenerative changes of the spine with scoliotic deformity and mild wedging of L2 and T11 vertebral bodies, age indeterminate.
-Osteopenia. Right hip arthroplasty.

IMPRESSION:
1. Multiple right-sided rib fractures with right-sided hydropneumothorax.
2. Fracture right inferior pubic ramus. L2 and T11 vertebral body age-indeterminate wedge fracture.
3. Prominent CBD with mild intra-hepatic biliary radicle dilatation. Recommend correlation with liver function tests and further evaluation with MRCP if clinically indicated.
ATTENDING RADIOLOGIST AND PAGER NUMBER
234240 O'REGAN JEREMIAH P MD

RESULT DETAIL

Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):HASSAN ABOUGHALIA 5218379

~EXAMINATION:
CT HEAD WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure.

COMPARISON:
CT head 3/29/2018.

FINDINGS:
Field-of-view does not contain the anterior mandible.

MASS EFFECT & VENTRICLES: No midline shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Mild to moderate cerebral volume loss. Few unchanged scattered parenchymal calcifications. Unchanged mild to moderate periventricular white matter hypoattenuation. No acute infarct, hemorrhage or mass lesion is seen.
VASCULAR: Severe vascular calcifications involving of the common carotids and cavernous ICAs.
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Skull and facial bones are normal. Sinuses and mastoids are clear. Orbits are normal.

IMPRESSION:
No acute intracranial hemorrhage, infarct, or masses.

Similar cerebral volume loss and periventricular white matter hypoattenuation consistent with chronic microvascular ischemia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747

RESULT DETAIL

Ordering Provider:ANTONIA JUSTINE NEMANICH 509613

Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

~EXAMINATION:
CT C SPINE WO CONT

CLINICAL INDICATION:
GLF, x

TECHNIQUE:
Cervical Spine wo contrast: routine (N-53)
MDCT scanning was obtained through the cervical spine without contrast. Coronal and sagittal reformatted images were performed.
Patient age specific scan parameters and iterative reconstruction techniques were used for radiation exposure.

Inferior Extent: T4

COMPARISON:
C-spine CT 12/7/2012

FINDINGS:
ALIGNMENT: Normal alignment.
VERTEBRAE: Vertebral body height and density are normal. No fractures or destructive lesions.
HARDWARE: No hardware present.
DISCS: Normal disc height
SOFT TISSUES: Prevertebral, interspinous, and posterior soft tissues are normal. Multiple tiny hypodense thyroid nodules.

AXIAL DISCS AND FORAMINA:
Similar posterior subluxation of the right atlantoaxial articulation (602/91). Moderate degenerative changes of the cervical spine including multilevel disc height loss, mild facet arthropathy, and fusion of the C4-5 posterior elements. Diffuse osteopenia.

C2-3: No central or foraminal stenosis.
C3-4: No central or foraminal stenosis.
C4-5: No central or foraminal stenosis.
C5-6: No central or foraminal stenosis.
C6-7: No central or foraminal stenosis.
C7-T1: No central or foraminal stenosis.

Right small-to-moderate pneumothorax.

IMPRESSION:
1. No acute fractures of the cervical spine. Stable degenerative changes. Diffuse osteopenia.

2. Right small to moderate pneumothorax.

The above findings were communicated to Antonia Nemanich M.D. by Thomas Eggert M.D. PGY-3 at 7/24/2019 2:04 PM.
ATTENDING RADIOLOGIST AND PAGER NUMBER
2037627 FINK III JAMES RUSSELL MD
(206)540-1747

RESULT DETAIL

Ordering Provider:ANTONIA JUSTINE NEMANICH 509613
Diagnosis:GLF, x
History:
Comment:From ORCA:
Assisting Radiologist(s):THOMAS EGGERT 513530

~EXAMINATION:
XR Tibia Fibula 2 Views Left

CLINICAL INDICATION:
worsening wound at left medial ankle

COMPARISON:
Radiographs of the left tibia and fibula dated August 17, 2017.

FINDINGS AND IMPRESSION:
The bones are diffusely demineralized.

No acute fracture or dislocation. No periostitis, focal osteopenia, or osseous erosion to suggest osteomyelitis.

There is soft tissue irregularity/ulceration along the medial distal calf. No definite soft tissue gas. No radiopaque foreign body. Vascular calcifications are present.
ATTENDING RADIOLOGIST AND PAGER NUMBER
505568 REHWALD CHRISTINE MARIE MD

RESULT DETAIL

Ordering Provider:NILUFER BOZDEMIR NORSWORTHY 2069419
Diagnosis:worsening wound at left medial ankle
History:
Comment:From Epic: Diagnosis:Non-pressure chronic ulcer of left ankle with necrosis of muscle (HCC), Allergies:ADHESIVES, ASPIRIN, NITROFURANTOIN, NITROFURANTOIN, PENICILLINS, SULFA ANTIBIOTICS,
Assisting Radiologist(s):

~RADIOGRAPHS OF THE CHEST, 2 VIEWS

CLINICAL INDICATION:
AMS, concern for infection

COMPARISONS:
2/22/2013

FINDINGS AND IMPRESSION:
Heart size is normal. Hiatal hernia.

Scarring in the right lung base. Questionable findings of underlying obstructive lung disease. Otherwise the lungs are clear.

No pneumothorax or pleural effusion.

Wedging in the lower thoracic spine.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007259 Godwin II J David MD
(206)344-9980

RESULT DETAIL

Ordering Provider:Antonia Justine Nemanich 509613
Diagnosis:AMS, concern for infection
History:
Comment:From ORCA:
Assisting Radiologist(s):Tanner Clark 501623

~EXAMINATION:
CT HEAD WO CONT

CLINICAL INDICATION:
Altered mental status, visual hallucinations

TECHNIQUE:
CT Head Routine wo contrast (N-1)
Contiguous axial sections were obtained through the head without contrast.
Patient age specific scan parameters were used for radiation exposure

COMPARISON:
7/15/2015

FINDINGS:
MASS EFFECT & VENTRICLES: No shift. The lateral ventricles are symmetric. The ventricles, sulci and cisterns are normal.
BRAIN: Moderate global parenchymal volume loss. Unchanged calcification of bilateral basal ganglia and focal calcification the left posterior periventricular white matter. Scattered foci of hypodensities in the periventricular and subcortical white matter, likely chronic microvascular ischemic disease. No acute large infarct or intraparenchymal hemorrhage.
VASCULAR: Atherosclerosis of the cavernous carotids and vertebral arteries
EXTRA-AXIAL: Extra-axial spaces are normal.
EXTRA-CRANIAL: Bilateral lens replacements. Scalp is normal. Sinuses are clear. Mastoids are clear

IMPRESSION:

No acute infarct, hemorrhage or mass effect.

Preliminary results and a final report will be available for review by 10am the following morning Monday through Friday or after 3pm Saturday/Sunday and holidays.

Unless a final report appears below, an attending Radiologist has not reviewed the images.

*****

ATTENDING FINAL REPORT

I agree with the preliminary report (Cat 1).

IMPRESSION:

1. No acute intracranial abnormalities identified.

2. Chronic microvascular ischemic changes. Mild cerebral volume loss.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007470 Maravilla Kenneth R MD
(206)994-3872

RESULT DETAIL

Ordering Provider:Antonia Justine Nemanich 509613
Diagnosis:Altered mental status, visual hallucinations, as above
History:
Comment:From ORCA:
Assisting Radiologist(s):Berthina Coleman 505557,Tanner Clark 501623

~EXAMINATION:
XR WRIST MIN 3 VIEWS LEFT

CLINICAL INDICATION:
left wrist pain and swelling. No hx of fall

COMPARISON:
3.29.2011

FINDINGS:
Collapsed and sclerotic lunate is as before. There are some ossicles in the scapholunate interval probably secondary to avascular necrosis of the lunate.

There is moderate osteoarthritis at the radiocarpal joint. There is moderate osteoarthritis at the first CMC, and triscaphe joints. Dorsal tilt of the lunate is in keeping with dorsal intercalated segmental instability.
There is no acute fracture. There is extensive arterial vascular calcification.

Advanced arthritis is present in the in the included IP joints of the hand.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 Mulcahy Hyojeong MD
(206)680-354

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:left wrist pain and swelling. No hx of fall
History:
Comment:From Epic: Diagnosis:Pain in left wrist, Allergies:PENICILLINS, SULFA ANTIBIOTICS, NITROFURANTOIN, ADHESIVES, ASPIRIN, NITROFURANTOIN,
Assisting Radiologist(s):

~EXAMINATION:
XR TIBIA FIBULA 2 VIEWS LEFT

CLINICAL INDICATION:
eval for osteo

COMPARISON:
No prior images are currently available for comparison.

FINDINGS and IMPRESSION:
Generalized osteopenia is present. Nonspecific soft tissue calcification. Vascular calcification.

No acute fracture or dislocation is evident. No specific radiographic evidence of osteomyelitis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
413550 Porrino Jr Jack MD
(206)314-3821

RESULT DETAIL

Ordering Provider:Patrick D Bender 507241
Diagnosis:eval for osteo
History:
Comment:From ORCA:
Assisting Radiologist(s):

~RADIOGRAPHS OF THE ANKLE, THREE VIEWS, LEFT

CLINICAL INDICATION:
eval for osteo

COMPARISON:
None.

FINDINGS AND IMPRESSION:
Generalized osteopenia is present. Nonspecific soft tissue calcification. Vascular calcification. Soft tissue swelling about the lateral aspect of the ankle.

No acute fracture or dislocation is evident. No specific radiographic evidence of osteomyelitis.

Advanced degenerative change talonavicular joint.
ATTENDING RADIOLOGIST AND PAGER NUMBER
413550 Porrino Jr Jack MD
(206)314-3821

RESULT DETAIL

Ordering Provider:Patrick D Bender 507241
Diagnosis:eval for osteo
History:
Comment:From ORCA:
Assisting Radiologist(s):

~Indication
========

This is a 92 year old woman with a history of deep vein thrombosis. The patient presents with left lower extremity wounds. We are asked to evaluate lower extremity arterial perfusion prior to starting compression wraps.

History
======

General History
Other: Previous Examinations: 3/3/2010.

Method
======

Ankle/Brachial Index
Toe/Brachial Index.

Pressure Lower
============

Rt brachial A syst BP 132 mmHg
Rt dors pedis A BP 130 mmHg
Rt toe BP 92 mmHg
Rt ABI (rt dors ped A BP / max brach A BP) 0.98
Rt TBI (rt toe BP / max brach A BP) 0.70
Lt brachial A syst BP 130 mmHg
Lt dors pedis A BP 144 mmHg
Lt toe BP 90 mmHg
Lt ABI dors ped (lt dors ped A BP / max brach A BP) 1.09
Lt TBI (lt toe BP / max brach A BP) 0.68
Other: Prior ABI from 3/3/2010: Right 1.17, Left 1.01

Doppler flow waveforms were recorded:
Right posterior tibial artery was not insonated.
Right anterior tibial artery has biphasic Doppler flow waveforms.
Left posterior tibial artery has resistive monophasic Doppler flow waveforms. (incompressible)
Left anterior tibial artery has biphasic Doppler flow waveforms.

Right great toe has normal photoplethysmographic (PPG) volume pulse waveforms.
Left great toe has normal photoplethysmographic (PPG) volume pulse waveforms.

Impression
=========

1. The resting ankle/brachial indices may not be reliable due to medial calcification resulting in non-compressible tibial arteries and artificially high measured ankle
pressures. The values obtained are borderline normal on the right 0.98 and normal on the left at 1.09 (previously right 1.17 and left 1.01 on 3/3/2010).
2. Distal tibial artery flow waveforms are normally multiphasic to strongly monophasic bilaterally.
3. The toe/brachial indices are normal on the right at 0.70 and borderline abnormal on the left at 0.68 (normal toe brachial index is 0.70 or greater).
4. The great toe volume pulse waveforms are normally pulsatile bilaterally.

Shannon Wear,BS,RVT
Vascular Sonographer .
ATTENDING VASCULAR SURGEON
005611 Zierler Robert Eugene MD

Indication

~EXAMINATION:
XR PELVIS SUPINE

CLINICAL INDICATION:
right hip pain

COMPARISON:
8/24/2016

FINDINGS AND IMPRESSION:
Please see dedicated radiographs of the right hip for further details.

Severe left hip osteoarthritis, manifested as axial joint space loss and bulky marginal osteophyte formation. Enthesophytosis about the iliac crests and ischial tuberosities is also demonstrated and unchanged.

No acute fracture detected. Remote fracture deformity of the superior right pubic ramus.
ATTENDING RADIOLOGIST AND PAGER NUMBER
401310 Ha Alice Soojung MD
(206)559-70

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:right hip pain
History:
Comment:From Epic: Diagnosis:Pain in right hip, Allergies:PENICILLINS, SULFA ANTIBIOTICS, NITROFURANTOIN, ADHESIVES, ASPIRIN, NITROFURANTOIN,
Assisting Radiologist(s):Matthew Lidstrom 505569

~EXAMINATION:
XR HIP UNILAT AP SUPINE

CLINICAL INDICATION:
episodic severe sharp right lateral hip pain

COMPARISON:
8/24/2016

FINDINGS AND IMPRESSION:
A single frog-leg view of the right hip is provided and interpreted with the pelvic AP radiograph acquired concurrently.

Redemonstrated dynamic hip screw and lateral plate and screw fixation of a remote proximal femoral fracture deformity. This is in unchanged alignment as compared to 8/24/2016. No evidence of hardware complication.

No acute fracture detected. Severe osteoarthritis manifested as axial joint space loss, marginal osteophyte and subchondral cyst formation. Alignment is normal.

Vascular calcifications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
401310 Ha Alice Soojung MD
(206)559-70

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:episodic severe sharp right lateral hip pain
History:
Comment:From Epic: Comments:Which side?->RIGHT, Diagnosis:Pain in right hip, Allergies:PENICILLINS, SULFA ANTIBIOTICS, NITROFURANTOIN, ADHESIVES, ASPIRIN, NITROFURANTOIN,
Assisting Radiologist(s):Matthew Lidstrom 505569

~Indication
========

This is a 91 year old woman with a history of deep vein thrombosis dating back over 35 years. The patient presents with chronic left lower extremity swelling. The swelling
has possibly changed recently, but she is unsure if the swelling is any different than usual.

History
======

General History
Other: Previous Examinations: 4-13-2007

Method
======

IVC, Common and External Iliac Vein Duplex
Lower Extremity Venous.

Abdominal Veins
=============

Inferior vena cava prox details: spontaneous, phasic flow, complete color Doppler filling visualized.
Inferior vena cava mid details: not visualized
Inferior vena cava distal details: not visualized

Lower Extremities
==============

Rt CIV: not visualized
Rt EIV: spontaneous, phasic flow, complete color fill
Lt CIV: not visualized
Lt EIV: INCOMPRESSIBLE CHRONIC, Doppler silent
Lt CFV: PARTIAL COMPRESSION CHRONIC, partial color fill, continuous flow
Lt DFV: complete compression, spontaneous, complete color fill
Lt prox femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete color fill
Lt mid femoral V: PARTIAL COMPRESSION CHRONIC, continuous flow, spontaneous, complete color fill
Lt distal femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete

color fill
Lt popliteal V fossa: complete compression, spontaneous, phasic flow, complete color fill
Lt post tibial V: complete compression, complete color fill with augmentation
Lt peroneal V: complete compression, complete color fill with augmentation
Lt GSV: complete compression at the saphenofemoral junction, spontaneous, phasic flow, complete color fill
Lt SSV: complete compression at the saphenopopliteal junction
Other: Complete vein wall compression is noted on B-mode image in the bilateral gastrocnemius and soleal vein branches unless noted above otherwise.

Impression
=========

No definite change in the left lower extremity venous findings compared to the examination done on 4-13-2007.

1. The proximal inferior vena cava is patent.
- The bilateral common iliac veins are not visualized.
- The right external iliac vein is patent.
- The left external iliac vein appears chronically occluded with collateral vessels noted.

2. LEFT
- No acute deep vein thrombosis in the left lower extremity.
- The left femoral vein is patent with chronic wall thickening again noted.
- No superficial vein thrombosis in the left lower extremity, where evaluated.

Lonnie Patterson BS, RVT
Vascular Sonographer .
ATTENDING VASCULAR SURGEON
005611 Zierler Robert Eugene MD

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:LE Swelling and history of DVT on chronic anticoag.
History:
Comment:
Assisting Radiologist(s):Jamil Matthews 505834

~Indication
========

This is a 91 year old woman with a history of deep vein thrombosis dating back over 35 years. The patient presents with chronic left lower extremity swelling. The swelling
has possibly changed recently, but she is unsure if the swelling is any different than usual.

History
======

General History
Other: Previous Examinations: 4-13-2007

Method
======

IVC, Common and External Iliac Vein Duplex
Lower Extremity Venous.

Abdominal Veins
=============

Inferior vena cava prox details: spontaneous, phasic flow, complete color Doppler filling visualized.
Inferior vena cava mid details: not visualized
Inferior vena cava distal details: not visualized

Lower Extremities
==============

Rt CIV: not visualized
Rt EIV: spontaneous, phasic flow, complete color fill
Lt CIV: not visualized
Lt EIV: INCOMPRESSIBLE CHRONIC, Doppler silent
Lt CFV: PARTIAL COMPRESSION CHRONIC, partial color fill, continuous flow
Lt DFV: complete compression, spontaneous, complete color fill
Lt prox femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete color fill
Lt mid femoral V: PARTIAL COMPRESSION CHRONIC, continuous flow, spontaneous, complete color fill
Lt distal femoral V: PARTIAL COMPRESSION CHRONIC, spontaneous, continuous flow, complete

color fill
Lt popliteal V fossa: complete compression, spontaneous, phasic flow, complete color fill
Lt post tibial V: complete compression, complete color fill with augmentation
Lt peroneal V: complete compression, complete color fill with augmentation
Lt GSV: complete compression at the saphenofemoral junction, spontaneous, phasic flow, complete color fill
Lt SSV: complete compression at the saphenopopliteal junction
Other: Complete vein wall compression is noted on B-mode image in the bilateral gastrocnemius and soleal vein branches unless noted above otherwise.

Impression
=========

No definite change in the left lower extremity venous findings compared to the examination done on 4-13-2007.

1. The proximal inferior vena cava is patent.
- The bilateral common iliac veins are not visualized.
- The right external iliac vein is patent.
- The left external iliac vein appears chronically occluded with collateral vessels noted.

2. LEFT
- No acute deep vein thrombosis in the left lower extremity.
- The left femoral vein is patent with chronic wall thickening again noted.
- No superficial vein thrombosis in the left lower extremity, where evaluated.

Lonnie Patterson BS, RVT
Vascular Sonographer .
ATTENDING VASCULAR SURGEON
005611 Zierler Robert Eugene MD

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:LE Swelling and history of DVT on chronic anticoag.
History:
Comment:
Assisting Radiologist(s):Jamil Matthews 505834

~EXAMINATION:
XR PELVIS 2 W 1 VIEW HIP RIGHT

CLINICAL INDICATION:
right hip pain x 1 week. Prior hip replacement.

COMPARISON: 10/22/14

FINDINGS:

Right hip: Healed proximal femoral fracture, bridged by dynamic hip screw and plate. No complications are noted.

Left hip: Mild to moderate left hip osteoarthritis is noted.

Pelvis: No significant osseous or soft tissue abnormalities are noted.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:right hip pain x 1 week. Prior hip replacement.
History:
Comment:From Epic:
Assisting Radiologist(s):

~EXAMINATION:
CT HEAD WO CONT

CLINICAL INDICATION:
syncope on coumadin, syncope on coumadin

TECHNIQUE:
CT Head Routine wo contrast (N-1)

Non-contrast axial 5 mm contiguous sections were obtained through the head. Patient age specific scan parameters were used for radiation exposure.

COMPARISON:
CT head without contrast dated 2/22/2013

FINDINGS:
No acute intracranial abnormalities. No hemorrhage, mass, mass effect or midline shift. No loss of gray-white differentiation to indicate stroke. Periventricular white matter hypodensities which are nonspecific but which likely represent chronic microvascular ischemic disease. Stable basal ganglia calcifications and calcification within the left periventricular white matter. Prominence of the ventricles and sulci, likely age-related. Lateral ventricles are symmetric. Basal cisterns are patent.

Calcification of the bilateral intracranial internal carotid and vertebral arteries.

Bowing of the bony nasal septum. Paranasal sinuses and mastoid air cells are well aerated. Status post bilateral lens replacement. Dentures and bilateral hearing aids are noted.

IMPRESSION:
No acute intracranial abnormalities. No hemorrhage as clinically questioned.
ATTENDING RADIOLOGIST AND PAGER NUMBER
504636 Yuh William MD
(206)314-959

RESULT DETAIL

Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:syncope on coumadin, syncope on coumadin
History:
Comment:From ORCA:

Assisting Radiologist(s):Jay Champlin 505563

~EXAMINATION:
XR TIBIA FIBULA 2 VIEWS RIGHT

CLINICAL INDICATION:
FALL, Knee pain medial joint line

COMPARISON:
Same day knee radiographs

FINDINGS:
No fractures or dislocations. No soft tissue abnormalities.

There are vascular calcifications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 Chew Felix Sze-Kway MD
(206)559-7501

RESULT DETAIL

Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:FALL, Knee pain medial joint line
History:
Comment:From ORCA:
Assisting Radiologist(s):Benjamin Carney 505560

~EXAMINATION:
XR KNEE 4 MIN VIEWS RIGHT

CLINICAL INDICATION:
fall 7/6 with continued pain, medial joint line

COMPARISON:
Same day tibia-fibula radiographs; knee radiographs 5/2/2007

FINDINGS:

No fractures or dislocations. No joint effusion or soft tissue abnormalities.

There is mild osteoarthritis, worse in the medial and patellofemoral compartments. There is an enthesophyte at the quadriceps tendon insertion.

There are vascular calcifications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 Chew Felix Sze-Kway MD
(206)559-7501

RESULT DETAIL

Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:fall 7/6 with continued pain, medial joint line
History:
Comment:From ORCA:
Assisting Radiologist(s):Benjamin Carney 505560

~Examination:
A digital screening mammogram was performed and computer-aided detection was applied.
The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison
Comparison is made to images from 08/30/2013 (bilateral) and images from 08/24/2012 (bilateral) and images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006 and images from 12/07/2004.

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

Impression
BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE
ATTENDING RADIOLOGIST AND PAGER NUMBER
318690 Rahbar Habibollah MD
(206)540-6154

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:no new symptoms
History:
Comment:pt
Assisting Radiologist(s):Philip Dougherty 503683,Diana Lam 410950

12/15/2014 10:23

Mammography Screening

Add on

What is the REASON you are having a breast imaging exam?
(please select one)

- [X] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] *This is an additional exam requested from my current screening exam.*
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [X] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [X] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

If you ever used any of the following Hormones, please enter:

	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives				[ ] Yes [X] No
Estrogen				[ ] Yes [X] No
Progesterone				[ ] Yes [X] No
Tamoxifen				[ ] Yes [X] No
Other: _____				[ ] Yes [X] No

Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	
Age at hysterectomy:	46
Age at right ovary removal:	46
Age at left ovary removal:	46
Number of live births:	2

Previous Mammograms? [X] Yes [ ] No
When _____
Where 8/2013

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R Combination implant
L R Pre-pectoral implant
L R Retro-pectoral implant

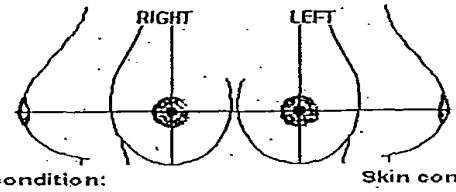
Previous PROCEDURES? [X] Yes [ ] No
(Circle L for Left or R for Right)

L R	Cyst aspiration	
L R	Needle biopsy	
L R	Excisional biopsy	
L R	Lumpectomy for cancer	
L R	Mastectomy	
L R	Radiation therapy	
L R	Breast reduction	
L R	Implant removed	(Date)

Have you ever received chemotherapy for any type of cancer? [ ] Yes [X] No

PATIENT SIGNATURE	Updated	DATE 11/5/14	TIME
TECHNOLOGIST SIGNATURE		DATE 11/5/14	TIME 1124

Technologists Notes:



Skin condition: Skin condition:

Equipment cleaned and disinfected [X] Yes [ ] No

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

MAMMOGRAPHY SCREENING
PAGE 1 OF 1

U8170135 BD:1/06/1925 89Y F
HOFFMAN
JEANNE
LEONIE
UWMC R2 MAMMO
DOS:11/05/14
Enc:1787007515 U RAD MAMMO RES:23993943

Add on 11:30

"U3047"

UH3047 REV DEC 11

RECEIVED
WHITE - MEDICAL RECORD
DEC 03 2014
HEALTH INFORMATION MANAGEMENT

~Examination:
XR L SPINE MIN 4 VIEWS/FALLRISK

Indication:
low back pain

Comparison:
December 6, 2012

Findings:
Lumbar levoscoliosis is again noted. Old T12, L2, and L3 compression fractures are seen. There has been slight interval worsening of L1 height loss suggesting age indeterminate compression fracture. Alignment is unchanged. Abdominal aortic calcification is seen. Right hip screw partially visualized.
ATTENDING RADIOLOGIST AND PAGER NUMBER
262280 Adduci Alexander M.D.

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:low back pain
History:
Comment:From Epic:
Assisting Radiologist(s):

~EXAMINATION:
XR FEMUR 2 VIEW RIGHT/FALLRISK
RIGHT

Indication:
right hip and thigh pain. Prior plate in femur by patient report

Comparison:
December 6, 2012 pelvis radiographs

Findings:
Similar to December 2012, patient has undergone dynamic screw fixation bridging an old intertrochanteric fracture. Hardware is intact, without evidence of complications.
No femoral fracture.
Alignment is normal.
Arterial calcifications indicate atherosclerosis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:right hip and thigh pain. Prior plate in femur by patient report
History:
Comment:From Epic:
Assisting Radiologist(s):Benjamin Godwin 502456

~EXAMINATION:
XR HIP UNILAT 2 VIEWS RIGHT/FALLRISK
RIGHT

Indication:
right hip pain

Comparison:
Most recent December 6, 2012

Findings:
Similar to December 6, 2012, the patient is status post dynamic hip screw replacement for treatment of intertrochanteric fracture. Hardware is intact common appears in similar position. No evidence of complications. As before, there is mild bilateral hip joint osteoarthritis.
There is pronounced intervertebral disc space height loss of the visualized lower lumbar vertebral bodies.
Arterial calcifications indicate atherosclerosis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 Richardson Michael L MD
(206)991-5169

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:right hip pain
History:
Comment:From Epic:
Assisting Radiologist(s):Benjamin Godwin 502456

~Examination:
A digital screening mammogram was performed and computer-aided detection was applied.
The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison
Comparison is made to images from 08/24/2012 (bilateral) and images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006 and images from 12/07/2004.

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen. Positioning is limited by the patient's mobility constraints.

Impression
BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE

ATTENDING RADIOLOGIST AND PAGER NUMBER
318690 Rahbar Habibollah MD
(206)540-6154

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:SCREEN, NO SYMPTOMS
History:
Comment:SCHED W/PT'S SON LEWIS **PT USES A WALKER**
Assisting Radiologist(s):Quan Nguyen 503796,Eric Monroe 410990

10/09/2013 09:08 4/

Mammography Screening

What is the REASON you are having a breast imaging exam?
(please select one)

- [X] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] This is an additional exam requested from my current screening exam.
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [X] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [X] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

Previous Mammograms? [X] Yes [ ] No
When _____
Where _____

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R *Combination implant*
L R Pre-pectoral implant
L R Retro-pectoral implant

Previous PROCEDURES? [X] Yes [ ] No
(Circle L for Left or R for Right)

L	R	Cyst aspiration	_____
L	R	Needle biopsy	_____
L	R	Excisional biopsy	_____
L	R	*Lumpectomy for cancer*	_____
L	R	Mastectomy	_____
L	R	Radiation therapy	_____
L	R	Breast reduction	_____
L	R	Implant removed	_____ *(Date)*

Have you ever received chemotherapy for any type of cancer? [ ] Yes [ ] No

If you ever used any of the following Hormones, please enter:

	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives	_____	_____	_____	[ ] Yes [ ] No
Estrogen	_____	_____	_____	[ ] Yes [ ] No
Progesterone	_____	_____	_____	[ ] Yes [ ] No
Tamoxifen	_____	_____	_____	[ ] Yes [ ] No
Other: _____	_____	_____	_____	[ ] Yes [ ] No

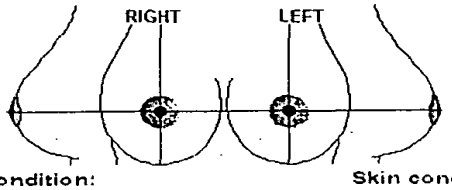
Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	46
Age at hysterectomy:	
Age at right ovary removal:	
Age at left ovary removal:	
Number of live births:	2

PATIENT SIGNATURE	DATE	TIME
TECHNOLOGIST SIGNATURE SS	DATE	TIME

Technologists Notes:

*pt c walker
limited Mobility



Skin condition: Skin condition:

Equipment cleaned and disinfected [X] Yes [ ] No

PT N.
U8170135 BD:1/06/1925 88Y F
HOFFMAN
JEANNE
LEONIE
UWMC R2 MAMMO
DOS:8/30/13 U RAD MAMMO 1
Enc:1767153918 RES:21334596

6

UW Medicine Health System
Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

MAMMOGRAPHY SCREENING
PAGE 1 OF 1

U3047

WHITE - MEDICAL RECORD

UH3047 REV DEC 11

~Indication
========

Follow up thyroid nodules incidentally seen on CT cervical spine..

Method
=======

Thyroid ultrasound with image documentation. Satisfactory view.

Thyroid
=======

no thyroid resection.

RIGHT
Echogenicity: homogeneous
Vascularity: normal
Size: normal
Size: L/W/H 4.6 cm x 1.7 cm x 1.3 cm
Vol.: 5.3 cm
Nodules: There are multiple subcentimeter well defined smooth marginated nodules seen. Two are mixed solid and cystic in appearance and all 3 have no calcifications in them.

LEFT
Echogenicity: heterogeneous
Vascularity: increased
Size: normal
Size: L/W/H 4.0 cm x 1.4 cm x 1.5 cm
Vol.: 4.4 cm
Nodules: There are multiple subcentimeterwell defined smooth marginated nodules seen, most are cystic in appearance and have no calcifications

Isthmus
=======

AP 0.1 cm.

Impression
=========

Small subcentimeter bilateral thryoid nodules with no suspicious features..
ATTENDING RADIOLOGIST AND PAGER NUMBER
311170 Dighe Manjiri Kiran MD
(206)541-3024

RESULT DETAIL

Ordering Provider:William E Neighbor Jr 006267
Diagnosis:thyroid nodule noted incidentally on CT of cervical spine. Rec was follow up US. TSH normal.
History:
Comment:From Epic: Additional Clinical Info: NONE Referral for: Procedure or ancillary service not done by the referring provider. PATIENT INSTRUCTIONS: Please call the location phone number listed below to schedule your exam and obtain driving dir SEE EPIC
Assisting Radiologist(s):Dinesh Sundarakumar 502381

~UNIVERSITY OF WASHINGTON MEDICAL CENTER
D.E. Strandness, Jr. Vascular Laboratory
Accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)

Exam:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)

Indications & Symptoms:
This is an 88 year old woman with a history of DVT and superficial thrombophlebitis. She presents with new right leg pain.

Comparison:
4/13/2007: No acute DVT of the right or left lower extremities. Vein wall thickening through the right femoral vein.

Technique:
EQUIPMENT: GE Logic 9

Findings:
LOWER EXTREMITY VENOUS DUPLEX (RIGHT)

RIGHT SIDE
Deep System:
Doppler flow signals obtained in the common femoral, proximal profunda femoris, main thigh femoral, and popliteal veins are spontaneous, phasic and augmentable. Complete vein wall compression is noted on B-mode image (including gastrocnemius branches where applicable).

Paired posterior tibial and peroneal calf veins demonstrate augmentable color-Doppler flow signals. Complete vein wall compression is noted on B-mode image (including soleal muscular branches where applicable).

Superficial System:
The proximal great saphenous vein (GSV) demonstrates Doppler flow patterns that are spontaneous, phasic and augmentable. Complete vein wall compression is noted on B-mode image at the saphenofemoral junction. The GSV is small and non-continuous through the thigh, consistent with chronic occlusion. The GSV through the calf is compressible with some branches partially compressible. There are no dilated veins at the lateral-posterior calf - the site of her focal pain.

LEFT SIDE
Deep System:

Doppler flow signals obtained in the left common femoral vein arespontaneous, phasic and augmentable, symmetrical to the right.

Dr. Neighbor was contacted today at 1345 and the preliminary results of this examination were discussed.

Impression:
Kari A. Campbell, BS, RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

No apparent change compared to the previous exam on 4/13/2007.

LOWER EXTREMITY VENOUS DUPLEX
1. Right:
- No evidence of acute deep venous thrombosis in the right lower extremity. The main thigh femoral vein has thickened walls, consistent with a prior episode of deep vein thrombosis.
- There is evidence of nonocclusive superficial thrombosis of the right great saphenous vein in the medial calf. However, it is not possible to reliably determine the acuity of this superficial venous thrombosis with ultrasound. No other superficial venous thrombosis in the right lower extremity.
- There is no superficial venous thrombosis in the lateral-posterior right calf area which is the site of her focal pain.

ATTENDING VASCULAR SURGEON
005611 Zierler Robert Eugene MD

UNIVERSITY OF WASHINGTON MEDICAL CENTER

~UNIVERSITY OF WASHINGTON MEDICAL CENTER
D.E. Strandness, Jr. Vascular Laboratory
Accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)

Exam:
CAROTID ARTERY DUPLEX

Indications & Symptoms:
Vertigo

This is an 88 year old woman who has experienced several recent episodes of vertigo.

Comparison:
None.

Technique:
EQUIPMENT: Philips iU-22 Ultrasound System

Findings:
CAROTID ARTERY DUPLEX
---------RIGHT--------LEFT
Common Carotid Artery Proximal---- 105cm/s----- 94cm/s
Common Carotid Artery Mid---------95cm/s-----108cm/s
Common Carotid Artery Distal------89cm/s----- 103cm/s
Plaque/Calcification----------N----------N

Carotid Bulb Flow Separation------Y----------Y
Internal Carotid Artery Proximal--45cm/s--77cm/s
Internal Carotid Artery Mid-------87cm/s--94cm/s
Internal Carotid Artery Distal----103cm/s--100cm/s
Plaque/Calcification----------Y----------Y

External Carotid Artery----------86cm/s-----88cm/s
Plaque/Calcification----------N----------Y

Vertebral Artery---------- 95cm/s----- 69cm/s
Antegrade----------Y----------Y

Subclavian Artery----------111cm/s----- 148cm/s
Plaque/Calcification----------N----------N

Brachial Blood Pressures----------138mmHg---134mmHg

The diagnostic criteria used to interpret this carotid duplex examination include parameters that compare the site of stenosis to the normal distal internal carotid artery diameter, as described in the NASCET study.

Impression:
Vascular Technologist
Watson Smith BA RDMS-RVT

FINAL PHYSICIAN INTERPRETATION

1. RIGHT
-1-15% diameter reduction of the right internal carotid artery.
-Common carotid artery is normal.
-External carotid artery is normal.
-Vertebral artery has normal, antegrade flow.
-Subclavian artery is normal.
2. LEFT
-1-15% diameter reduction of the left internal carotid artery.
-Common carotid artery is normal.
-External carotid artery is normal.
-Vertebral artery has normal, antegrade flow.
-Subclavian artery is normal.

ATTENDING VASCULAR SURGEON
005611 Zierler Robert Eugene MD

UNIVERSITY OF WASHINGTON MEDICAL CENTER

~Indication:

Altered mental status.

Bedside Chest; 02/22/13, 1138:

There is mild basal consolidation, atelectasis versus aspiration.

Heart size is normal.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007259 Godwin II J David MD
(206)344-9980
Indication:

~Examination:
CT HEAD WO CONT

Indication:
Altered mental status

Comparison:
CT brain June 20, 2012

Technique:
Non-contrast axial 5 mm contiguous sections were obtained through the head. Patient age specific scan parameters were used for radiation exposure.

Findings:
Mild cerebral volume loss is noted. Mild amount of deep white matter and periventricular low-attenuation foci likely result of chronic small-vessel ischemic disease. 5 mm focus of calcification in the left periventricular white matter posteriorly, 2/17, unchanged compared to the prior examination.

No acute territorial infarct. No intracranial hemorrhage. No extra-axial fluid collection. Basal cisterns are patent. No intracranial mass effect.

Orbits, paranasal sinuses, mastoid air cells are normal.

No depressed calvarial fractures.

Impression:
1. No acute infarct, hemorrhage, or mass.
2. Mild cerebral volume loss and likely chronic small vessel ischemic disease.
ATTENDING RADIOLOGIST AND PAGER NUMBER
269940 Anzai Yoshimi MD
(206)625-8379

RESULT DETAIL

Ordering Provider:Scott David Schwitz 502435

Diagnosis:Altered Mental Status, Altered Mental Status
History:
Comment:
Assisting Radiologist(s):Michael Witkosky 502391

~HISTORY:
multiple compression fractures

EXAM: XR L SPINE 2-3 VIEWS

COMPARISON:
CT thoracic spine 12/7/12, CT lumbar spine 12/6/12.

FINDINGS:
As before, unchanged wedging deformities of T12, L2 and L3.

Previously noted L1 superior endplate compression has increased settling with standing causing new focal kyphosis at L1 level; kyphosis angle measures 13 degrees approximately.

Unchanged grade 1 anterolisthesis of L5 over S1 related to degenerative facet arthropathy. As before, left convex scoliosis centered at L2.

Moderate to severe multilevel degenerative disk disease and facet arthropathy of the lumbar spine.

Partially visualized right intramedullary femoral head screw.

Large sliding hiatal hernia.
ATTENDING RADIOLOGIST AND PAGER NUMBER
336510 Fink III James Russell MD
(206)540-1747

RESULT DETAIL

Ordering Provider:Richard L Rapport II 000229
Diagnosis:multiple compression fractures
History:
Comment:out of cast/collar brace
Assisting Radiologist(s):Saeed Elojeimy 410930

~CHEST, 1 VIEW

INDICATION:
Chest/rib pain post fall

COMPARISON: None

FINDINGS:

The bilateral upper lungs are obscured by an overlying halo harness but no pneumothorax seen.

Cardiac and mediastinal contours are normal. Interstitial coarse markings centrally. The lungs and pleural spaces are otherwise clear. Left 7th posterior rib fracture indeterminate aged and not seen on the recent CT T spine.
ATTENDING RADIOLOGIST AND PAGER NUMBER
462697 Robinson Jeffrey D MD

RESULT DETAIL

Ordering Provider:Brandon Heath Backlund 414190
Diagnosis:Chest/rib pain post fall
History:
Comment:
Assisting Radiologist(s):Jacob Merrell 469246

~RESIDENT PRELIMINARY NEURORADIOLOGY REPORT

Exam: CT of the head without contrast

History: Fall with spine fractures

Technique: 5 mm axial images from skull base to the vertex without intravenous contrast.

Comparison: None

Preliminary findings:
No acute intracranial abnormalities. No definite fracture visualized. Scattered BG lacunar infarcts.

This is a preliminary report dictated by Dr. Jacob Merrell

ATTENDING FINAL REPORT

Findings:
The final report concurs with the preliminary report.

****
No intracranial hemorrhage. No midline shift or mass effect. Ventricles are normal in size. Basal cisterns are patent.

No loss of cortical gray-white differentiation to indicate stroke. Lacunar infarcts adjacent to the right caudate head and within the left centrum semiovale. These are age indeterminate.

There are a few scattered dystrophic calcifications within the left hemisphere.

Vascular calcifications indicate atherosclerosis.

Surgical changes of lens replacement. .

Paranasal sinuses and mastoid air cells are well aerated.

Final
Impression:
Lacunar infarcts in the right basal ganglia and left centrum semiovale. No acute cortical infarction.

No hemorrhage or focal mass lesion.
ATTENDING RADIOLOGIST AND PAGER NUMBER
263060 Fink Kathleen Tozer MD
(206)559-2521

RESULT DETAIL

Ordering Provider:Brandon Heath Backlund 414190
Diagnosis:Fall with spine fractures
History:
Comment:
Assisting Radiologist(s):Jacob Merrell 469246

~CT OF THE CERVICAL SPINE

INDICATION:
Fall. L-spine fractures

PROCEDURE:
Axial reconstruction thickness: 2.5mm. Interval: 1.25mm
Superior extent: Skull base
Inferior extent: T2
Sagittal and coronal MPR 2.5mm reformations

FINDINGS:

Marked degenerative changes are present.

Anterior grade 1 C5-C6 spondylolisthesis without fracture demonstrated which appears degenerative in etiology.

Slightly exaggerated lordosis. No fracture detected. Indeterminate left thyroid nodule should be further evaluated with ultrasound.

No apical pneumothorax is detected.
ATTENDING RADIOLOGIST AND PAGER NUMBER
462697 Robinson Jeffrey D MD

RESULT DETAIL

Ordering Provider:Brandon Heath Backlund 414190
Diagnosis:Fall. L-spine fractures
History:
Comment:
Assisting Radiologist(s):Jacob Merrell 469246

~CT OF THE THORACIC SPINE

INDICATION
Fall. L-spine fractures

COMPARISON:
CT lumbar spine December 6, 2012

PROCEDURE
Axial reconstructions: Slice thickness: 2.5 mm, interval: 2.5mm
MPR: Sagittal and coronal 2.5 mm at 2.5 mm.
Superior Extent: T 1
Inferior Extent: T2

FINDINGS AND
IMPRESSION:

Mild appearing T12 compression deformity again noted. Also, a mild chronic appearing L1 superior endplate compression deformity is similar to the prior recent examination. Multiple bilateral mildly displaced rib fracture are present having the appearance of subacute to chronic fractures. No new fracture demonstrated. Diffuse osteopenia is present. Multi-level degenerative changes are visualized.

Bony alignment is otherwise normal.

Dependent pulmonary opacity is present may represent atelectasis although nonspecific. Calcified arterial vessels are present. Hiatal hernia noted. Left thyroid nodule dictated separately needs follow-up ultrasound.
ATTENDING RADIOLOGIST AND PAGER NUMBER
462697 Robinson Jeffrey D MD

RESULT DETAIL

Ordering Provider:Brandon Heath Backlund 414190
Diagnosis:Fall. L-spine fractures
History:
Comment:
Assisting Radiologist(s):Jacob Merrell 469246

~Examination:
XR L SPINE 2-3 VIEWS

Indication:
upright post TLSO placement

Comparison:
Plain films and CT lumbar spine obtained earlier the same day.

Findings:
Interval placement of TLSO brace seen on the lateral projection. Generalized bony demineralization is again noted. Alignment of the lumbar spine is unchanged with mild left convexity degenerative scoliosis and prominent marginal osteophyte formation again seen at multiple levels of the lumbar spine. Mild compression deformity superior endplate of the L2 and L3 vertebral body is again noted. Mild wedge type compression deformity of the T12 vertebral body is again noted and appears unchanged. Degenerative osteoarthrosis of bilateral hip joints is seen.
ATTENDING RADIOLOGIST AND PAGER NUMBER
007718 Dalley Roberta W. MD
(206)991-3475

RESULT DETAIL

Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:upright post TLSO placement
History:
Comment:
Assisting Radiologist(s):Scott Culbertson 502389

~Examination:
CT L SPINE WO CONT

Indication:
compression fx l3-l5, pain

Comparison:
Lumbar spine plain films obtained earlier the same day; prior lumbar spine plain films of 04/05/2005. Thoracic spine plain films of 02/25/2008.

Technique:
Non-contrast axial 0.625 mm spiral sections were obtained through the lumbar spine from the T12 through S1. Sagittal and coronal reformatted images were performed. Patient age specific scan parameters were used for radiation exposure.

Findings:
Note is made of a moderate hiatal hernia. Diffuse moderate to severe calcific atherosclerotic vascular disease of the abdominal aorta and iliofemoral vasculature is noted. Generalized bony demineralization is seen. Mild left convexity scoliosis of the lumbar spine is identified which appears slightly progressed compared with prior examination of 2005. There is mild straightening of the normal lumbar lordosis.

Mild anterior wedge/central compression deformity involving the T12 vertebral body and mild compression deformity of the superior endplate of the L2 vertebral body are again noted and appear unchanged dating back to 2008. Age indeterminate mild compression deformity involving the superior endplate of the L3 vertebral body is noted. The L4 and L5 vertebral bodies are within normal limits for size. No posterior bony retropulsion is identified. No fracture of the the middle or posterior column is noted. No paraspinous hematoma is identified.

Multilevel degenerative loss of intervertebral disc space is noted with associated vacuum disc phenomenon. Marginal osteophyte formation is seen along the right lateral aspect of the vertebral bodies at L2, L3, and L4. Mild-to-moderate multilevel facet joint hypertrophy is also seen.

At T12-L1 there is no significant central canal or neural foraminal narrowing.

At L1-2 there is a mild broad-based disc bulge along facet joint hypertrophy and ligamentum flavum thickening resulting in mild central and mild bilateral neural foraminal narrowing.

At L2-3 there is a mild broad-based disc bulge, eccentrically greater on the right along with facet joint hypertrophy and ligamentum flavum thickening resulting in moderate narrowing of the right lateral recess and right neural foramen.

At L3-4 there is broad-based disk bulge, asymmetrically greater on the right volume left lamina flavum thickening and facet hypertrophy result in moderate right lateral recess/central canal narrowing and moderate to severe right neural foraminal narrowing.

At L4-5 there is severe degenerative loss of intervertebral disk material with associated endplate bony sclerosis and moderate to severe facet joint hypertrophy and ligamentum flavum thickening. constellation of findings results in mild to moderate trefoil tight central spinal stenosis, and moderate to severe bilateral neural foraminal narrowing.

At L5-S1 there is a broad-based disc bulge along with moderate facet joint hypertrophy resulting in moderate central canal and moderate to severe bilateral neural foraminal narrowing.

Impression:
1. Age indeterminate although likely chronic mild compression deformity of the superior endplate of the L3 vertebral body. Chronic mild anterior wedge compression deformity of T12 and mild superior endplate compression deformity of the L2 vertebral body unchanged dating back to 2008.

2. Multilevel degenerative scoliosis and spondylosis of the lumbar spine with resultant moderate central (greatest at L3-4) and moderate to severe neural foraminal narrowing at multiple levels (L3-4, L4-5, L5-S1) of the lumbar spine as described above.

Critical Results

Communication
A critical finding was noted on 12/06/2012 1:26 PM.
Findings were communicated by Culbertson, Scott D, MD to Erskine, Teresa Myers, ARNP on 12/06/2012 1:26 PM.

ATTENDING RADIOLOGIST AND PAGER NUMBER
007718 Dalley Roberta W. MD
(206)991-3475

RESULT DETAIL

Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:compression fx l3-l5, pain
History:
Comment:
Assisting Radiologist(s):Scott Culbertson 502389

~Examination:
XR L SPINE 2-3 VIEWS

Indication:
fall, pain

Comparison:
Thoracic spine radiographs on February 25, 2008

Findings:
Alignment demonstrates convex left curvature centered at L3. There is a suggestion of retrolisthesis of L3 on L4, and evaluation is complicated by obliquity.
There are compression deformities of multiple vertebral bodies. Wedging of T12, L1, and L2 is similar to the 2008 thoracic spine radiograph, consistent with remote injuries.
Mild anterior wedging (approximately 20 percent) of L3 is consistent with compression injury of indeterminate age.
There is also mild height loss of the L5 vertebral body which is poorly visualized due to scoliosis and of indeterminate age.
There is disc space loss at multiple levels, worst at L4-5.

Findings discussed with Teresa Erskine at 11:30 on December 6, 2012
ATTENDING RADIOLOGIST AND PAGER NUMBER
005279 Haynor David R. MD
(206)991-4263

RESULT DETAIL

Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:fall, pain
History:
Comment:
Assisting Radiologist(s):Brendan McCullough 244640

~EXAMINATION:
XR PELVIS 2 W 1 VIEW HIP RIGHT

RIGHT

Indication:
fall, pain right hip, lspine

Comparison:
12/29/2009

Findings:

No acute fracture. As before, the patient has undergone right hip dynamic hip screw placement for intertrochanteric fracture. No periprosthetic fracture. Hardware is intact and in unchanged position. There is mild bilateral hip joint osteoarthritis. There is advanced disc height loss in the imaged portion of the lower lumbar spine.

ATTENDING RADIOLOGIST AND PAGER NUMBER
401310 Ha Alice S MD

RESULT DETAIL

Ordering Provider:Teresa Myers Erskine 313500
Diagnosis:fall, pain right hip, lspine
History:
Comment:
Assisting Radiologist(s):Nicholas Bodmer 392850

~Examination:
A digital screening mammogram was performed and computer-aided detection was applied.
The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison
Comparison is made to images from 07/06/2011 (bilateral) and images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006.

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen. Positioning is limited by the patient's mobility constraints.

Impression
BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE

ATTENDING RADIOLOGIST AND PAGER NUMBER
502192 Scheel John R MD

RESULT DETAIL

Ordering Provider:William E Neighbor 006267
Diagnosis:SCREENING
History:
Comment:PT CALLED
Assisting Radiologist(s):Michele Rochelle 470393,Anh-Vu Ngo 367590

10/26/2012 09:47 70

Mammography Screening

What is the REASON you are having a breast imaging exam?
(please select one)

- [x] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] This is an additional exam requested from my current screening exam.
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [x] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [x] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

If you ever used any of the following Hormones, please enter:

	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives				[ ] Yes [x] No
Estrogen				[ ] Yes [ ] No
Progesterone				[ ] Yes [x] No
Tamoxifen				[ ] Yes [x] No
Other: _____				[ ] Yes [x] No

Previous Mammograms? [x] Yes [ ] No
When _____
Where _____

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R Combination implant
L R Pre-pectoral implant
L R Retro-pectoral implant

Previous PROCEDURES? [x] Yes [ ] No
(Circle L for Left or R for Right)

L R	Cyst aspiration	_____
L R	Needle biopsy	_____
(L) R	Excisional biopsy ? 1980's ?	
L R	Lumpectomy for cancer	_____
L R	Mastectomy	_____
L R	Radiation therapy	_____
L R	Breast reduction	_____
L R	Implant removed	_____ (Date)

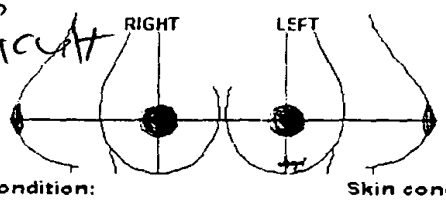
Have you ever received chemotherapy for any type of cancer? [ ] Yes [x] No

Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	
Age at hysterectomy:	46
Age at right ovary removal:	46
Age at left ovary removal:	46
Number of lives births:	2

PATIENT SIGNATURE	DATE	TIME
Jeanne L Hoffman	8/24/12	
TECHNOLOGIST SIGNATURE	DATE	TIME
[illegible]	8/24/12	

Technologists Notes: very difficult positioning - Balance issues - uses walker



Skin condition: Skin condition:

Equipment cleaned and disinfected [x] Yes [ ] No

...edicine Health System
...iew Medical Center – UW Medical Center
...st Hospital & Medical Center – University of Washington Physicians
Washington

Exam: 7286522 (RR) BSCR MAM MAMMOGRAPHY
on: 08/24/2012 12:30 PM
Name: HOFFMAN, JEANNE, LEONIE **Age:** 87 Y
MRN U8170135 **DOB:** 1/6/25
:

...OGRAPHY SCREENING

U3047
U3047

WHITE - MEDICAL RECORD

REV DEC 11

~Examination:
CT HEAD WO CONT

Indication:
CT head wo contrast, 87 year old female who on Monday fell from 2 or 3 steps up a ladder hit her head on chopping block, believes she lost consciousness (unobserved). She is on coumadin. Now compalins of right occipital headache. ENT and Neuro exam un revealing.

Comparison:
3/30/2007

Technique:
Non-contrast axial 5 mm contiguous sections were obtained through the head. Patient age specific scan parameters were used for radiation exposure.

Findings:
Brain parenchyma: Multiple focal hypodensities within the basal ganglia and posterior limb of the right internal capsule likely represent lacunar infarcts and are similar in appearance to March 30, 2007. There is moderate diffuse cerebral volume loss and hypoattenuation within the subcortical white matter are non specific but consistent with microvascular ischemic change. Calcifications within the basal ganglia and posterior left parietal lobe white matter are similar compared to 2007. No acute infarct, hemorrhage or mass lesion.
Ventricles, sulci and cisterns: Symmetric and midline. The basal cisterns are patent.
Extra-axial: No extra-axial fluid collections.
Sinuses, mastoids, bony structures: normal, no fractures

Impression:
No acute intracranial abnormality. No mass, acute infarct, or hemorrhage.

Multiple small hypodensities within the basal ganglia and posterior limb of the right internal capsule likely represent prior lacunar infarcts.

Critical Results

Communication
A critical finding was noted on 06/20/2012 3:36 PM.
Findings were communicated by Dale, Jarrod Donald, MD to Neighbor, William E, MD on 06/20/2012 3:36 PM.

ATTENDING RADIOLOGIST AND PAGER NUMBER
336510 Fink III James Russell MD
(206)540-1747

RESULT DETAIL

Ordering Provider:William E Neighbor 006267
Diagnosis:CT head wo contrast, 87 year old female who on Monday fell from 2 or 3 steps up a ladder hit her head on chopping block, believes she lost consciousness (unobserved). She is on coumadin. Now compalins of right occipital headache. ENT and Neuro exam un
History:
Comment:Additional Clinical Info: none Referral for: Procedure or ancillary service not done by the referring provider. PATIENT INSTRUCTIONS: Please call the location phone number listed below to schedule your exam and obtain driving directions: P SEE EPIC
Assisting Radiologist(s):Jarrod Dale 410920

~EXAMINATION:
XR FOOT 3 VIEWS LEFT

LEFT

Indication:
left heal pain medially for uncertain duration. Had fall in late April. Does not recall injuring foot.

Comparison:
Ankle radiograph dated 12/16/2010

Findings:
Normal alignment. No fractures or dislocations. There is midfoot osteoarthritis. There are vascular calcifications.

ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 Chew Felix S. MD
(206)559-7501

RESULT DETAIL

Ordering Provider:William E Neighbor 006267
Diagnosis:left heal pain medially for uncertain duration. Had fall in late April. Does not recall injuring foot.
History:
Comment:
Assisting Radiologist(s):Vinod Narla 411600

~Examination:
A digital screening mammogram was performed and computer-aided detection was applied.
The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison
Comparison is made to images from 06/15/2010 (bilateral) and images from 06/05/2009 (bilateral) and images from 06/03/2008 (bilateral) and images from 03/22/2007 (bilateral) and images from 01/11/2006.

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (25% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

Impression

BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE

ATTENDING RADIOLOGIST AND PAGER NUMBER
318690 Rahbar Habib MD
(206)540-6154

RESULT DETAIL

Ordering Provider:William E Neighbor 006267
Diagnosis:screening mammo
History:
Comment:
Assisting Radiologist(s):Sumita Adhya 500969,Karen Stone 289140

12/16/2011 09:25 34

Mammography Screening

What is the REASON you are having a breast imaging exam?
(please select one)

- [x] This is a routine (screening) exam. I am not having breast problems.
- [ ] I am having breast problems: _____
- [ ] This is additional exam requested from a recent study.
- [ ] This is a short interval follow-up request from my last exam *(1-11 months ago)*.
- [ ] I have breast implants, but I am not having any problems.
- [ ] This is a review of an outside study.
- [ ] I am going to have breast reduction.
- [ ] I am going to have radiation therapy.
- [ ] This is an additional exam requested from my current screening exam.
- [ ] I have a history of benign breast disease.
- [ ] I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:

- [x] No one in my family has had breast cancer
- [ ] My aunt, grandmother, or cousin had breast cancer
- [ ] My mother or sister had breast cancer after their periods stopped
- [ ] My mother or sister had breast cancer while they were still having their periods
- [ ] I do not know my family breast cancer history
- [ ] I have had breast cancer [ ] I have had endometrial cancer
- [ ] I have had a previous breast biopsy that showed a high risk lesion
- [x] I have been through menopause
- [ ] I have never had children [ ] I had my first child after age 30

Previous Mammograms? [x] Yes [ ] No
When _____
Where _____

Do you have Implants?
(If yes, circle L for Left or R for Right)

L R I don't know the specific type
L R Silicone gel implant
L R Saline implant
L R Combination implant
L R Pre-pectoral implant
L R Retro-pectoral implant

Previous PROCEDURES? [x] Yes [ ] No
(Circle L for Left or R for Right)

L R Cyst aspiration
L R Needle biopsy
L R Excisional biopsy
L R Lumpectomy for cancer
L R Mastectomy
L R Radiation therapy
L R Breast reduction
L R Implant removed

Have you ever received chemotherapy for any type of cancer? [ ] Yes [ ] No

If you ever used any of the following Hormones, please enter:

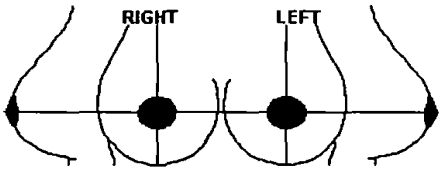
	Age First Used	Duration of Use	Age at Last Use	Currently Using
Hormonal Contraceptives				[ ] Yes [ ] No
Estrogen				[ ] Yes [ ] No
Progesterone				[ ] Yes [ ] No
Tamoxifen				[ ] Yes [ ] No
Other: _____				[ ] Yes [ ] No

Enter your Menstrual History:

Age when periods started:	13
Age at first full term pregnancy:	24
Age at natural menopause:	
Age at hysterectomy:	46
Age at right ovary removal:	
Age at left ovary removal:	
Number of lives births:	2

PATIENT SIGNATURE	DATE	TIME
Jeanne Hoffman		
TECHNOLOGIST SIGNATURE	**DATE**	**TIME**
SS		

Technologists Notes:



Skin condition: Skin condition:

Equipment cleaned and disinfected [x] Yes [ ] No

UW Medicine Health System
w Medical Center – UW Medical Center
t Hospital & Medical Center – University of Washington Physicians
Vashington

Exam: 6751443 (RR) BSCR
on: 07/06/2011 11:40 AM
Name: HOFFMAN, JEANNE, LEONIE
MRN: U8170135 **Age:** 86 Y

add

OGRAPHY SCREENING
1 OF 1

U3047

WHITE - MEDICAL RECORD

REV MAR 11

~EXAMINATION:
XR HAND 2 VIEWS BILAT/RT/LFT

BILATERAL

Indication:
rule out erosive arthritis

Comparison:
July 2001

Findings:
Right: Asymmetric joint space narrowing with osteophyte formation and subchondral sclerosis is most pronounced at the DIP joints of the 2nd through 5th digit interphalangeal joint of 1st digit. These findings are consistent with osteoarthritis. Lesser degrees of similar changes are seen at the PIP and MCP joints as well as involving the 1st CMC joint. No erosions are demonstrated. No acute fracture or dislocation. There is soft tissue swelling adjacent to the DIP and PIP joints.

Left: Asymmetric joint space narrowing with osteophyte formation and subchondral sclerosis involves the DIP joints of the 2nd through 5th digits. This is consistent with osteoarthritis. Similar, but lesser degrees, are seen involving the PIP and MCP joints of the 2nd digit, interphalangeal joint of the 1st digit, and 1st CMC joint. The included wrist shows osteoarthritis at the radiocarpal articulation. No acute fracture or dislocation. No erosions. There is soft tissue swelling adjacent to the DIP and PIP joints.

ATTENDING RADIOLOGIST AND PAGER NUMBER
401310 HA ALICE S MD

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:rule out erosive arthritis
History:
Comment:
Assisting Radiologist(s):DAVID NIZZA 413650

~Examination:
XR ANKLE MIN 3 VIEWS/LFT

Indication:
pain over dorsal instep for two weeks. No hx of injury.

Comparison:
No prior images are currently available for comparison.

Findings:
Generalized osteopenia is present. There is calcification present within the medial soft tissues of the lower leg. No fracture or dislocation is seen.

Severe degenerative change is present involving the talonavicular and naviculocuneiform joint.
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:pain over dorsal instep for two weeks. No hx of injury.
History:
Comment:
Assisting Radiologist(s):JACK PORRINO JR 413550

~Examination:
A digital screening mammogram was performed and computer-aided detection was applied.
The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison
Comparison is made to films from 6/5/2009 (bilateral - Enterprise) and films from 6/3/2008 (bilateral - Enterprise) and films from 3/22/2007 (bilateral - Enterprise) and films from 1/11/2006 (Enterprise) and films from 12/7/2004 (Enterprise).

Findings
Bilateral Breast Findings:
There are scattered fibroglandular densities (11% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

Impression

BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE

ATTENDING RADIOLOGIST AND PAGER NUMBER
263330 EBY PETER REIST MD
(206)663-13

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:FOR SCREENING MAMMO
History:
Comment:
Assisting Radiologist(s):ROBERTA STRIGEL 333600

04/05/2011 17:30 54

IDXrad

Mammography Administration Modi

Patient Data 1 DIGITAL

Exam: 6343859 (RR) BSCR MAM MAMMOGRAPHY
on: 06/15/2010 2:10 PM
Name: HOFFMAN, JEANNE, LEONIE
MRN U8170135 **DOB:** 1/6/25 **Age:** 85 Y
:

What TYPE of exam are you having? ❑ Mammog ❑ Breast CT

Referring Physician: _____ ❑ **None, I am self-referred.**

Indicate your referring physician type: ❑ Obstetrical-gynecologist ❑ Family practice ❑ Internist ❑ Surgeon ☒ Other physician

What is the REASON you are having a breast imaging exam (please select one)?
- ☒ This is a routine (screening) exam. I am not having any breast problems.
- ❑ This is an additional exam requested from a recent study.
- ❑ This is a short interval follow-up requested from my last exam (1-11 months ago).
- ❑ I have breast implants, but I am not having any problems.
- ❑ This is a review of an outside study.
- ❑ I am going to have breast reduction.
- ❑ I am going to have radiation therapy.
- ❑ This is an additional exam requested from my current screening exam.
- ❑ I have a history of benign breast disease.
- ❑ I have a personal history of breast cancer with breast conservation therapy.
- ❑ I am having the following **PROBLEM(S)**: (Circle **L** for Left or **R** for Right)

L	R	A new lump that can be felt	L	R	Other lump or thickening
L	R	Bloody discharge	L	R	Nipple problem
L	R	Non-bloody discharge	L	R	Pain in the breast
L	R	Difficult physical examination	L	R	Cancer elsewhere
L	R	Implant problem	L	R	Large nodes under my arm
L	R	Skin thickening or retraction found during my clinical breast examination			

Previous Mammograms? ☒ Yes ❑ No
When? _____
Where? _____

Do you have IMPLANTS? ❑ Yes ❑ No
(If Yes, circle **L** for Left or **R** for Right)

L	R	I don't know the specific type
L	R	Silicone gel implant
L	R	Saline implant
L	R	Combination implant
L	R	Pre-pectoral implant
L	R	Retro-pectoral implant

Check all of the following RISK FACTORS that are true for you:
- ☒ No one in my family has had breast cancer.
- ❑ My aunt, grandmother, or cousin had breast cancer.
- ❑ My mother or sister had breast cancer after their periods had stopped.
- ❑ My mother or sister had breast cancer while they were still having their periods.
- ❑ I do not know my family breast cancer history.
- ❑ I have had breast cancer.
- ❑ I have had endometrial cancer.
- ❑ I have had ovarian cancer.
- ❑ I have had a previous breast biopsy that showed a high risk lesion.
- ☒ I have been through menopause.
- ❑ I have never had children.
- ❑ I had my first child after age 30.

Previous PROCEDURES? ☒ Yes ❑ No
(If Yes, circle **L** for Left or **R** for Right)

L	R	Cyst aspiration
L	R	Needle biopsy
L	R	Excisional biopsy
L	R	Lumpectomy for cancer
L	R	Mastectomy
L	R	Radiation therapy
L	R	Breast reduction
L	R	Implant removed

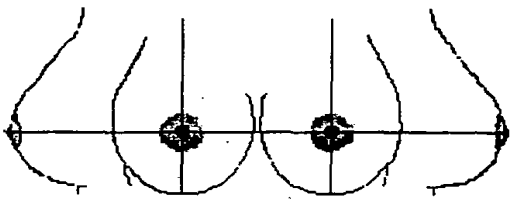
Have you ever received chemotherapy for any type of cancer? ❑ Yes ❑ No

If you have ever used any of the following HORMONES, please enter:

	Age at first use	Duration of use	Age at last use	Currently using?
Hormonal contraceptives	_____	_____mos.	_____	❑ Yes ❑ No
Estrogen	_____	_____mos.	_____	❑ Yes ❑ No
Progesterone	_____	_____mos.	_____	❑ Yes ❑ No
Tamoxifen	_____	_____mos.	_____	❑ Yes ❑ No

Enter your MENSTRUAL HISTORY:
Age when periods started 13
Age at first full term pregnancy 24
Age at natural menopause _____
Age at hysterectomy _____
Age at right ovary removal 46
Age at left ovary removal _____
Number of live births 2

RIGHT **LEFT**



Skin condition: **Skin condition:**
Equipment cleaned and disinfected? ☒ Yes ❑ No

Technologist: _____

PD

Rev. 3/01 - V9.9

~UNIVERSITY OF WASHINGTON MEDICAL CENTER
D.E. Strandness, Jr. Vascular Laboratory
Accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL)

Exam:
LOWER EXTREMITY ARTERIAL ABI

Indications & Symptoms:
LE thrombophlebitis.
This is a 85 year old female. The patient presents with bilateral thrombophlebitis. The patient is currently on Coumadin and Trental. Her provider is considering discontinuing Trental, and there is concern for arterial changes from the previous exam on 04/13/2007.

Comparison:

04/13/2007 - Ankle/Brachial Index Rt=1.0, Lt=1.0.

Technique:
EQUIPMENT: Philips iU-22 Ultrasound System

Findings:
LOWER EXTREMITY ARTERIAL EVALUATION

ANKLE/BRACHIAL INDEX

Resting Pressures----------Right----Left
Brachial Artery----------138----130
Posterior Tibial Artery------ 162---- 140
Anterior Tibial Artery------- 134---- 138
Ankle/Brachial Index---------1.17----1.01
Prior ABI from 04/13/07 1.0+----1.0+

Tibial artery Doppler flow waveforms are normally triphasic on the right.
Tibial artery Doppler flow waveforms are normally triphasic on the

left.

Impression:

Calli Hansen (Student Intern)
Kari A. Olmsted, BS, RVT
Vascular Technologist

FINAL PHYSICIAN INTERPRETATION

1. Resting tibial artery flow waveforms and ankle brachial indices are normal bilaterally.

ATTENDING VASCULAR SURGEON
005611 ZIERLER ROBERT EUGENE MD

UNIVERSITY OF WASHINGTON MEDICAL CENTER

~Examination: Pelvis, single view; left hip, single view

Comparison: 6/5/09

Clinical Indication: Left posterolateral pain

Findings:

As before, patient is status post fixation of an intertrochanteric femur fracture on the right with a dynamic hip screw. There is no evidence of hardware complication. There is moderate right hip osteoarthritis.

There is moderate left hip osteoarthritis. However, no left hip fracture is identified.

There is mild degeneration of both SI joints and the symphysis pubis. Bones are osteopenic. There is significant lumbar degeneration
ATTENDING RADIOLOGIST AND PAGER NUMBER
368450 MULCAHY HYOJEONG MD
(206)680-354

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:2 week hx of severe left posterior lateral hip pain just above ischeal tuberosity.
History:
Comment:
Assisting Radiologist(s):SIVA RAMAN 348840

WET READ

AP pelvis and a single view each of the bilateral hips.

Indication: 84 year old female status post right hip fracture in 2007. Now with right hip pain and popping. Left hip also hurts.

Comparison: August 17, 2007.

Findings: Right-sided dynamic hip screw again noted traversing a healed intertrochanteric femur fracture. The fracture appears well bridged by callus. No complications are noted. There is moderate right hip osteoarthritis.

On the left, there is moderate left hip osteoarthritis. No acute fractures are noted. There is moderate to severe lumbar spondylosis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 RICHARDSON MICHAEL MD
(206)991-5169

RESULT DETAIL

Ordering Provider:ALLAN J ELLSWORTH 006327
Diagnosis:s/p R hip fracture 2007, w/ ORIF; Now w/ R hip pain popping incident; left hip also hurts at times.
History:
Comment:
Assisting Radiologist(s):Michael Kreeger 383120

A digital screening mammogram was performed and computer-aided detection was applied.

The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison is made to films from 06/03/2008 (bilateral) and films from 03/22/2007 (bilateral) and films from 01/11/2006 and films from 12/07/2004.

Bilateral Breast Findings:
There are scattered fibroglandular densities (11% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

IMPRESSION:
BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE
END OF IMPRESSION
ATTENDING RADIOLOGIST AND PAGER NUMBER
220390 GUTIERREZ ROBERT LEE MD
(206)540-306

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:ROUTINE SCREENING
History:
Comment:
Assisting Radiologist(s):FRANKLIN LIU 317600,JEFFREY PUGSLEY 320030

~

A digital screening mammogram was performed and computer-aided detection was applied.

The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison is made to films from 03/22/2007 (bilateral) and films from 01/11/2006 and films from 12/07/2004.

Bilateral Breast Findings:
There are scattered fibroglandular densities (11% - 50% fibroglandular). No significant masses, calcifications or other abnormalities are seen.

IMPRESSION:
BILATERAL BREASTS
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - CATEGORY 1 - NEGATIVE
END OF IMPRESSION
ATTENDING RADIOLOGIST AND PAGER NUMBER
008854 SILBERGELD JANET MD

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:screening mammo
History:
Comment:pt called
Assisting Radiologist(s):TARA ANTHES 243690

~Indication: Back pain.

Examination: Thoracic spine, two views.

Comparison:April 4, 2005.

Findings:

Diffuse osteopenia. Weding deformity of T12 and L2 are noted which have progressed since prior study. No abnormal paravertebral density is present. The alignment is preserved.

ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 RICHARDSON MICHAEL MD
(206)991-5169

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:pain right paraspinal area to right of about T10-T11
History:
Comment:.
Assisting Radiologist(s):HYOJEONG MULCAHY 368450

~Indication: Fall.

Examination: A. P. chest.

Comparison: 3-30-07.

Findings:

No focal consolidation is seen. Mild pulmonary emphysema is suggested. No pneumothorax or effusion is seen. Heart and mediastinum are unremarkable. No acute osseous abnormality. Healing fracture of the left posterior seventh rib is present.

ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 CHEW FELIX S. MD
(206)559-7501
Indication: Fall.

~

Clinical indication: status post ORIF.

Examination: 2 views right hip.

Comparison: 6/13/07

Findings:
The right proximal femur fracture is fixed with a dynamic screw as before with no interval change in position or alignment of the bony fragments or fixation hardware. No evidence of hardware complications.

There is moderate right hip osteoarthritis.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 CHEW FELIX S. MD
(206)559-7501

~

History: Right hip pain

Exam: AP pelvis, lateral view right hip

Comparison: May 2, 2007

Findings: The right proximal femur fracture is fixed with a dynamic screw as before with no interval change in position or alignment of the bony fragments or fixation hardware and no evident hardware complications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 RICHARDSON MICHAEL MD
(206)991-5169

RESULT DETAIL

Ordering Provider:CHRISTOPHER J. WAHL 199870
Diagnosis:right hip pain
History:
Comment:
Assisting Radiologist(s):DHAWAL GORADIA 276180

Clinical indication: Knee pain.

Examination: 2 views right knee.

Comparison: None.

Findings:

No acute fractures or dislocations. No knee joint effusions. Joint spaces are unremarkable. Soft tissues are unremarkable. there is a superior patellar enthesophyte. There are vascular calcifications.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 RICHARDSON MICHAEL MD
(206)991-5169

RESULT DETAIL

Ordering Provider:CHRISTOPHER J. WAHL 199870
Diagnosis:right knee pain
History:
Comment:
Assisting Radiologist(s):MATTHEW SHUTSKE 352830

History: Hip pain

Exam: 3 views right hip

Comparison: 4/2/07.

Findings:

As before, there has been ORIF of a right femoral neck fracture. Bones are osteopenic. Severe degenerative changes of the lower lumbar spine are present. No evidence of left hip fracture.
ATTENDING RADIOLOGIST AND PAGER NUMBER
006581 RICHARDSON MICHAEL MD
(206)991-5169

RESULT DETAIL

Ordering Provider:CHRISTOPHER J. WAHL 199870
Diagnosis:right hip fx
History:
Comment:
Assisting Radiologist(s):MATTHEW SHUTSKE 352830

VASCULAR DIAGNOSTIC SERVICE

This is an 82 year old female with minimal carotid disease who is referred for non-invasive lower extremity arterial evaluation. The patient presents with left lower extremity numbness.

Philips ultrasound system was utilized for this exam.

ANKLE-BRACHIAL INDEX (mmHg)

Brachial Artery.....Right-138 Left-130
Posterior Tibial Artery....Right-140 Left-142
Anterior Tibial Artery.....Right-142 Left-140
Ankle-Brachial Index.....Right->1.0 Left->1.0
-Continuous-wave Doppler waveforms were recorded:
Triphasic Doppler waveforms noted on the right and left

IMPRESSION:

1. NORMAL ANKLE/BRACHIAL INDICES AND DISTAL ARTERIAL FLOW WAVEFORMS, BILATERALLY.

END OF IMPRESSION:

VASCULAR TECHNOLOGIST

BRIDGET A. MRAZ, BS RDMS RVT

VASCULAR DIAGNOSTIC SERVICE REPORT

I have personally reviewed these ultrasound images, Doppler spectral waveforms, and other data as appropriate for the study, and I agree with the report above (or as edited).

UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

ATTENDING RADIOLOGIST AND PAGER NUMBER
005611 ZIERLER R. EUGENE MD

VASCULAR DIAGNOSTIC SERVICE

This is an 82-year-old female with history of left common and external iliac vein chronic occlusion and right lower extremity chronic deep venous thrombosis who is referred for lower extremity venous duplex evaluation.

The patient presents post-operatively from hip surgery with lower extremity swelling.

A Philips ultrasound system was used for this exam.

LOWER EXTREMITY VENOUS DUPLEX (COMPLETE)

RIGHT SIDE

Deep System:

Doppler flow signals obtained within the common femoral, proximal profunda femoris, and popliteal veins are spontaneous, phasic and briskly augmentable. Paired posterior tibial and peroneal calf veins demonstrate briskly augmentable color-Doppler flow signals. Vein walls are compressible.

Proximal to mid main thigh femoral vein has wall thickening with partial vein wall compressibility. Reflux is present.

LEFT SIDE

Deep System:

Distal external iliac vein has no obtainable color/Doppler flow as noted previously. Proximal common femoral vein is patent with large collateral vein identified.

Doppler flow signals within the distal common femoral, proximal profunda femoris, main thigh femoral, and popliteal veins are continuous and briskly augmentable. Paired posterior tibial and peroneal calf veins demonstrate briskly augmentable color/Doppler flow signals. Vein walls are compressible.

IMPRESSION:

1. NO SIGNIFICANT CHANGE FROM PREVIOUS EXAM IN MARCH 07.

2. NO EVIDENCE OF ACUTE DVT IN THE RIGHT OR LEFT LOWER EXTREMITY.

3. EVIDENCE OF CHRONIC OCCLUSION/COLLATERALIZATION OF THE LEFT EXTERNAL ILIAC VEIN.

4. EVIDENCE OF CHRONIC WALL-THICKENING IN THE RIGHT MAIN THIGH FEMORAL VEIN.

END OF IMPRESSION:

BRIDGET A. MRAZ, BS RDMS RVT

VASCULAR TECHNOLOGIST

VASCULAR DIAGNOSTIC SERVICE REPORT

I have personally reviewed these ultrasound images, Doppler spectral waveforms, and other data as appropriate for the study, and I agree with the report above (or as edited).

UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

ATTENDING RADIOLOGIST AND PAGER NUMBER

005611 ZIERLER R. EUGENE MD

History: ORIF hip fracture

Exam: Intra-operative, C-arm spot films were obtained of the right hip - total images 5.

Comparison: March 30, 2007

Findings: Intra-operative films during the open reduction and internal fixation of right hip fracture show near anatomic reduction.
ATTENDING RADIOLOGIST AND PAGER NUMBER
326330 CHEW FELIX S. MD
(206)559-7501

RESULT DETAIL

Ordering Provider:CHRISTOPHER J. WAHL 199870
Diagnosis:RT HIP FRACTURE
History:
Comment:
Assisting Radiologist(s):DHAWAL GORADIA 276180

VASCULAR DIAGNOSTIC SERVICE

This is an 82-year-old female with history of left common and external iliac vein chronic occlusion and right lower extremity chronic deep venous thrombosis who is referred for lower extremity venous duplex evaluation.

The patient presents pre-operatively for hip surgery.

A Philips ultrasound system was used for this exam.

LOWER EXTREMITY VENOUS DUPLEX (COMPLETE)

RIGHT SIDE

Deep System:

Doppler flow signals obtained within the common femoral, proximal profunda femoris and popliteal veins are spontaneous, phasic and briskly augmentable. Paired posterior tibial and peroneal calf veins demonstrate briskly augmentable color-Doppler flow signals. Vein walls are compressible.

Proximal to mid main thigh femoral vein has wall thickening with partial vein wall compressibility. Reflux is present.

LEFT SIDE

Deep System:

Distal external iliac vein has no obtainable color/Doppler flow as noted previously. Proximal common femoral vein is patent with large collateral vein identified.

Doppler flow signals within the distal common femoral, proximal profunda femoris, main thigh femoral and popliteal veins are continuous and briskly augmentable. Paired posterior tibial and peroneal calf veins demonstrate briskly augmentable color/Doppler flow signals. Vein walls are compressible.

IMPRESSION:

1. NO SIGNIFICANT CHANGE FROM PREVIOUS EXAM IN 2005.

2. NO EVIDENCE OF ACUTE DVT IN THE RIGHT OR LEFT LOWER EXTREMITY.

3. EVIDENCE OF CHRONIC OCCLUSION/COLLATERALIZATION LEFT EXTERNAL ILIAC VEIN.

4. EVIDENCE OF CHRONIC WALL THICKENING RIGHT MAIN THIGH FEMORAL VEIN.

END OF IMPRESSION:

BRIDGET A. MRAZ, BS RDMS RVT

VASCULAR TECHNOLOGIST

VASCULAR DIAGNOSTIC SERVICE REPORT

I have personally reviewed these ultrasound images, Doppler spectral waveforms, and other data as appropriate for the study, and I agree with the report above (or as edited).

UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

ATTENDING RADIOLOGIST AND PAGER NUMBER
005611 ZIERLER R. EUGENE MD

* * * PRELIMINARY REPORT DICTATED BY RADIOLOGY RESIDENT ON-CALL * *
*

This is a preliminary CT report by the on-call radiology resident.
Final report by the Attending Radiologist will follow this report.

History: Fall, anticoagulation

Exam: Noncontrast head CT

Comparison: 4/4/05

Pertinent findings:

No intracranial hemorrhage.

There are unchanged periventricular and basal ganglia hypodensities related to microvascular ischemic disease. Volume loss as before.

I, Dr. Matthew Kogut, conveyed these findings to the ER attending at 11:30 PM on 3/30/07.

* * FINAL REPORT DICTATED BY ATTENDING RADIOLOGIST * *

NONCONTRAST HEAD CT:

INDICATION:
Fall. On anticoagulation.

TECHNIQUE:
Noncontrast 5-mm axial sections from skull base to vertex.

Comparison: Head CT scan from 04/04/2005.

FINDINGS:
There is slight prominence of the bifrontal hypodense extraaxial space anteriorly, which appears slightly enlarged compared with 2005

study. This may simply represent prominence of subarachnoid space secondary to mild cerebral volume loss, although a small subdural hygroma, perhaps chronic, cannot be entirely excluded. No evidence of hyperdense extraaxial fluid to suggest acute hemorrhage. The sulci and ventricles are mildly prominent, consistent with mild degree of cerebral volume loss without significant change. As before, there are multiple punctate hypodense foci consistent with basal ganglia and white matter, consistent with small lacunes without change. There is also a more diffuse patchy white matter hypodensity consistent with chronic small vessel ischemic changes, also stable. No evidence of mass, lesions, parenchymal hemorrhage, or acute protocol infarct. The craniofacial structures, including the sinuses, orbits, and skull base are stable and unremarkable.

IMPRESSION:
1. Agree with preliminary report. Essential negative noncontrast head CT scan without evidence of acute intracranial injury or hemorrhage. Minimal slight increased prominence of bifrontal extraaxial space likely incidentally.
ATTENDING RADIOLOGIST AND PAGER NUMBER
008900 SHIBATA DEAN MD
(206)982-6606

RESULT DETAIL

Ordering Provider:JOEY P. MAZZONCINI 273670
Diagnosis:COUMADIN,FALL FROM STANDING,??? NEURO EXAM
History:
Comment:
Assisting Radiologist(s):MATTHEW KOGUT 317590

Indication: Fall.

Examination: A. P. chest.

Comparison: None.

Findings:

Lung volumes are very low without focal consolidation. No pneumothorax or effusion. Heart and mediastinum are unremarkable. No acute osseous abnormality.
ATTENDING RADIOLOGIST AND PAGER NUMBER
220390 GUTIERREZ ROBERT LEE MD
(206)986-9361

RESULT DETAIL

Ordering Provider:LAURA ELIZABETH FIFE 003523
Diagnosis:FALL FROM STANDING LIKELY R-FEMUR FX
History:
Comment:
Assisting Radiologist(s):MATTHEW KOGUT 317590

Clinical indication: Pelvic pain.

Examination: 1 view of the pelvis ; two views of the right femur

Comparison: 9/28/06

Findings/impression:

There is a comminuted intertrochanteric right femur fracture with 1 cm of lateral displacement of the shaft and 1 cm of medial displacement of the lesser trochanter fragment with minimal angulation.

Moderate bilateral osteoarthritis persists.
ATTENDING RADIOLOGIST AND PAGER NUMBER
220390 GUTIERREZ ROBERT LEE MD
(206)986-9361

RESULT DETAIL

Ordering Provider:LAURA ELIZABETH FIFE 003523
Diagnosis:FALL FROM STANDING LIKELY R-FEMUR FX
History:
Comment:
Assisting Radiologist(s):MATTHEW KOGUT 317590

Clinical indication: Pelvic pain.

Examination: 1 view of the pelvis ; two views of the right femur

Comparison: 9/28/06

Findings/impression:

There is a comminuted intertrochanteric right femur fracture with 1 cm of lateral displacement of the shaft and 1 cm of medial displacement of the lesser trochanter fragment with minimal angulation.

Moderate bilateral osteoarthritis persists.
ATTENDING RADIOLOGIST AND PAGER NUMBER
220390 GUTIERREZ ROBERT LEE MD
(206)986-9361

RESULT DETAIL

Ordering Provider:LAURA ELIZABETH FIFE 003523
Diagnosis:FALL FROM STANDING LIKELY R-FEMUR FX
History:
Comment:
Assisting Radiologist(s):MATTHEW KOGUT 317590

A digital screening mammogram was performed and computer-aided detection was applied.

The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison is made to films from 01/11/2006 and films from 12/07/2004.

Bilateral Breast Findings:
The breasts are almost entirely fat. No significant masses, calcifications or other abnormalities are seen.

IMPRESSION:
BILATERAL BREASTS - Category 1
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - NEGATIVE
END OF IMPRESSION
ATTENDING RADIOLOGIST AND PAGER NUMBER
234200 DeMARTINI WENDY B. MD
(206)541-1543

RESULT DETAIL

Ordering Provider:WILLIAM E NEIGHBOR 006267
Diagnosis:ANN SCRN
History:
Comment:PT
Assisting Radiologist(s):

VASCULAR DIAGNOSTIC SERVICE

This is an 82 year old female who is referred for lower extremity venous duplex evaluation. The patient presents following right calf swelling and redness approximately 10 days ago which has now resolved. She has a remote history of left lower extremity DVT and is on Warfarin.

RIGHT LOWER EXTREMITY VENOUS DUPLEX

Doppler flow signals obtained within the external iliac, common femoral, proximal profunda femoris, main thigh femoral, and popliteal veins are spontaneous, phasic, briskly augmentable, without reflux. Paired posterior tibial and peroneal calf veins demonstrate briskly augmentable color-Doppler flow signals without reflux. The right greater saphenous vein has been stripped. A small superficial vein is patent (normal flow patterns) in the calf along the path of the greater saphenous vein.

Complete vein wall compression is noted on B-mode image throughout the deep venous system (including gastrocnemius and soleal muscular branches where applicable)

IMPRESSION:

1. No evidence of acute deep or superficial thrombosis is identified in the veins in the right lower extremity.

END OF IMPRESSION:

VASCULAR TECHNOLOGIST Jean Hadlock, BA RVT

VASCULAR DIAGNOSTIC SERVICE REPORT

I have personally reviewed these ultrasound images, Doppler spectral waveforms, and other data as appropriate for the study, and I agree

with the report above (or as edited).

UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

ATTENDING RADIOLOGIST AND PAGER NUMBER
005611 ZIERLER R. EUGENE MD

RESULT DETAIL

Ordering Provider:MEDLEY OKEEFE GATEWOOD 336670
Diagnosis:history of dvt,pe,rt le swelling,redness
History:
Comment:tape 07
Assisting Radiologist(s):

Clinical Indication: Left hip pain

Exam: AP view pelvis, left hip one view

Comparison: None.

Findings:
There is marked loss of joint space on the right side teaching medially. There is moderate loss of joint space superiorly on the left side with osteophyte formation. Severe degenerative changes noted in the lower lumbar spine.

Impression: Moderate bilateral osteoarthritis.

RESULT DETAIL

Ordering Provider:RYAN HUDSON 319200
Diagnosis:719.45
History:Left hip pain.
Comment:No Order Comment Information Available
Assisting Radiologist(s):PENELOPE GALBRAITH 352850

CLINICAL HISTORY:
81-year old female with mid-abdominal pain, possibly secondary to hernia.

CT ABDOMEN AND PELVIS WITH IV CONTRAST: 06-08-2006

TECHNIQUE:

CTB A1A:
Exam: CT Abdomen and pelvis with IV and oral contrast
Region of interest: Abdomen-Pelvis
Type of scan: Single phase helical
Superior Extent: Diaphragm
Inferior Extent: Symphysis Pubis
IV Contrast: Positive
Oral Contrast: Positive
Reformats: Coronal

CT OF ABDOMEN:

Findings:
Lung bases are normal. There is a large hiatal hernia. Solid upper abdominal organs, biliary tract, retroperitoneum, and upper gastrointestinal tract otherwise normal. Incidental note of small left renal cyst.

CT OF PELVIS:

Findings:
Examination shows a small umbilical hernia containing fat. There is occlusion of the left iliac vein with anterior lower pelvic abdominal wall venous collaterals from the left femoral vein to the right. Pelvis otherwise appears normal.

Impression:
1. Small umbilical hernia.

2. Left iliac vein occlusion with collateral venous flow from the left femoral vein to the right.

3. Large hiatal hernia.

RESULT DETAIL

Ordering Provider:WILLIAM A NEIGHBOR 006267
Diagnosis:789.02
History:pain L med quad of abd. suspect hernia but firmness on palpation
Comment:
Assisting Radiologist(s):

CLINICAL HISTORY:
81-year old female with mid-abdominal pain, possibly secondary to hernia.

CT ABDOMEN AND PELVIS WITH IV CONTRAST: 06-08-2006

TECHNIQUE:

CTB A1A:
Exam: CT Abdomen and pelvis with IV and oral contrast
Region of interest: Abdomen-Pelvis
Type of scan: Single phase helical
Superior Extent: Diaphragm
Inferior Extent: Symphysis Pubis
IV Contrast: Positive
Oral Contrast: Positive
Reformats: Coronal

CT OF ABDOMEN:

Findings:
Lung bases are normal. There is a large hiatal hernia. Solid upper abdominal organs, biliary tract, retroperitoneum, and upper gastrointestinal tract otherwise normal. Incidental note of small left renal cyst.

CT OF PELVIS:

Findings:
Examination shows a small umbilical hernia containing fat. There is occlusion of the left iliac vein with anterior lower pelvic abdominal wall venous collaterals from the left femoral vein to the right. Pelvis otherwise appears normal.

Impression:
1. Small umbilical hernia.

2. Left iliac vein occlusion with collateral venous flow from the left femoral vein to the right.

3. Large hiatal hernia.

RESULT DETAIL

Ordering Provider:WILLIAM A NEIGHBOR 006267
Diagnosis:789.02
History:pain L med quad of abd. suspect hernia but firmness on palpation
Comment:
Assisting Radiologist(s):

VASCULAR DIAGNOSTIC SERVICE

This is an 81 year old female who is referred for ankle/arm indices. She complains of unusually cold feet at night.

ANKLE-BRACHIAL INDEX (mmHg)

Brachial Artery.....Right-122 Left-126
Posterior Tibial Artery....Right-138 Left-174
Anterior Tibial Artery.....Right-138 Left-132

Ankle-Brachial Index.....Right->1.0 Left->1.0
(prior ABI from 9/26/05.....Right->1.0 Left->1.0)

-Continuous-wave Doppler waveforms were recorded:
Biphasic Doppler waveforms noted bilaterally.

IMPRESSION:

1. Normal resting ankle/arm indices bilaterally.

2. No evidence of hemodynamically significant arterial diameter reduction in the bilateral lower extremities at rest.

END OF IMPRESSION:

VASCULAR TECHNOLOGIST
Shannon Moore,BS,RVT

VASCULAR DIAGNOSTIC SERVICE REPORT

I have personally reviewed these ultrasound images, Doppler spectral waveforms, and other data as appropriate for the study, and I agree with the report above (or as edited).

UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

RESULT DETAIL

Ordering Provider:WILLIAM A NEIGHBOR 006267
Diagnosis:782.9
History:COLD FEET
Comment:
Assisting Radiologist(s):

A digital screening mammogram was performed and computer-aided detection was applied.

The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

Comparison is made to films from 7-Dec-2004 and 9-Dec-2003. There is no significant interval change.

Bilateral Breast Findings:
The breasts are almost entirely fat. No significant masses, calcifications or other abnormalities are seen.

IMPRESSION:

BILATERAL BREASTS - Category 1
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - NEGATIVE
END OF IMPRESSION

RESULT DETAIL

Ordering Provider:WILLIAM A NEIGHBOR 006267
Diagnosis:V76.12
History:Screening
Comment:Add-on
Assisting Radiologist(s):JANET SILBERGELD 008854,TRANS-MAM SUPPORT

VASCULAR DIAGNOSTIC SERVICE

This is a 80 year old female referred for carotid duplex and lower extremity venous and arterial evaluations.
Medical history includes past lower extremity venous thrombosis with post phlebitic syndrome and prior bilateral malleolar ulcers. There is also a possible history of stroke. She complains of leg pain and fatigue when walking up inclines. She gives a history of bilateral vein stripping or ligation. She is still taking Coumadin.

A Philips/ATL ultrasound system was utilized for this exam.

CAROTID DUPLEX, COMPLETE

Right Side:
There is minimal plaque is seen in the proximal internal carotid artery with normal velocities of 46-94 cm/s throughout and minimal flow disturbance.
Mild plaque is noted at the origin of the external carotid artery with normal velocity of 91 cm/s.
The right common carotid artery is unremarkable.

Left Side:
No appreciable plaque is seen in the proximal internal carotid artery with normal velocities of 64-79 cm/s throughout and minimal flow disturbance.
Mild plaque is noted at the origin of the external carotid artery with normal velocity of 94 cm/s.
The left common carotid artery is unremarkable.

The bilateral vertebral arteries are patent with normal antegrade flow.
The bilateral subclavian arteries are within normal limits.

--IMPRESSION--

1. 1-15% DIAMETER REDUCTION OF THE RIGHT INTERNAL CAROTID ARTERY.

2. NO PLAQUE OR STENOSIS IN THE LEFT INTERNAL CAROTID ARTERY.

3. NO SIGNIFICANT COMMON OR EXTERNAL CAROTID ARTERY STENOSIS.

4. BILATERAL VERTEBRAL AND SUBCLAVIAN ARTERIES ARE WITHIN NORMAL LIMITS.

--END OF CAROTID IMPRESSION--
==========

VASCULAR DIAGNOSTIC SERVICE

LOWER EXTREMITY VENOUS DUPLEX, (COMPLETE)

Prior lower extremity venous duplex findings:
12/12/01: No left lower extremity DVT
10/24/00: Chronic left iliac vein occlusion, nonocclusive chronic DVT left CFV

DUPLEX OF IVC AND ILIAC VEINS (COMPLETE)

Inferior Vena Cava (IVC) demonstrates spontaneous color and spectral Doppler flow.

The right common and external iliac veins are patent by color and spectral Doppler signals, with no obvious intraluminal echoes.
The left external iliac vein is not conclusively identified along its typical tract. Small color-filling vessels above and below the inguinal ligament are suggestive of collaterals.
The left common iliac is tentatively identified by color and spectral Doppler, although visualized vessel may be collateral(s). spontaneous and phasic intraluminal echoes are not visualized on B-mode image.

LOWER EXTREMITY VENOUS DUPLEX (COMPLETE)

RIGHT SIDE

Deep System:

The common femoral, proximal profunda femoris, main thigh femoral, and popliteal veins are compressible, spontaneous, phasic, briskly augmentable, without reflux.

Paired posterior tibial and peroneal calf veins appear compressible with valvular reflux demonstrated with compression maneuvers.

Superficial System:

The residual greater saphenous vein is patent at the femoral junction with no gross reflux.
An incompetent perforator is seen in the mid-distal calf.

LEFT SIDE

Deep System:

The common femoral, proximal profunda femoris, main thigh femoral, and popliteal veins are compressible, spontaneous, phasic, and augmentable. Valvular reflux is noted in the superficial femoral vein at mid thigh, and in the popliteal vein. No obvious residual thrombus is seen in the femoropopliteal segments.

Paired posterior tibial and peroneal calf veins appear compressible with valvular reflux demonstrated with compression maneuvers.

Superficial System:

The residual greater saphenous vein is patent at the femoral junction with valvular reflux noted.
Varicose veins below the knee appear compressible.
The lesser saphenous vein is not seen.
An incompetent perforator is seen in the mid-distal calf.

IMPRESSION:

1. NO EVIDENCE OF DEEP VEIN THROMBOSIS WITHIN THE INFERIOR VENA CAVA OR RIGHT ILIAC VEINS.

2. EVIDENCE OF CHRONIC OCCLUSION OF THE LEFT EXTERNAL ILIAC VEIN AS NOTED ON THE EXAM OF 10/24/00. PATENT LEFT COMMON ILIAC VS. WELL DEVELOPED COLLATERAL VEINS.

3. NO EVIDENCE OF ACUTE OR OBVIOUS CHRONIC RIGHT OR LEFT LOWER EXTREMITY DEEP OR SUPERFICIAL VENOUS THROMBOSIS.

4. DEEP SYSTEM VALVULAR INCOMPETENCE IS SEEN IN THE LEFT MID TO DISTAL SFV AND POPLITEAL, AND BILATERAL CALF VEINS.

5. THE RESIDUAL LEFT GREATER SAPHENOUS IS INCOMPETENT AT THE FEMORAL JUNCTION. INCOMPETENT PERFORATORS ARE NOTED IN THE BILATERAL MID TO DISTAL CALVES.

--END OF LOWER EXTREMITY VENOUS DUPLEX IMPRESSION--
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VASCULAR DIAGNOSTIC SERVICE

ANKLE-BRACHIAL INDEX (mmHg)

Brachial Artery.....Right-110 Left-110
Posterior Tibial Artery....Right-108 Left-118
Anterior Tibial Artery.....Right-110 Left-110

Ankle-Brachial Index.....Right-1.0 Left-1.0

Compliant, biphasic pedal arterial waveforms noted bilaterally.

IMPRESSION:

1. NORMAL ANKLE-BRACHIAL INDICES OF 1.0 AT REST BILATERALLY.

END OF IMPRESSION:

VASCULAR TECHNOLOGIST

Melanie Sharbono, BS RVT

VASCULAR DIAGNOSTIC SERVICE REPORT

I have personally reviewed these ultrasound images, Doppler spectral waveforms, and other data as appropriate for the study, and I agree with the report above (or as edited).

UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

RESULT DETAIL

Ordering Provider:R. EUGENE ZIERLER 005611
Diagnosis:435.9
History:STROKE
Comment:
Assisting Radiologist(s):

VASCULAR DIAGNOSTIC SERVICE

This is a 80 year old female referred for carotid duplex and lower extremity venous and arterial evaluations.
Medical history includes past lower extremity venous thrombosis with post phlebitic syndrome and prior bilateral malleolar ulcers. There is also a possible history of stroke. She complains of leg pain and fatigue when walking up inclines. She gives a history of bilateral vein stripping or ligation. She is still taking Coumadin.

A Philips/ATL ultrasound system was utilized for this exam.

CAROTID DUPLEX, COMPLETE

Right Side:
There is minimal plaque is seen in the proximal internal carotid artery with normal velocities of 46-94 cm/s throughout and minimal flow disturbance.
Mild plaque is noted at the origin of the external carotid artery with normal velocity of 91 cm/s.
The right common carotid artery is unremarkable.

Left Side:
No appreciable plaque is seen in the proximal internal carotid artery with normal velocities of 64-79 cm/s throughout and minimal flow disturbance.
Mild plaque is noted at the origin of the external carotid artery with normal velocity of 94 cm/s.
The left common carotid artery is unremarkable.

The bilateral vertebral arteries are patent with normal antegrade flow.
The bilateral subclavian arteries are within normal limits.

--IMPRESSION--

1. 1-15% DIAMETER REDUCTION OF THE RIGHT INTERNAL CAROTID ARTERY.

2. NO PLAQUE OR STENOSIS IN THE LEFT INTERNAL CAROTID ARTERY.

3. NO SIGNIFICANT COMMON OR EXTERNAL CAROTID ARTERY STENOSIS.

4. BILATERAL VERTEBRAL AND SUBCLAVIAN ARTERIES ARE WITHIN NORMAL LIMITS.

--END OF CAROTID IMPRESSION--
==========

VASCULAR DIAGNOSTIC SERVICE

LOWER EXTREMITY VENOUS DUPLEX, (COMPLETE)

Prior lower extremity venous duplex findings:
12/12/01: No left lower extremity DVT
10/24/00: Chronic left iliac vein occlusion, nonocclusive chronic DVT left CFV

DUPLEX OF IVC AND ILIAC VEINS (COMPLETE)

Inferior Vena Cava (IVC) demonstrates spontaneous color and spectral Doppler flow.

The right common and external iliac veins are patent by color and spectral Doppler signals, with no obvious intraluminal echoes.
The left external iliac vein is not conclusively identified along its typical tract. Small color-filling vessels above and below the inguinal ligament are suggestive of collaterals.
The left common iliac is tentatively identified by color and spectral Doppler, although visualized vessel may be collateral(s). spontaneous and phasic intraluminal echoes are not visualized on B-mode image.

LOWER EXTREMITY VENOUS DUPLEX (COMPLETE)

RIGHT SIDE

Deep System:

The common femoral, proximal profunda femoris, main thigh femoral, and popliteal veins are compressible, spontaneous, phasic, briskly augmentable, without reflux.

Paired posterior tibial and peroneal calf veins appear compressible with valvular reflux demonstrated with compression maneuvers.

Superficial System:

The residual greater saphenous vein is patent at the femoral junction with no gross reflux.
An incompetent perforator is seen in the mid-distal calf.

LEFT SIDE

Deep System:

The common femoral, proximal profunda femoris, main thigh femoral, and popliteal veins are compressible, spontaneous, phasic, and augmentable. Valvular reflux is noted in the superficial femoral vein at mid thigh, and in the popliteal vein. No obvious residual thrombus is seen in the femoropopliteal segments.

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The residual greater saphenous vein is patent at the femoral junction with valvular reflux noted.
Varicose veins below the knee appear compressible.
The lesser saphenous vein is not seen.
An incompetent perforator is seen in the mid-distal calf.

IMPRESSION:

1. NO EVIDENCE OF DEEP VEIN THROMBOSIS WITHIN THE INFERIOR VENA CAVA OR RIGHT ILIAC VEINS.

2. EVIDENCE OF CHRONIC OCCLUSION OF THE LEFT EXTERNAL ILIAC VEIN AS NOTED ON THE EXAM OF 10/24/00. PATENT LEFT COMMON ILIAC VS. WELL DEVELOPED COLLATERAL VEINS.

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5. THE RESIDUAL LEFT GREATER SAPHENOUS IS INCOMPETENT AT THE FEMORAL JUNCTION. INCOMPETENT PERFORATORS ARE NOTED IN THE BILATERAL MID TO DISTAL CALVES.

--END OF LOWER EXTREMITY VENOUS DUPLEX IMPRESSION--
==========

VASCULAR DIAGNOSTIC SERVICE

ANKLE-BRACHIAL INDEX (mmHg)

Brachial Artery.....Right-110 Left-110
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Anterior Tibial Artery.....Right-110 Left-110

Ankle-Brachial Index.....Right-1.0 Left-1.0

Compliant, biphasic pedal arterial waveforms noted bilaterally.

IMPRESSION:

1. NORMAL ANKLE-BRACHIAL INDICES OF 1.0 AT REST BILATERALLY.

END OF IMPRESSION:

VASCULAR TECHNOLOGIST

Melanie Sharbono, BS RVT

VASCULAR DIAGNOSTIC SERVICE REPORT

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UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

RESULT DETAIL

Ordering Provider:R. EUGENE ZIERLER 005611
Diagnosis:453.8
History:ILIAC VEIN THROMBOSIS
Comment:
Assisting Radiologist(s):

VASCULAR DIAGNOSTIC SERVICE

This is a 80 year old female referred for carotid duplex and lower extremity venous and arterial evaluations.
Medical history includes past lower extremity venous thrombosis with post phlebitic syndrome and prior bilateral malleolar ulcers. There is also a possible history of stroke. She complains of leg pain and fatigue when walking up inclines. She gives a history of bilateral vein stripping or ligation. She is still taking Coumadin.

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--IMPRESSION--

1. 1-15% DIAMETER REDUCTION OF THE RIGHT INTERNAL CAROTID ARTERY.

2. NO PLAQUE OR STENOSIS IN THE LEFT INTERNAL CAROTID ARTERY.

3. NO SIGNIFICANT COMMON OR EXTERNAL CAROTID ARTERY STENOSIS.

4. BILATERAL VERTEBRAL AND SUBCLAVIAN ARTERIES ARE WITHIN NORMAL LIMITS.

--END OF CAROTID IMPRESSION--
==========

VASCULAR DIAGNOSTIC SERVICE

LOWER EXTREMITY VENOUS DUPLEX, (COMPLETE)

Prior lower extremity venous duplex findings:
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LOWER EXTREMITY VENOUS DUPLEX (COMPLETE)

RIGHT SIDE

Deep System:

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Deep System:

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2. EVIDENCE OF CHRONIC OCCLUSION OF THE LEFT EXTERNAL ILIAC VEIN AS NOTED ON THE EXAM OF 10/24/00. PATENT LEFT COMMON ILIAC VS. WELL DEVELOPED COLLATERAL VEINS.

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--END OF LOWER EXTREMITY VENOUS DUPLEX IMPRESSION--
==========

VASCULAR DIAGNOSTIC SERVICE

ANKLE-BRACHIAL INDEX (mmHg)

Brachial Artery.....Right-110 Left-110
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Anterior Tibial Artery.....Right-110 Left-110

Ankle-Brachial Index.....Right-1.0 Left-1.0

Compliant, biphasic pedal arterial waveforms noted bilaterally.

IMPRESSION:

1. NORMAL ANKLE-BRACHIAL INDICES OF 1.0 AT REST BILATERALLY.

END OF IMPRESSION:

VASCULAR TECHNOLOGIST

Melanie Sharbono, BS RVT

VASCULAR DIAGNOSTIC SERVICE REPORT

I have personally reviewed these ultrasound images, Doppler spectral waveforms, and other data as appropriate for the study, and I agree with the report above (or as edited).

UPIN # A05976 ATT UWP ID: 005611
VASCULAR SURGERY ATTENDING: R. Eugene Zierler, MD

RESULT DETAIL

Ordering Provider:R. EUGENE ZIERLER 005611
Diagnosis:459.10
History:POST PHLEBITIC SYNDROME
Comment:
Assisting Radiologist(s):

History: Fall, neck pain.

Examination: 4 views of cervical spine

Comparison: none

Findings:

Alignment is anatomic. No fractures. Prevertebral soft tissues are normal.

RESULT DETAIL

Ordering Provider:LEONARD ROBERT FRANK 226910
Diagnosis:723.1
History:s/p fall
back and neck pain
Comment:
Assisting Radiologist(s):FIDEL REBELES 264040

Clinical history: Fall, back pain

Examination: 2 views of the lumbar spine

Comparison: June 6, 2001

Findings:

No acute fracture, dislocation or subluxation.

There is mild levoscoliosis. Extensive disc degeneration in the lower lumbar spine at L4 through S1 persists with mild anterolisthesis of L5 relative to S1. There is extensive abdominal aortic calcification.

RESULT DETAIL

Ordering Provider:LEONARD ROBERT FRANK 226910
Diagnosis:723.1
History:s/p fall
back and neck pain
Comment:
Assisting Radiologist(s):FIDEL REBELES 264040

CLINICAL PROBLEM/INDICATION:

Fall. On coumadin.

NONCONTRAST HEAD CT, 04/04/2005:

TECHNIQUE:

Noncontrast CT performed from the skull base through the vertex in 5-mm contiguous axial sections.

COMPARISON: No prior studies.

There is cerebellar greater than cerebral volume loss, mild to moderate. No intracranial hemorrhage. No midline shift or extraaxial collections.

Bilateral periventricular and left basal gangliar areas of hypodensity likely reflecting chronic microvascular disease. No acute changes. No hydrocephalus.

Sinuses, orbits, and mastoid air cells are unremarkable.

IMPRESSION:

1. No acute intracranial process.

2. Evidence for chronic microvascular ischemic disease and cerebellar greater than cerebral volume loss. Cerebellar volume loss may relate to drug toxicity, neurodegenerative process, or chronic alcoholism.

RESULT DETAIL

Ordering Provider:LEONARD ROBERT FRANK 226910
Diagnosis:959.01
History:FALL, ON COUMADIN
Comment:
Assisting Radiologist(s):LAWRENCE BUB 263320

A digital screening mammogram (certificate number 207290) was performed and computer-aided detection was applied.

The patient will be notified by letter of these findings. (Patients with findings requiring additional imaging will also be sent instructions on how to schedule this appointment).

No comparison films were available at the time of this reading.

Bilateral Breast Findings:
There are scattered fibroglandular densities. No significant masses, calcifications or other abnormalities are seen.

IMPRESSION:

BILATERAL BREASTS - Category 1
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - NEGATIVE
END OF IMPRESSION

RESULT DETAIL

Ordering Provider:WILLIAM NEIGHBOR 006267
Diagnosis:V76.12
History:screening mammograms
Comment:
Assisting Radiologist(s):TERESA WILLIAMS 295320

Comparison is made to films from 14-May-2001. There is no significant interval change.

Bilateral Breast Findings:
There are scattered fibroglandular densities. No significant masses, calcifications or other abnormalities are seen.

IMPRESSION:

BILATERAL BREASTS - Category 1
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - NEGATIVE
END OF IMPRESSION

RESULT DETAIL

Diagnosis: V76.12
Ordering Provider: WILLIAM NEIGHBOR 006267
Assisting Radiologist(s): JUAN MILLAN 263310,

CLINICAL PROBLEM/INDICATION:

Numbness on the left side.

CT HEAD WITHOUT CONTRAST:

COMPARISON: None available.

TECHNIQUE:

5 mm axial sections were obtained from the base of skull to vertex without injection of contrast.

FINDINGS:

There are bilateral multiple areas of low attenuation in the basal ganglia, thalamus, centrum semiovale and periventricular deep white matter. There is an area of hyperdensity in the right anterior internral capsule, which is of indeterminate chronicity.

There is no obvious intracranial hemorrhage identified. There is no midline shift. The ventricles, sulci and basal cisterns appear prominent and represent volume loss appropriate for age.

The orbits, mastoids and paranasal sinuses appear normal.

IMPRESSION:

1. BILATERAL MULTIPLE SMALL HYPODENSITIES IN BASAL GANGLIA, THALAMUS, CENTRUM SEMIOVALE, PERIVENTRICULAR DEEP WHITE MATTER PROBABLY ARE AREAS OF OLD ISCHEMIC INFARCT.

2. AN AREA OF HYPODENSITY IN THE ANTERIOR LIMB OF THE INTERNAL CAPSULE ON THE RIGHT IS OF INDETERMINATE CHRONICITY. BRAIN MRI WITH DIFFUSION IS RECOMMENDED TO RULE OUT ACUTE INFARCT.

END OF IMPRESSION:

RESULT DETAILS

Diagnosis: 782.0
Ordering Provider: DEDRA TOLSON 004638
Assisting Radiologist(s): BASAVARAJ GHODKE 298760

Comparison is made to films from 27-Sep-1999. There is no significant interval change.

A screening mammogram was performed.

Bilateral Breast Findings:
There are scattered fibroglandular densities. No significant masses, calcifications or other abnormalities are seen.

IMPRESSION:

BILATERAL BREASTS - Category 1
Negative, no evidence of malignancy. Normal interval follow-up is recommended in 12 months.

OVERALL ASSESSMENT - NEGATIVE
END OF IMPRESSION

RESULT DETAILS

Diagnosis: V76.12
Ordering Provider: WILLIAM NEIGHBOR 006267
Assisting Radiologist(s): STANLEY CHENG 223360, KEVIN LACOUR 263350

UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW Medicine

SU-05-17265
HOFFMAN, JEANNE LEONIE
UW Surg

William E Neighbor, MD
Box 356390

Report copies to:
William E Neighbor, MD

SURGICAL PATHOLOGY REPORT

CLINICAL DATA:
Chronic recurrent papules.

GROSS DESCRIPTION:
A) Received in formalin designated “right chest" is a 0.4 x 0.3 x 0.2 cm, irregular, tan-brown, soft tissue, which is entirely submitted in cassette A1.

HV/las

MICROSCOPIC DESCRIPTION:
A) The epidermis contains mild basal layer atypia, extending to the lateral margins. The overlying corneal layer is orthokeratotic. There is solar elastosis. The dermis contains histiocytes with abundant pale blue-gray cytoplasm, suggestive of mucin. Step sections were performed.

FINAL DIAGNOSIS:

A) Skin, right chest, biopsy: Solar elastosis with slightly increased dermal histiocytes, see comment.

COMMENT: These changes are subtle and non-specific. Step sections were performed to rule out granulomatous/xanthomatous/myxomatous disorders. If lesions persist, rebiopsy may be contributory.

MT/las

Procedures used to establish the diagnosis:
Routine

Munir R. Tanas MD
Resident
08/05/2005

Zsolt Argenyi MD
Pathologist
Electronically signed 08/09/2005

In compliance with CMS regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the Attending Pathologist.

Patient Number: **U-8-17-01-35**
Patient Name: **HOFFMAN, JEANNE LEONIE**
Sex: F; DOB: 1/6/1925
Collected: 8/3/2005 Received: 8/4/2005
Submitted from: 850 Misc

Anatomic Pathology, Box 356100
University of Washington Medical Center
1959 NE Pacific
Seattle, WA 98195-6100
Voice: (206) 598-6400
Fax: (206) 598-4928

SU-98-04372

SURGICAL PATHOLOGY REPORT

RICHARD W TOBIN, MD

BOX 356424

Report copies to:
TOBIN, RICHARD W
MORRISON, ELIZABETH D
KUVER, RAHUL P

CLINICAL DATA:
73-year-old female with dysphagia x 1 year/chronic heartburn for years.
Endoscopic findings of stricture.

GROSS DESCRIPTION:
A) Received in Hollande's designated "distal esophagus" are two biopsies measuring 0.3 and 0.4 cm.

MICROSCOPIC DESCRIPTION:
A) Sections are of esophageal squamous and gastric cardiac-type mucosa. There is no significant inflammation, and no intestinal metaplasia is present. No Helicobacter pylori are identified. There is no evidence of malignancy. H&E and Genta stains were performed to help evaluate the histologic changes; all controls were appropriately positive.

CONTINUED ...

Patient Number: (0000)U8170135
Patient Name: HOFFMAN, JEANNE L
Sex: F; DOB: 01/06/1925 850
Date Collected: 03/12/98
Date Received: 03/12/98 1429

HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON --- PATHOLOGY DIVISION

SU-98-04372

FINAL DIAGNOSIS:
A) Distal esophagus, biopsies: Esophageal squamous and gastric cardiac-type mucosa with mild chronic inflammation. No evidence of Barrett's esophagus.

Date/time of biopsy: 3/11/98, time not given
Procedure # 31031

Performing physician: A Folpe, MD, Resident

Electronically signed: Mary P Bronner, M.D., Pathologist
03/16/98

In compliance with HCFA regulations, the pathologist's signature on this report indicates that the case has been personally reviewed, and the diagnosis made or confirmed by, the verifying pathologist.

END OF REPORT

Patient Number: (0000)U8170135
Patient Name: HOFFMAN, JEANNE L
Sex: F; DOB: 01/06/1925 850
Date Collected: 03/12/98
Date Received: 03/12/98 1429

HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON --- PATHOLOGY DIVISION

SU-96-00224

SURGICAL PATHOLOGY REPORT

D EUGENE STRANDNESS,JR, MD

RF-25

Report copies to:
STRANDNESS, D EUGENE,JR

CLINICAL DATA:
Debridement, right ankle ulcer with STSG to right ankle.

PRE-OP DX:
Same.

GROSS DESCRIPTION:
A) Received in formalin labelled "chronic right ankle ulcer" are three, irregular-shaped, flat, yellow-red tissue fragments 1.2 cm up to 2.2 cm in diameter. The specimen is serially sectioned and representative portions are submitted in cassette A.

FINAL DIAGNOSIS:
A) Skin, right ankle ulcer: Skin with chronic active inflammation, intra-epidermal hemorrhage, and attached fibrinopurulent exudate; no evidence of malignancy.

Performing physician: K Meckler, MD, Resident

Electronically signed: Lawrence D. True, M.D., Pathologist
01/09/96

END OF REPORT

Patient Number: (0000)U8170135
Patient Name: HOFFMAN, JEANNE L
Sex: F; DOB: 01/06/1925 4SE
Date Collected: 01/04/96
Date Received: 01/05/96 1333

HARBORVIEW MEDICAL CENTER
UNIVERSITY OF WASHINGTON MEDICAL CENTER
SEATTLE, WASHINGTON --- PATHOLOGY DIVISION

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_7429010309	M1118552	09/15/2020 11:29
Order Priority	**Ordered Date**	**Order Test Code**
	09/15/2020 11:29	1040373739
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
COVID-19 Coronavirus Qualitative PCR Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicole Chow Ahrenholz MD	
Encounter Number		
LABH0571976202009		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/15/2020 11:29	1040373769	COVID-19 Coronavirus Qual PCR Interp					F		ORCALAB Contributor_system	09/15/2020 21:38	Labs	SYSTEM	09/15/2020 21:38	Harborview Medical Center	Authenticated	UW Medicine Virology Lab 1616 Eastlake Ave E Ste 320, Box 358115, Seattle WA 98102	09/15/2020 21:38:00

End of Report

This is a negative result. Laboratory testing alone cannot rule out infection, particularly in the presence of clinical risk factors such as symptoms or exposure history.
Performed using the Panther (H) SARS-CoV-2 Transcription Mediated Amplification (TMA) assay. Additional details available here: https://testguide.labmed.uw.edu/NCVQLT.
This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA).
The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19.
This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_7429010309	M1118552	09/15/2020 11:29
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Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/15/2020 11:29	1040373759	COVID-19 Coronavirus Qual PCR Result	None detected		None detected		F		ORCALAB Contributor_system	09/15/2020 21:38	Labs	SYSTEM	09/15/2020 21:38	Harborview Medical Center	Authenticated	UW Medicine Virology Lab 1616 Eastlake Ave E Ste 320, Box 358115, Seattle WA 98102	09/15/2020 21:38:00
09/15/2020 11:29	1040373749	COVID-19 Coronavirus Qual PCR Specimen	Nasopharyngeal Swab				F				Labs	SYSTEM	09/15/2020 11:30	Harborview Medical Center	Authenticated	not available electronically	09/15/2020 11:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438547	W78997	05/27/2020 19:30
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 19:30	146589093
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Drug Screen, Standard, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 19:30	778387	Tricyclic Antidepressant Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	778225	Cannabinoids Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	776021	Phencyclidine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	775781	Opiates Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	775363	Methadone Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00

05/27/2020 19:30	773675	Alcohol (Ethyl), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on May 27 2020 20:03 Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL																	
05/27/2020 19:30	773072	Cocaine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	772385	Benzodiazepines Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	772345	Barbiturate Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	4152758	Amphet/Methamphetamine Qual,URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
05/27/2020 19:30	171127146	Acetaminophen Qualitative, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438547	W78997	05/27/2020 19:30
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 19:30	146589093
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Drug Screen, Standard, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 19:30	773504	Drug Screen Info, URN	Drug Screen Info, URN				F		ORCALAB Contributor_system	05/27/2020 20:03	Labs	SYSTEM	05/27/2020 20:04	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:03:00
End of Report																	

These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine. It has not been cleared or approved by the US Food and Drug Administration.
This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438543	W78997	05/27/2020 19:30
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 19:30	635818884
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Complete with Reflex Culture		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 19:30	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**05/27/2020 20:11**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:45**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 20:11:00**
05/27/2020 19:30	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	**13318809**	**Mucus, URN**	**Present**	**/LPF**	**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**05/27/2020 20:11**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 20:11:00**
05/27/2020 19:30	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	631751451	Urinalysis Complete with Reflex Culture	Additional collection tube				F		ORCALAB Contributor_system	05/27/2020 17:57	Labs	SYSTEM	05/27/2020 19:40	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 17:57:00
05/27/2020 19:30	772308	Bacteria, URN	Not Seen		Not Seen		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00

05/27/2020 19:30	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	775158	Leukocyte Esterase, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	812813395	Collection Method	Information not provided				F		ORCALAB Contributor_system	05/27/2020 19:40	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 19:40:00
05/27/2020 19:30	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	**777788**	**Specific Gravity, URN**	**>1.040**	**g/mL**	**1.006-1.027**	**H**	**F**		**ORCALAB Contributor_system**	**05/27/2020 20:11**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:43**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 20:11:00**
05/27/2020 19:30	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	776019	pH, URN	6.0		5.0-8.0		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00
05/27/2020 19:30	**776288**	**Protein (Albumin Semi-Quant), URN**	**Trace**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**05/27/2020 20:11**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 20:11:00**
05/27/2020 19:30	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	05/27/2020 20:11	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 20:11:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878446803	W79029	05/27/2020 18:50
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 18:50	1039955931
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
COVID-19 Coronavirus Qualitative PCR		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 18:50	1040373749	COVID-19 Coronavirus Qual PCR Specimen	Swab				F		ORCALAB Contributor_system	05/27/2020 18:02	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:02:00
05/27/2020 18:50	1040373759	COVID-19 Coronavirus Qual PCR Result	None detected.		None detected.		F		ORCALAB Contributor_system	05/28/2020 02:12	Labs	SYSTEM	05/28/2020 02:12	Harborview Medical Center	Authenticated	UW Medicine Virology Lab 1616 Eastlake Ave E Ste 320, Box 358115, Seattle WA 98102	05/28/2020 02:12:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878446803	W79029	05/27/2020 18:50
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 18:50	1039955931
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
COVID-19 Coronavirus Qualitative PCR		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 18:50	1040373769	COVID-19 Coronavirus Qual PCR Interp	COVID-19 Coronavirus Qual PCR Interp				F		ORCALAB Contributor_system	05/28/2020 02:12	Labs	SYSTEM	05/28/2020 02:12	Harborview Medical Center	Authenticated	UW Medicine Virology Lab 1616 Eastlake Ave E Ste 320, Box 358115, Seattle WA 98102	05/28/2020 02:12:00
End of Report																	

Testing performed using the Hologic SARS-CoV-2 Real-time RT-PCR assay. See https://testguide.labmed.uw.edu/NCVQLT for details.
This test is not yet approved or cleared by the United States FDA. When there are no FDA-approved or cleared tests available, and other criteria are met, FDA can make tests available under an emergency access mechanism called an Emergency Use Authorization (EUA).
The EUA for this test is supported by the Secretary of Health and Human Service's (HHS's) declaration that circumstances exist to justify the emergency use of in vitro diagnostics for the detection and/or diagnosis of the virus that causes COVID-19.
This EUA will remain in effect (meaning this test can be used) for the duration of the COVID-19 declaration justifying emergency of IVDs, unless it is terminated or revoked by FDA (after which the test may no longer be used).

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878442539	W79005	05/27/2020 18:43
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 18:43	146589525
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Culture Blood, Bact, Peripheral Collect		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 18:43	772469	Blood C and S	Blood C and S				F		not available electronically	05/27/2020 18:43	Labs	SYSTEM	06/01/2020 12:20	Harborview Medical Center	Authenticated	not available electronically	05/27/2020 18:43:00
05/27/2020 18:43	772469	Blood C and S	Blood C and S				F		not available electronically	05/27/2020 18:43	Micro	SYSTEM	06/01/2020 12:20	Harborview Medical Center	Authenticated	not available electronically	05/27/2020 18:43:00
End of Report																	

Specimen Description: Blood Right wrist
Special Requests: Aerobic and anaerobic bottles
Culture: No growth 5 days
Report Status: Final 06/01/2020

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878442537	W79004	05/27/2020 18:30
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 18:30	146589525
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Culture Blood, Bact, Peripheral Collect		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 18:30	772469	Blood C and S	Blood C and S				F		not available electronically	05/27/2020 18:30	Labs	SYSTEM	06/02/2020 15:03	Harborview Medical Center	Authenticated	not available electronically	05/27/2020 18:30:00
05/27/2020 18:30	772469	Blood C and S	Blood C and S				F		not available electronically	05/27/2020 18:30	Micro	SYSTEM	06/02/2020 15:03	Harborview Medical Center	Authenticated	not available electronically	05/27/2020 18:30:00
End of Report																	

Specimen Description: Blood Antecubital Vein, Right
Special Requests: Aerobic and anaerobic bottles
Culture: Aerobic Broth: Staphylococcus, coagulase negative - Please call the Harborview Microbiology Lab (206-744-5858) within 3 days of the issuance of this report if additional testing (identification and/or susceptibility) is required for patient management. Report issued on: 05/29/2020
Culture: Anaerobic Broth: No growth 5 days
Culture: Telephoned with read back to: ANDREW W AT 4E 1624 5/28/20
Report Status: Final 06/02/2020

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878439985	W78994	05/27/2020 17:58
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:58	146586279
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Acetaminophen Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:58	778433	Acetaminophen (Tylenol) Level	<10	mcg/mL	0-25		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438523	W78994	05/27/2020 17:58
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:58	146584513
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count w/Diff		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:58	**774336**	**Hb**	**9.3**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	**774298**	**HCT**	**30**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:45**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	773635	Eosinophils	0.00	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	**43852231**	**RDW-CV**	**17.1**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00

05/27/2020 17:58	164763118	% Immature Granulocytes	1	%			F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	164763115	% Basophils	0	%			F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	164763112	% Eosinophils	0	%			F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	164763109	% Monocytes	6	%			F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	164763106	% Lymphocytes	8	%			F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	164763103	% Neutrophils	85	%			F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	**774852**	**Immature Granulocytes**	**0.10**	**thousand/microL**	**0.00-0.05**	**H**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:43**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	775267	Lymphocytes	1.26	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	**775325**	**MCH**	**25.8**	**pg**	**27.3-33.6**	**L**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:43**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	**775326**	**MCHC**	**30.7**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:43**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	775327	MCV	84	fL	81-98		F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	**775518**	**Monocytes**	**0.96**	**thousand/microL**	**0.00-0.80**	**H**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	**775588**	**Neutrophils**	**12.96**	**thousand/microL**	**1.80-7.00**	**H**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00

05/27/2020 17:58	776102	PLT	312	thousand/microL	150-400		F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
05/27/2020 17:58	**776876**	**RBC**	**3.60**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
05/27/2020 17:58	**778747**	**WBC**	**15.32**	**thousand/microL**	**4.30-10.00**	**H**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:15**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:43**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:15:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438525	W78994	05/27/2020 17:58
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:58	146584993
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:58	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
05/27/2020 17:58	771898	ALT (GPT)	8	units/L	7-33		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	771901	Albumin	3.6	g/dL	3.5-5.2		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	771938	Alk Phos (Total)	65	units/L	49-199		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	772060	Anion Gap	11		4-12		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00

05/27/2020 17:58	772259	AST (GOT)	14	units/L	9-38		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	772416	Bilirubin (Total)	0.4	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	772560	BUN	15	mg/dL	8-21		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	772899	Cl	102	mEq/L	98-108		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	773230	Creatinine	0.83	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	**774139**	**Glucose Level**	**161**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**05/27/2020 18:39**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**05/27/2020 18:39:00**
05/27/2020 17:58	776178	K	4.3	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	776290	Protein (Total)	7.3	g/dL	6.0-8.2		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
05/27/2020 17:58	777764	Na	138	mEq/L	135-145		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438533	W78994	05/27/2020 17:58
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:58	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time w/ INR and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:58	774942	Prothrombin Time INR	1.1		0.8-1.3		F		ORCALAB Contributor_system	05/27/2020 18:22	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:22:00
05/27/2020 17:58	776748	Prothrombin Time Patient	14.0	sec	10.7-15.6		F		ORCALAB Contributor_system	05/27/2020 18:22	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:22:00
05/27/2020 17:58	776768	PTT Patient	32	sec	22-35		F		ORCALAB Contributor_system	05/27/2020 18:22	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:22:00
05/27/2020 17:58	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	05/27/2020 18:22	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:22:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878446033	W78994	05/27/2020 17:58
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:58	146586438
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Salicylate Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:58	777664	Salicylate Level	<3	mg/dL	0-30		F		ORCALAB Contributor_system	05/27/2020 18:39	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:39:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438535	W78994	05/27/2020 17:58
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:58	146585737
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Troponin-I		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:58	778409	Troponin-I	<0.03	ng/mL	<0.04		F		ORCALAB Contributor_system	05/27/2020 18:44	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:43	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:44:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on May 27 2020 18:44 A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG																	
05/27/2020 17:58	778411	Troponin-I Interpretation	Normal				F		ORCALAB Contributor_system	05/27/2020 18:44	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:44:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4878438539	W78996	05/27/2020 17:57
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:57	368947807
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lactate Level, VEN WBLD		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Marissa Dee Marolf MD	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:57	775070	L-Lactate, Venous Whole Blood	1.3	mmol/L	0.6-1.9		F		ORCALAB Contributor_system	05/27/2020 18:15	Labs	Ramirez RN, Amber Sylvia	05/28/2020 01:44	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	05/27/2020 18:15:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_7228983970	W78987	05/27/2020 17:47
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2020 17:47	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1848748734		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2020 17:47	**62160622**	**Glucose Level (POC), HMC**	**172**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**05/27/2020 17:47**	**Labs**	**Ramirez RN, Amber Sylvia**	**05/28/2020 01:44**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**05/27/2020 17:47:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6723573450	M31128	08/05/2019 12:01
Order Priority	**Ordered Date**	**Order Test Code**
	08/05/2019 12:01	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/05/2019 12:01	62160622	Glucose Level (POC), HMC	117	mg/dL	62-125		F		not available electronically	08/05/2019 12:01	Labs	SYSTEM	08/05/2019 12:12	Harborview Medical Center	Authenticated	not available electronically	08/05/2019 12:01:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 05 2019 12:11 Fingerstick																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6723101393	M27927	08/05/2019 08:00
Order Priority	**Ordered Date**	**Order Test Code**
	08/05/2019 08:00	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/05/2019 08:00	**62160622**	**Glucose Level (POC), HMC**	**142**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/05/2019 08:00**	**Labs**	**SYSTEM**	**08/05/2019 08:07**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**08/05/2019 08:00:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 05 2019 08:05 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6722437887	X54385	08/04/2019 20:18
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2019 20:18	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2019 20:18	**62160622**	**Glucose Level (POC), HMC**	**127**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/04/2019 20:18**	**Labs**	**Makelele RN, Nadege**	**08/05/2019 01:53**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**08/04/2019 20:18:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 04 2019 20:20 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6722214667	X53568	08/04/2019 16:18
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2019 16:18	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2019 16:18	62160622	Glucose Level (POC), HMC	120	mg/dL	62-125		F		not available electronically	08/04/2019 16:18	Labs	Makelele RN, Nadege	08/05/2019 01:53	Harborview Medical Center	Authenticated	not available electronically	08/04/2019 16:18:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 04 2019 16:19 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6722052775	X53037	08/04/2019 13:10
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2019 13:10	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	

Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2019 13:10	62160622	Glucose Level (POC), HMC	235	mg/dL	62-125	H	F		not available electronically	08/04/2019 13:10	Labs	Hoffman RN, Jessica	08/04/2019 13:32	Harborview Medical Center	Authenticated	not available electronically	08/04/2019 13:10:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 04 2019 13:11 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6721782074	X52163	08/04/2019 09:13
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2019 09:13	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2019 09:13	62160622	Glucose Level (POC), HMC	208	mg/dL	62-125	H	F		not available electronically	08/04/2019 09:13	Labs	Hoffman RN, Jessica	08/04/2019 09:20	Harborview Medical Center	Authenticated	not available electronically	08/04/2019 09:13:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 04 2019 09:15 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4306983997	X50033	08/04/2019 06:00
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2019 06:00	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2019 06:00	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00
08/04/2019 06:00	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00
08/04/2019 06:00	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

08/04/2019 06:00	772060	Anion Gap	10		4-12		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00

08/04/2019 06:00	**772560**	**BUN**	**25**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:54**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:54:00**
08/04/2019 06:00	**772647**	**Ca**	**8.5**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:54**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:54:00**
08/04/2019 06:00	772694	CO2	24	mEq/L	22-32		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00
08/04/2019 06:00	772899	Cl	108	mEq/L	98-108		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00
08/04/2019 06:00	773230	Creatinine	0.71	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00
08/04/2019 06:00	**774139**	**Glucose Level**	**129**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:54**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:54:00**
08/04/2019 06:00	776178	K	4.2	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00
08/04/2019 06:00	777764	Na	142	mEq/L	135-145		F		ORCALAB Contributor_system	08/04/2019 06:54	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:54:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4306984131	X50033	08/04/2019 06:00
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2019 06:00	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2019 06:00	**43852231**	**RDW-CV**	**17.9**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:35**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:35:00**
08/04/2019 06:00	**774298**	**HCT**	**25**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:35**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:35:00**
08/04/2019 06:00	**774336**	**Hb**	**7.7**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:35**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:35:00**

08/04/2019 06:00	775325	MCH	29.6	pg	27.3-33.6		F		ORCALAB Contributor_system	08/04/2019 06:35	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:35:00
08/04/2019 06:00	**775326**	**MCHC**	**30.8**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:35**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:35:00**
08/04/2019 06:00	775327	MCV	96	fL	81-98		F		ORCALAB Contributor_system	08/04/2019 06:35	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:35:00
08/04/2019 06:00	**776102**	**PLT**	**454**	**thousand/microL**	**150-400**	**H**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:35**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:35:00**
08/04/2019 06:00	**776876**	**RBC**	**2.60**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**08/04/2019 06:35**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/04/2019 06:35:00**
08/04/2019 06:00	778747	WBC	7.10	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	08/04/2019 06:35	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/04/2019 06:35:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6721097900	S54322	08/03/2019 20:38
Order Priority	**Ordered Date**	**Order Test Code**
	08/03/2019 20:38	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/03/2019 20:38	**62160622**	**Glucose Level (POC), HMC**	**169**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/03/2019 20:38**	**Labs**	**Hoffman RN, Jessica**	**08/04/2019 07:15**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**08/03/2019 20:38:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 03 2019 20:40 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6720890790	S53665	08/03/2019 17:02
Order Priority	**Ordered Date**	**Order Test Code**
	08/03/2019 17:02	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/03/2019 17:02	**62160622**	**Glucose Level (POC), HMC**	**127**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/03/2019 17:02**	**Labs**	**SYSTEM**	**08/03/2019 17:05**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**08/03/2019 17:02:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 03 2019 17:04 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6720595663	S52654	08/03/2019 12:06
Order Priority	**Ordered Date**	**Order Test Code**
	08/03/2019 12:06	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/03/2019 12:06	62160622	Glucose Level (POC), HMC	180	mg/dL	62-125	H	F		not available electronically	08/03/2019 12:06	Labs	SYSTEM	08/03/2019 12:09	Harborview Medical Center	Authenticated	not available electronically	08/03/2019 12:06:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 03 2019 12:07 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6720293777	S51462	08/03/2019 08:17
Order Priority	**Ordered Date**	**Order Test Code**
	08/03/2019 08:17	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/03/2019 08:17	62160622	Glucose Level (POC), HMC	135	mg/dL	62-125	H	F		not available electronically	08/03/2019 08:17	Labs	SYSTEM	08/03/2019 08:19	Harborview Medical Center	Authenticated	not available electronically	08/03/2019 08:17:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 03 2019 08:18 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6719611974	F55871	08/02/2019 20:43
Order Priority	**Ordered Date**	**Order Test Code**
	08/02/2019 20:43	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 20:43	62160622	Glucose Level (POC), HMC	186	mg/dL	62-125	H	F		not available electronically	08/02/2019 20:43	Labs	SYSTEM	08/02/2019 20:47	Harborview Medical Center	Authenticated	not available electronically	08/02/2019 20:43:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 02 2019 20:45 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6719309051	F54635	08/02/2019 16:49
Order Priority	**Ordered Date**	**Order Test Code**
	08/02/2019 16:49	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 16:49	62160622	Glucose Level (POC), HMC	203	mg/dL	62-125	H	F		not available electronically	08/02/2019 16:49	Labs	Mangouri RN, Bijan	08/02/2019 17:11	Harborview Medical Center	Authenticated	not available electronically	08/02/2019 16:49:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 02 2019 16:50 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6718956284	F52663	08/02/2019 13:11
Order Priority	**Ordered Date**	**Order Test Code**
	08/02/2019 13:11	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 13:11	62160622	Glucose Level (POC), HMC	134	mg/dL	62-125	H	F		not available electronically	08/02/2019 13:11	Labs	Mangouri RN, Bijan	08/02/2019 13:14	Harborview Medical Center	Authenticated	not available electronically	08/02/2019 13:11:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 02 2019 13:12 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6718782055	F51473	08/02/2019 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	08/02/2019 11:31	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 11:31	62160622	Glucose Level (POC), HMC	214	mg/dL	62-125	H	F		not available electronically	08/02/2019 11:31	Labs	Mangouri RN, Bijan	08/02/2019 11:55	Harborview Medical Center	Authenticated	not available electronically	08/02/2019 11:31:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 02 2019 11:32 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6718502381	F49673	08/02/2019 09:09
Order Priority	**Ordered Date**	**Order Test Code**

	08/02/2019 09:09	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 09:09	**62160622**	**Glucose Level (POC), HMC**	**168**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/02/2019 09:09**	**Labs**	**Mangouri RN, Bijan**	**08/02/2019 09:18**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**08/02/2019 09:09:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 02 2019 09:11 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_6718419402	F49191	08/02/2019 08:30
Order Priority	**Ordered Date**	**Order Test Code**
	08/02/2019 08:30	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 08:30	**62160622**	**Glucose Level (POC), HMC**	**154**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/02/2019 08:30**	**Labs**	**Mangouri RN, Bijan**	**08/02/2019 09:18**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**08/02/2019 08:30:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 02 2019 08:32 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
4302798191	F46218	08/02/2019 06:06
Order Priority	**Ordered Date**	**Order Test Code**
	08/02/2019 06:06	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 06:06	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00
08/02/2019 06:06	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00
08/02/2019 06:06	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

08/02/2019 06:06	772060	Anion Gap	6		4-12		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00
08/02/2019 06:06	**772560**	**BUN**	**27**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:15**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:15:00**
08/02/2019 06:06	**772647**	**Ca**	**8.5**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:15**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:15:00**
08/02/2019 06:06	772694	CO2	27	mEq/L	22-32		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00
08/02/2019 06:06	772899	Cl	108	mEq/L	98-108		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00
08/02/2019 06:06	773230	Creatinine	0.75	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00
08/02/2019 06:06	**774139**	**Glucose Level**	**139**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:15**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:15:00**
08/02/2019 06:06	776178	K	4.8	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00
08/02/2019 06:06	777764	Na	141	mEq/L	135-145		F		ORCALAB Contributor_system	08/02/2019 07:15	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:15:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4302798339	F46218	08/02/2019 06:06
Order Priority	**Ordered Date**	**Order Test Code**
	08/02/2019 06:06	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/02/2019 06:06	**774298**	**HCT**	**27**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:00**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:00:00**

08/02/2019 06:06	**774336**	**Hb**	**8.0**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:00**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:00:00**
08/02/2019 06:06	775325	MCH	29.1	pg	27.3-33.6		F		ORCALAB Contributor_system	08/02/2019 07:00	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:00:00
08/02/2019 06:06	**43852231**	**RDW-CV**	**17.9**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:00**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:00:00**
08/02/2019 06:06	778747	WBC	7.80	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	08/02/2019 07:00	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:00:00
08/02/2019 06:06	**776876**	**RBC**	**2.75**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:00**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:00:00**
08/02/2019 06:06	**776102**	**PLT**	**433**	**thousand/microL**	**150-400**	**H**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:00**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:00:00**
08/02/2019 06:06	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	08/02/2019 07:00	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	08/02/2019 07:00:00
08/02/2019 06:06	**775326**	**MCHC**	**30.0**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**08/02/2019 07:00**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**08/02/2019 07:00:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6717740281	H24685	08/01/2019 21:44
Order Priority	**Ordered Date**	**Order Test Code**
	08/01/2019 21:44	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/01/2019 21:44	**62160622**	**Glucose Level (POC), HMC**	**207**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/01/2019 21:44**	**Labs**	**Mangouri RN, Bijan**	**08/02/2019 07:22**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**08/01/2019 21:44:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 01 2019 21:45 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6717420843	H23480	08/01/2019 17:34
Order Priority	**Ordered Date**	**Order Test Code**
	08/01/2019 17:34	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/01/2019 17:34	62160622	Glucose Level (POC), HMC	153	mg/dL	62-125	H	F		not available electronically	08/01/2019 17:34	Labs	SYSTEM	08/01/2019 17:36	Harborview Medical Center	Authenticated	not available electronically	08/01/2019 17:34:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 01 2019 17:35 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6717014480	H21206	08/01/2019 13:33
Order Priority	**Ordered Date**	**Order Test Code**
	08/01/2019 13:33	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/01/2019 13:33	62160622	Glucose Level (POC), HMC	144	mg/dL	62-125	H	F		not available electronically	08/01/2019 13:33	Labs	SYSTEM	08/01/2019 13:36	Harborview Medical Center	Authenticated	not available electronically	08/01/2019 13:33:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 01 2019 13:35 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6716435111	H17384	08/01/2019 08:37
Order Priority	**Ordered Date**	**Order Test Code**
	08/01/2019 08:37	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/01/2019 08:37	62160622	Glucose Level (POC), HMC	147	mg/dL	62-125	H	F		not available electronically	08/01/2019 08:37	Labs	SYSTEM	08/01/2019 08:39	Harborview Medical Center	Authenticated	not available electronically	08/01/2019 08:37:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 01 2019 08:37 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6715697667	W91142	07/31/2019 20:52
Order Priority	**Ordered Date**	**Order Test Code**
	07/31/2019 20:52	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

07/31/2019 20:52	62160622	Glucose Level (POC), HMC	210	mg/dL	62-125	H	F		not available electronically	07/31/2019 20:52	Labs	SYSTEM	07/31/2019 20:54	Harborview Medical Center	Authenticated	not available electronically	07/31/2019 20:52:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 31 2019 20:53 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6715349867	W89721	07/31/2019 16:38
Order Priority	**Ordered Date**	**Order Test Code**
	07/31/2019 16:38	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/31/2019 16:38	62160622	Glucose Level (POC), HMC	121	mg/dL	62-125		F		not available electronically	07/31/2019 16:38	Labs	SYSTEM	07/31/2019 16:41	Harborview Medical Center	Authenticated	not available electronically	07/31/2019 16:38:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6714922439	W86993	07/31/2019 12:23
Order Priority	**Ordered Date**	**Order Test Code**
	07/31/2019 12:23	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/31/2019 12:23	62160622	Glucose Level (POC), HMC	159	mg/dL	62-125	H	F		not available electronically	07/31/2019 12:23	Labs	SYSTEM	07/31/2019 12:26	Harborview Medical Center	Authenticated	not available electronically	07/31/2019 12:23:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6714399760	W83765	07/31/2019 07:59
Order Priority	**Ordered Date**	**Order Test Code**
	07/31/2019 07:59	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/31/2019 07:59	62160622	Glucose Level (POC), HMC	143	mg/dL	62-125	H	F		not available electronically	07/31/2019 07:59	Labs	SYSTEM	07/31/2019 08:02	Harborview Medical Center	Authenticated	not available electronically	07/31/2019 07:59:00

End of Report

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4299189817	W81843	07/31/2019 07:23
Order Priority	**Ordered Date**	**Order Test Code**
	07/31/2019 07:23	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/31/2019 07:23	777764	Na	142	mEq/L	135-145		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
07/31/2019 07:23	776178	K	4.8	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
07/31/2019 07:23	**774139**	**Glucose Level**	**153**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**07/31/2019 08:12**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 08:12:00**
07/31/2019 07:23	773230	Creatinine	0.72	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
07/31/2019 07:23	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
07/31/2019 07:23	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
07/31/2019 07:23	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/31/2019 07:23	772060	Anion Gap	6		4-12		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
07/31/2019 07:23	**772560**	**BUN**	**27**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**07/31/2019 08:12**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 08:12:00**
07/31/2019 07:23	**772647**	**Ca**	**8.5**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/31/2019 08:12**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 08:12:00**
07/31/2019 07:23	772694	CO2	28	mEq/L	22-32		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00

07/31/2019 07:23	772899	Cl	108	mEq/L	98-108		F		ORCALAB Contributor_system	07/31/2019 08:12	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 08:12:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4299189551	W81843	07/31/2019 07:23
Order Priority	**Ordered Date**	**Order Test Code**
	07/31/2019 07:23	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/31/2019 07:23	**776102**	**PLT**	**403**	**thousand/microL**	**150-400**	**H**	**F**		**ORCALAB Contributor_system**	**07/31/2019 07:55**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 07:55:00**
07/31/2019 07:23	**776876**	**RBC**	**2.61**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**07/31/2019 07:55**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 07:55:00**
07/31/2019 07:23	778747	WBC	9.88	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	07/31/2019 07:55	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 07:55:00
07/31/2019 07:23	775327	MCV	95	fL	81-98		F		ORCALAB Contributor_system	07/31/2019 07:55	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 07:55:00
07/31/2019 07:23	**775326**	**MCHC**	**30.6**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/31/2019 07:55**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 07:55:00**
07/31/2019 07:23	775325	MCH	29.1	pg	27.3-33.6		F		ORCALAB Contributor_system	07/31/2019 07:55	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/31/2019 07:55:00
07/31/2019 07:23	**774336**	**Hb**	**7.6**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/31/2019 07:55**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 07:55:00**
07/31/2019 07:23	**774298**	**HCT**	**25**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**07/31/2019 07:55**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 07:55:00**
07/31/2019 07:23	**43852231**	**RDW-CV**	**17.3**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**07/31/2019 07:55**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/31/2019 07:55:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6714356874	T10437	07/30/2019 20:31
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 20:31	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 20:31	62160622	Glucose Level (POC), HMC	242	mg/dL	62-125	H	F		not available electronically	07/30/2019 20:31	Labs	SYSTEM	07/31/2019 07:32	Harborview Medical Center	Authenticated	not available electronically	07/30/2019 20:31:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6713538843	T94039	07/30/2019 18:31
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 18:31	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 18:31	62160622	Glucose Level (POC), HMC	250	mg/dL	62-125	H	F		not available electronically	07/30/2019 18:31	Labs	SYSTEM	07/30/2019 18:34	Harborview Medical Center	Authenticated	not available electronically	07/30/2019 18:31:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 30 2019 18:33 Post food intake																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6712979029	T90901	07/30/2019 12:46
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 12:46	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 12:46	62160622	Glucose Level (POC), HMC	134	mg/dL	62-125	H	F		not available electronically	07/30/2019 12:46	Labs	SYSTEM	07/30/2019 12:48	Harborview Medical Center	Authenticated	not available electronically	07/30/2019 12:46:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 30 2019 12:47 Fingerstick																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6712552283	T88078	07/30/2019 09:06
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 09:06	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 09:06	**62160622**	**Glucose Level (POC), HMC**	**142**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**07/30/2019 09:06**	**Labs**	**SYSTEM**	**07/30/2019 09:08**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**07/30/2019 09:06:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 30 2019 09:07 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4295810883	T85007	07/30/2019 06:20
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 06:20	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 06:20	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
07/30/2019 06:20	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
07/30/2019 06:20	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/30/2019 06:20	772060	Anion Gap	7		4-12		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
07/30/2019 06:20	**772560**	**BUN**	**30**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**07/30/2019 07:01**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/30/2019 07:01:00**
07/30/2019 06:20	**772647**	**Ca**	**8.5**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/30/2019 07:01**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/30/2019 07:01:00**
07/30/2019 06:20	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
07/30/2019 06:20	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
07/30/2019 06:20	773230	Creatinine	0.71	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00

07/30/2019 06:20	**774139**	**Glucose Level**	**207**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**07/30/2019 07:01**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/30/2019 07:01:00**
07/30/2019 06:20	776178	K	4.6	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
07/30/2019 06:20	777764	Na	139	mEq/L	135-145		F		ORCALAB Contributor_system	07/30/2019 07:01	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 07:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4297297037	T85007	07/30/2019 06:20
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 06:20	146589452
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 06:20	**774344**	**Hemoglobin A1C by HPLC**	**6.5**	**%**	**4.0-6.0**	**H**	**F**		**ORCALAB Contributor_system**	**07/30/2019 11:12**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/30/2019 11:12:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6711485255	M22381	07/29/2019 17:05
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2019 17:05	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2019 17:05	62160622	Glucose Level (POC), HMC	117	mg/dL	62-125		F		not available electronically	07/29/2019 17:05	Labs	SYSTEM	07/29/2019 17:07	Harborview Medical Center	Authenticated	not available electronically	07/29/2019 17:05:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 29 2019 17:06 Fingerstick																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6711014776	M19351	07/29/2019 12:36
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2019 12:36	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2019 12:36	62160622	Glucose Level (POC), HMC	147	mg/dL	62-125	H	F		not available electronically	07/29/2019 12:36	Labs	SYSTEM	07/29/2019 12:38	Harborview Medical Center	Authenticated	not available electronically	07/29/2019 12:36:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 29 2019 12:37 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_6710523607	M16008	07/29/2019 08:22
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2019 08:22	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2019 08:22	62160622	Glucose Level (POC), HMC	158	mg/dL	62-125	H	F		not available electronically	07/29/2019 08:22	Labs	SYSTEM	07/29/2019 08:24	Harborview Medical Center	Authenticated	not available electronically	07/29/2019 08:22:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 29 2019 08:23 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_6709867223	X48874	07/28/2019 20:29
Order Priority	**Ordered Date**	**Order Test Code**
	07/28/2019 20:29	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/28/2019 20:29	62160622	Glucose Level (POC), HMC	201	mg/dL	62-125	H	F		not available electronically	07/28/2019 20:29	Labs	SYSTEM	07/28/2019 20:31	Harborview Medical Center	Authenticated	not available electronically	07/28/2019 20:29:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 28 2019 20:30 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_6709678541	X48198	07/28/2019 17:00
Order Priority	**Ordered Date**	**Order Test Code**
	07/28/2019 17:00	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	

Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/28/2019 17:00	62160622	Glucose Level (POC), HMC	167	mg/dL	62-125	H	F		not available electronically	07/28/2019 17:00	Labs	SYSTEM	07/28/2019 17:03	Harborview Medical Center	Authenticated	not available electronically	07/28/2019 17:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6709413019	X47218	07/28/2019 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	07/28/2019 12:07	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/28/2019 12:07	62160622	Glucose Level (POC), HMC	117	mg/dL	62-125		F		not available electronically	07/28/2019 12:07	Labs	SYSTEM	07/28/2019 12:10	Harborview Medical Center	Authenticated	not available electronically	07/28/2019 12:07:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 28 2019 12:09 Fingerstick																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6709143073	X46367	07/28/2019 08:13
Order Priority	**Ordered Date**	**Order Test Code**
	07/28/2019 08:13	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/28/2019 08:13	62160622	Glucose Level (POC), HMC	160	mg/dL	62-125	H	F		not available electronically	07/28/2019 08:13	Labs	SYSTEM	07/28/2019 08:26	Harborview Medical Center	Authenticated	not available electronically	07/28/2019 08:13:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 28 2019 08:24 Fingerstick																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4292921183	X44563	07/28/2019 03:30
Order Priority	**Ordered Date**	**Order Test Code**
	07/28/2019 03:30	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

07/28/2019 03:30	777764	Na	139	mEq/L	135-145		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
07/28/2019 03:30	776178	K	4.6	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
07/28/2019 03:30	**774139**	**Glucose Level**	**188**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**07/28/2019 04:03**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 04:03:00**
07/28/2019 03:30	773230	Creatinine	0.70	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
07/28/2019 03:30	772899	Cl	108	mEq/L	98-108		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
07/28/2019 03:30	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
07/28/2019 03:30	**772647**	**Ca**	**8.0**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/28/2019 04:03**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 04:03:00**
07/28/2019 03:30	**772560**	**BUN**	**32**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**07/28/2019 04:03**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 04:03:00**
07/28/2019 03:30	772060	Anion Gap	6		4-12		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
07/28/2019 03:30	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/28/2019 03:30	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
07/28/2019 03:30	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/28/2019 04:03	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 04:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4293587725	X45502	07/28/2019 03:30
Order Priority	**Ordered Date**	**Order Test Code**
	07/28/2019 03:30	146585906

Order Test Name	Collection Start Date Time	Collection End Date Time
CBC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/28/2019 03:30	778747	WBC	5.97	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	07/28/2019 03:43	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 03:43:00
07/28/2019 03:30	**776876**	**RBC**	**2.79**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**07/28/2019 03:43**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 03:43:00**
07/28/2019 03:30	776102	PLT	338	thousand/microL	150-400		F		ORCALAB Contributor_system	07/28/2019 03:43	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 03:43:00
07/28/2019 03:30	775327	MCV	96	fL	81-98		F		ORCALAB Contributor_system	07/28/2019 03:43	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:51	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 03:43:00
07/28/2019 03:30	**775326**	**MCHC**	**30.2**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/28/2019 03:43**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 03:43:00**
07/28/2019 03:30	775325	MCH	29.0	pg	27.3-33.6		F		ORCALAB Contributor_system	07/28/2019 03:43	Labs	Smiley DDS, MD, Nicholas R	08/04/2019 20:50	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/28/2019 03:43:00
07/28/2019 03:30	**774336**	**Hb**	**8.1**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/28/2019 03:43**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:51**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 03:43:00**
07/28/2019 03:30	**774298**	**HCT**	**27**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**07/28/2019 03:43**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 03:43:00**
07/28/2019 03:30	**43852231**	**RDW-CV**	**17.2**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**07/28/2019 03:43**	**Labs**	**Smiley DDS, MD, Nicholas R**	**08/04/2019 20:50**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/28/2019 03:43:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4291554847	F42827	07/27/2019 06:45
Order Priority	**Ordered Date**	**Order Test Code**
	07/27/2019 06:45	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Judith K Glann ARNP, DNP	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/27/2019 06:45	777764	Na	141	mEq/L	135-145		F		ORCALAB Contributor_system	07/27/2019 07:17	Labs	Glann ARNP, DNP, Judith K	07/28/2019 00:27	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/27/2019 07:17:00

07/27/2019 06:45	776178	K	4.2	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/27/2019 07:17	Labs	Glann ARNP, DNP, Judith K	07/28/2019 00:27	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/27/2019 07:17:00
07/27/2019 06:45	**774139**	**Glucose Level**	**160**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**07/27/2019 07:17**	**Labs**	**Glann ARNP, DNP, Judith K**	**07/28/2019 00:27**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/27/2019 07:17:00**
07/27/2019 06:45	773230	Creatinine	0.89	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/27/2019 07:17	Labs	Glann ARNP, DNP, Judith K	07/28/2019 00:27	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/27/2019 07:17:00
07/27/2019 06:45	**772899**	**Cl**	**110**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**07/27/2019 07:17**	**Labs**	**Glann ARNP, DNP, Judith K**	**07/28/2019 00:27**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/27/2019 07:17:00**
07/27/2019 06:45	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	07/27/2019 07:17	Labs	Glann ARNP, DNP, Judith K	07/28/2019 00:27	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/27/2019 07:17:00
07/27/2019 06:45	**772647**	**Ca**	**8.1**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/27/2019 07:17**	**Labs**	**Glann ARNP, DNP, Judith K**	**07/28/2019 00:27**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/27/2019 07:17:00**
07/27/2019 06:45	**772560**	**BUN**	**34**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**07/27/2019 07:17**	**Labs**	**Glann ARNP, DNP, Judith K**	**07/28/2019 00:27**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/27/2019 07:17:00**
07/27/2019 06:45	772060	Anion Gap	6		4-12		F		ORCALAB Contributor_system	07/27/2019 07:17	Labs	Glann ARNP, DNP, Judith K	07/28/2019 00:27	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/27/2019 07:17:00
07/27/2019 06:45	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/27/2019 07:17	Labs	Glann ARNP, DNP, Judith K	07/28/2019 00:27	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/27/2019 07:17:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/27/2019 06:45	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/27/2019 07:17	Labs	Glann ARNP, DNP, Judith K	07/28/2019 00:27	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/27/2019 07:17:00
07/27/2019 06:45	**13604336**	**eGFR, Calculated, European American**	**59**	**mL/min/1.73m2**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**07/27/2019 07:17**	**Labs**	**Glann ARNP, DNP, Judith K**	**07/28/2019 00:27**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/27/2019 07:17:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4288813731	F35269	07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	

Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 02:25	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
07/26/2019 02:25	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
07/26/2019 02:25	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/26/2019 02:25	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
07/26/2019 02:25	**772560**	**BUN**	**33**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:55**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:55:00**
07/26/2019 02:25	**772647**	**Ca**	**7.7**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:55**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:55:00**
07/26/2019 02:25	772694	CO2	23	mEq/L	22-32		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
07/26/2019 02:25	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
07/26/2019 02:25	773230	Creatinine	0.77	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
07/26/2019 02:25	**774139**	**Glucose Level**	**137**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:55**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:55:00**
07/26/2019 02:25	776178	K	3.9	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
07/26/2019 02:25	777764	Na	138	mEq/L	135-145		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4288813743	F35269	07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 02:25	**43852231**	**RDW-CV**	**17.1**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:38**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:38:00**
07/26/2019 02:25	**774298**	**HCT**	**27**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:38**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:38:00**
07/26/2019 02:25	**774336**	**Hb**	**8.5**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:38**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:38:00**
07/26/2019 02:25	775325	MCH	29.3	pg	27.3-33.6		F		ORCALAB Contributor_system	07/26/2019 02:38	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:38:00
07/26/2019 02:25	**775326**	**MCHC**	**31.0**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:38**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:38:00**
07/26/2019 02:25	775327	MCV	95	fL	81-98		F		ORCALAB Contributor_system	07/26/2019 02:38	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:38:00
07/26/2019 02:25	776102	PLT	296	thousand/microL	150-400		F		ORCALAB Contributor_system	07/26/2019 02:38	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:38:00
07/26/2019 02:25	**776876**	**RBC**	**2.90**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**07/26/2019 02:38**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/26/2019 02:38:00**
07/26/2019 02:25	778747	WBC	6.10	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	07/26/2019 02:38	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:38:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4288813765	F35269	07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146585349
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Magnesium Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 02:25	775300	Mg	2.0	mg/dL	1.8-2.4		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4288813719	F35269	07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146588416
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Phosphate Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 02:25	776046	Phosphate	4.5	mg/dL	2.5-4.5		F		ORCALAB Contributor_system	07/26/2019 02:55	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/26/2019 02:55:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287519583	H88740	07/25/2019 03:35
Order Priority	**Ordered Date**	**Order Test Code**
	07/25/2019 03:35	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/25/2019 03:35	777764	Na	139	mEq/L	135-145		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
07/25/2019 03:35	776178	K	4.1	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
07/25/2019 03:35	**774139**	**Glucose Level**	**136**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**07/25/2019 04:00**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/25/2019 04:00:00**
07/25/2019 03:35	773230	Creatinine	0.65	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
07/25/2019 03:35	772899	Cl	108	mEq/L	98-108		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
07/25/2019 03:35	772694	CO2	23	mEq/L	22-32		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00

07/25/2019 03:35	**772647**	**Ca**	**7.8**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/25/2019 04:00**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/25/2019 04:00:00**
07/25/2019 03:35	772560	BUN	11	mg/dL	8-21		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
07/25/2019 03:35	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
07/25/2019 03:35	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/25/2019 03:35	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
07/25/2019 03:35	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287519591	H88740	07/25/2019 03:35
Order Priority	**Ordered Date**	**Order Test Code**
	07/25/2019 03:35	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/25/2019 03:35	778747	WBC	7.29	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	07/25/2019 03:44	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 03:44:00
07/25/2019 03:35	**776876**	**RBC**	**2.91**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**07/25/2019 03:44**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/25/2019 03:44:00**
07/25/2019 03:35	776102	PLT	307	thousand/microL	150-400		F		ORCALAB Contributor_system	07/25/2019 03:44	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 03:44:00
07/25/2019 03:35	775327	MCV	94	fL	81-98		F		ORCALAB Contributor_system	07/25/2019 03:44	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 03:44:00
07/25/2019 03:35	**775326**	**MCHC**	**31.0**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/25/2019 03:44**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/25/2019 03:44:00**

07/25/2019 03:35	775325	MCH	29.2	pg	27.3-33.6		F		ORCALAB Contributor_system	07/25/2019 03:44	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 03:44:00
07/25/2019 03:35	**774336**	**Hb**	**8.5**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/25/2019 03:44**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/25/2019 03:44:00**
07/25/2019 03:35	**774298**	**HCT**	**27**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**07/25/2019 03:44**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/25/2019 03:44:00**
07/25/2019 03:35	**43852231**	**RDW-CV**	**17.2**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**07/25/2019 03:44**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/25/2019 03:44:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287519601	H88740	07/25/2019 03:35
Order Priority	**Ordered Date**	**Order Test Code**
	07/25/2019 03:35	146585349
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Magnesium Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/25/2019 03:35	775300	Mg	1.8	mg/dL	1.8-2.4		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287519641	H88740	07/25/2019 03:35
Order Priority	**Ordered Date**	**Order Test Code**
	07/25/2019 03:35	146588416
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Phosphate Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/25/2019 03:35	776046	Phosphate	3.8	mg/dL	2.5-4.5		F		ORCALAB Contributor_system	07/25/2019 04:00	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/25/2019 04:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287522747	H88740	07/25/2019 03:35
Order Priority	**Ordered Date**	**Order Test Code**
	07/25/2019 03:35	146585813

Order Test Name	Collection Start Date Time	Collection End Date Time
Vitamin D 25-OH COMMON Deficiency Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/25/2019 03:35	16678023	Vitamin D2 (25-Hydroxy) Level	<1.0	ng/mL			F		ORCALAB Contributor_system	07/30/2019 11:18	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 11:18:00
07/25/2019 03:35	16678024	Vitamin D3 (25-Hydroxy) Level	19.2	ng/mL			F		ORCALAB Contributor_system	07/30/2019 11:18	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 11:18:00
07/25/2019 03:35	**16678025**	**Vit D (25-Hydroxy) Total Level**	**19.2**	**ng/mL**	**20.1-50.0**	**L**	**F**		**ORCALAB Contributor_system**	**07/30/2019 11:18**	**Labs**	**Rosen MD, Joshua**	**07/31/2019 08:14**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/30/2019 11:18:00**
07/25/2019 03:35	221463161	Vit D (25-Hydroxy) Interpretation					F		ORCALAB Contributor_system	07/30/2019 11:18	Labs	Rosen MD, Joshua	07/31/2019 08:14	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/30/2019 11:18:00

Notes:
Value: Deficient: 8.0-20.0 ng/mL For more information see http://tests.labmed.washington.edu/VITDG2

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287520245	W80315	07/24/2019 23:45
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 23:45	368958655
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Culture MRSA Surveillance		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nita Khandelwal MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Labs	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Micro	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00

End of Report

Specimen Description: Wound Right Ankle Swab
Special Requests: Surveillance culture performed at the request of Infection Control
Culture: Methicillin Resistant Staphylococcus aureus isolated - For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.
Report Status: Final 07/26/2019

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287520243	W80314	07/24/2019 23:45
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 23:45	368958655
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Culture MRSA Surveillance		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nita Khandelwal MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Labs	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Micro	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
End of Report																	

Specimen Description: Wound Left Ankle Swab
Special Requests: Surveillance culture performed at the request of Infection Control
Culture: Methicillin Resistant Staphylococcus aureus isolated - For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.
Report Status: Final 07/26/2019

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287520239	W80312	07/24/2019 23:45
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 23:45	368958655
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Culture MRSA Surveillance		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nita Khandelwal MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Labs	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Micro	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
End of Report																	

Specimen Description: Oral
Special Requests: Surveillance culture performed at the request of Infection Control
Culture: Methicillin Resistant Staphylococcus aureus isolated - For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.
Report Status: Final 07/26/2019

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287520237	W80311	07/24/2019 23:45
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 23:45	368958655
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Culture MRSA Surveillance		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nita Khandelwal MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Labs	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
07/24/2019 23:45	96378009	R/O MRSA	R/O MRSA				F		not available electronically	07/24/2019 23:45	Micro	SYSTEM	07/26/2019 22:22	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
End of Report																	

Specimen Description: Nasal Surveillance Swab
Special Requests: Surveillance culture performed at the request of Infection Control
Culture: Methicillin Resistant Staphylococcus aureus isolated - For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.
Report Status: Final 07/26/2019

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287520241	W80313	07/24/2019 23:45
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 23:45	146589999
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Culture VRE Surveillance		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nita Khandelwal MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 23:45	778565	Vanco-resist Enterococcus C and S	Vanco-resist Enterococcus C and S				F		not available electronically	07/24/2019 23:45	Labs	SYSTEM	07/26/2019 16:02	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
07/24/2019 23:45	778565	Vanco-resist Enterococcus C and S	Vanco-resist Enterococcus C and S				F		not available electronically	07/24/2019 23:45	Micro	SYSTEM	07/26/2019 16:02	Harborview Medical Center	Authenticated	not available electronically	07/24/2019 23:45:00
End of Report																	

Specimen Description: Rectal Swab
Special Requests: Surveillance culture performed at the request of Infection Control
Culture: No Vancomycin resistant Enterococcus species isolated
Report Status: Final 07/26/2019

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287384243	W79698	07/24/2019 21:27
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 21:27	146588688
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Complete		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Alexander Christopher Higgins DO	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 21:27	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**07/24/2019 21:44**	**Labs**	**Higgins DO, Alexander Christopher**	**07/26/2019 09:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 21:44:00**
07/24/2019 21:27	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	**13318809**	**Mucus, URN**	**Present**	**/LPF**	**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**07/24/2019 21:44**	**Labs**	**Higgins DO, Alexander Christopher**	**07/26/2019 09:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 21:44:00**
07/24/2019 21:27	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	772308	Bacteria, URN	Not Seen		Not Seen		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00

07/24/2019 21:27	775158	Leukocyte Esterase, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	**777788**	**Specific Gravity, URN**	**1.033**	**g/mL**	**1.006-1.027**	**H**	**F**		**ORCALAB Contributor_system**	**07/24/2019 21:44**	**Labs**	**Higgins DO, Alexander Christopher**	**07/26/2019 09:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 21:44:00**
07/24/2019 21:27	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	**776288**	**Protein (Albumin Semi-Quant), URN**	**Trace**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**07/24/2019 21:44**	**Labs**	**Higgins DO, Alexander Christopher**	**07/26/2019 09:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 21:44:00**
07/24/2019 21:27	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
07/24/2019 21:27	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:44	Labs	Higgins DO, Alexander Christopher	07/26/2019 09:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:44:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287276441	W79319	07/24/2019 21:26
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 21:26	146589093
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Drug Screen, Standard, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Michael Dee Alley MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 21:26	778387	Tricyclic Antidepressant Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00

07/24/2019 21:26	778225	Cannabinoids Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
07/24/2019 21:26	776021	Phencyclidine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
07/24/2019 21:26	**775781**	**Opiates Qual, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**07/24/2019 21:56**	**Labs**	**SYSTEM**	**07/24/2019 21:57**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 21:56:00**
07/24/2019 21:26	775363	Methadone Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
07/24/2019 21:26	773675	Alcohol (Ethyl), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 24 2019 21:56 Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL																	
07/24/2019 21:26	773072	Cocaine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
07/24/2019 21:26	772385	Benzodiazepines Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
07/24/2019 21:26	772345	Barbiturate Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
07/24/2019 21:26	4152758	Amphet/Methamphetamine Qual,URN	Negative		Negative		F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00
07/24/2019 21:26	**171127146**	**Acetaminophen Qualitative, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**07/24/2019 21:56**	**Labs**	**SYSTEM**	**07/24/2019 21:57**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 21:56:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287276441	W79319	07/24/2019 21:26
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 21:26	146589093
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Drug Screen, Standard, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Michael Dee Alley MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 21:26	773504	Drug Screen Info, URN	Drug Screen Info, URN				F		ORCALAB Contributor_system	07/24/2019 21:56	Labs	SYSTEM	07/24/2019 21:57	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 21:56:00

End of Report

These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine. It has not been cleared or approved by the US Food and Drug Administration.
This laboratory is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287276407	W79318	07/24/2019 19:50
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 19:50	146589036
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Alcohol, Ethyl Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Michael Dee Alley MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 19:50	773674	Ethyl Alcohol Level	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	07/24/2019 20:19	Labs	SYSTEM	07/24/2019 20:20	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 20:19:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287276415	W79318	07/24/2019 19:50
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 19:50	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Michael Dee Alley MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 19:50	778747	WBC	7.01	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	07/24/2019 20:02	Labs	SYSTEM	07/24/2019 20:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 20:02:00
07/24/2019 19:50	**776876**	**RBC**	**3.32**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 20:02**	**Labs**	**SYSTEM**	**07/24/2019 20:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 20:02:00**
07/24/2019 19:50	**776102**	**PLT**	**>82**	**thousand/microL**	**150-400**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 20:09**	**Labs**	**SYSTEM**	**07/24/2019 20:10**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 20:09:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 24 2019 20:09 Count not accurate due to platelet clumping, true platelet count may be higher, recommend repeating platelet count.																	
07/24/2019 19:50	775327	MCV	94	fL	81-98		F		ORCALAB Contributor_system	07/24/2019 20:02	Labs	SYSTEM	07/24/2019 20:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 20:02:00
07/24/2019 19:50	**775326**	**MCHC**	**30.9**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 20:02**	**Labs**	**SYSTEM**	**07/24/2019 20:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 20:02:00**
07/24/2019 19:50	775325	MCH	28.9	pg	27.3-33.6		F		ORCALAB Contributor_system	07/24/2019 20:02	Labs	SYSTEM	07/24/2019 20:02	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/24/2019 20:02:00
07/24/2019 19:50	**774336**	**Hb**	**9.6**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 20:02**	**Labs**	**SYSTEM**	**07/24/2019 20:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 20:02:00**

07/24/2019 19:50	**774298**	**HCT**	**31**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 20:02**	**Labs**	**SYSTEM**	**07/24/2019 20:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 20:02:00**
07/24/2019 19:50	**43852231**	**RDW-CV**	**17.3**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**07/24/2019 20:02**	**Labs**	**SYSTEM**	**07/24/2019 20:02**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**07/24/2019 20:02:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4286178945	W74857	07/24/2019 11:55
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 11:55	146584993
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1839507366		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 11:55	777764	Na	142	mEq/L	135-145		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	776290	Protein (Total)	6.6	g/dL	6.0-8.2		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	776178	K	4.2	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	**774139**	**Glucose Level**	**183**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:37**	**Labs**	**SYSTEM**	**07/24/2019 12:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:37:00**
07/24/2019 11:55	773230	Creatinine	0.70	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	772694	CO2	28	mEq/L	22-32		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	**772647**	**Ca**	**8.6**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:37**	**Labs**	**SYSTEM**	**07/24/2019 12:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:37:00**

07/24/2019 11:55	772560	BUN	13	mg/dL	8-21		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	772416	Bilirubin (Total)	0.4	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	772259	AST (GOT)	13	units/L	9-38		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	772060	Anion Gap	7		4-12		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	771938	Alk Phos (Total)	67	units/L	49-199		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	**771901**	**Albumin**	**3.1**	**g/dL**	**3.5-5.2**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:37**	**Labs**	**SYSTEM**	**07/24/2019 12:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:37:00**
07/24/2019 11:55	771898	ALT (GPT)	12	units/L	7-33		F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00
07/24/2019 11:55	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/24/2019 12:37	Labs	SYSTEM	07/24/2019 12:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:37:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4286174591	W74857	07/24/2019 11:55
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 11:55	146584513
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count w/Diff		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1839507366		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 11:55	775518	Monocytes	0.53	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	775327	MCV	98	fL	81-98		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00

07/24/2019 11:55	**775326**	**MCHC**	**29.7**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:39**	**Labs**	**SYSTEM**	**07/24/2019 12:39**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:39:00**
07/24/2019 11:55	775325	MCH	29.1	pg	27.3-33.6		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	775267	Lymphocytes	1.06	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	774852	Immature Granulocytes	0.04	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	**774336**	**Hb**	**10.2**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:39**	**Labs**	**SYSTEM**	**07/24/2019 12:39**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:39:00**
07/24/2019 11:55	**774298**	**HCT**	**34**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:39**	**Labs**	**SYSTEM**	**07/24/2019 12:39**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:39:00**
07/24/2019 11:55	773635	Eosinophils	0.06	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	**43852231**	**RDW-CV**	**17.5**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:39**	**Labs**	**SYSTEM**	**07/24/2019 12:39**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:39:00**
07/24/2019 11:55	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	164763118	% Immature Granulocytes	1	%			F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	164763112	% Eosinophils	1	%			F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	164763109	% Monocytes	8	%			F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	164763106	% Lymphocytes	17	%			F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	164763103	% Neutrophils	72	%			F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00

07/24/2019 11:55	775588	Neutrophils	4.69	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	776102	PLT	333	thousand/microL	150-400		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
07/24/2019 11:55	**776876**	**RBC**	**3.51**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:39**	**Labs**	**SYSTEM**	**07/24/2019 12:39**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:39:00**
07/24/2019 11:55	778747	WBC	6.41	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	07/24/2019 12:39	Labs	SYSTEM	07/24/2019 12:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:39:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4286174601	W74857	07/24/2019 11:55
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2019 11:55	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time w/ INR and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1839507366		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2019 11:55	774942	Prothrombin Time INR	1.3		0.8-1.3		F		ORCALAB Contributor_system	07/24/2019 12:26	Labs	SYSTEM	07/24/2019 12:27	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:26:00
07/24/2019 11:55	**776748**	**Prothrombin Time Patient**	**16.6**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:26**	**Labs**	**SYSTEM**	**07/24/2019 12:27**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:26:00**
07/24/2019 11:55	**776768**	**PTT Patient**	**36**	**sec**	**22-35**	**H**	**F**		**ORCALAB Contributor_system**	**07/24/2019 12:26**	**Labs**	**SYSTEM**	**07/24/2019 12:27**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/24/2019 12:26:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 24 2019 12:26 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
07/24/2019 11:55	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	07/24/2019 12:26	Labs	SYSTEM	07/24/2019 12:27	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2019 12:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6627759738	W84480	06/12/2019 09:45
Order Priority	**Ordered Date**	**Order Test Code**
	06/12/2019 09:45	776341

Order Test Name	Collection Start Date Time	Collection End Date Time
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201906		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/12/2019 09:45	776748	Prothrombin Time Patient	13.4	sec	10.7-15.6		F		ORCALAB Contributor_system	06/12/2019 12:00	Labs	SYSTEM	06/12/2019 12:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/12/2019 12:00:00
06/12/2019 09:45	774942	Prothrombin Time INR	1.0		0.8-1.3		F		ORCALAB Contributor_system	06/12/2019 12:00	Labs	SYSTEM	06/12/2019 12:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/12/2019 12:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6444459848	H14278	02/28/2019 09:22
Order Priority	**Ordered Date**	**Order Test Code**
	02/28/2019 09:22	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201902		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/28/2019 09:22	774942	Prothrombin Time INR	1.0		0.8-1.3		F		ORCALAB Contributor_system	02/28/2019 09:41	Labs	SYSTEM	02/28/2019 09:41	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/28/2019 09:41:00
02/28/2019 09:22	690409077	Prothrombin Time Patient (NWH)	10.0	sec	8.9-12.1		F		ORCALAB Contributor_system	02/28/2019 09:41	Labs	SYSTEM	02/28/2019 09:41	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/28/2019 09:41:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6444435645	H14086	02/28/2019 09:14
Order Priority	**Ordered Date**	**Order Test Code**
	02/28/2019 09:14	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201902		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/28/2019 09:14	776748	Prothrombin Time Patient	Data entry correction, see updated information	sec	10.7-15.6		F		ORCALAB Contributor_system	02/28/2019 09:29	Labs	SYSTEM	02/28/2019 09:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/28/2019 09:29:00
02/28/2019 09:14	774942	Prothrombin Time INR	Data entry correction, see updated information		0.8-1.3		F		ORCALAB Contributor_system	02/28/2019 09:29	Labs	SYSTEM	02/28/2019 09:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/28/2019 09:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6397228892	H53171	01/31/2019 10:57
Order Priority	**Ordered Date**	**Order Test Code**
	01/31/2019 10:57	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/31/2019 10:57	774942	Prothrombin Time INR	1.0		0.8-1.3		F		ORCALAB Contributor_system	01/31/2019 11:45	Labs	SYSTEM	01/31/2019 11:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/31/2019 11:45:00
01/31/2019 10:57	690409077	Prothrombin Time Patient (NWH)	10.0	sec	8.9-12.1		F		ORCALAB Contributor_system	01/31/2019 11:45	Labs	SYSTEM	01/31/2019 11:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/31/2019 11:45:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6397206334	H53023	01/31/2019 10:52
Order Priority	**Ordered Date**	**Order Test Code**
	01/31/2019 10:52	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/31/2019 10:52	776748	Prothrombin Time Patient	Duplicate request	sec	10.7-15.6		F		ORCALAB Contributor_system	01/31/2019 11:32	Labs	SYSTEM	01/31/2019 11:33	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/31/2019 11:32:00
01/31/2019 10:52	774942	Prothrombin Time INR	Duplicate request		0.8-1.3		F		ORCALAB Contributor_system	01/31/2019 11:32	Labs	SYSTEM	01/31/2019 11:33	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/31/2019 11:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6358641512	W75518	01/09/2019 10:57
Order Priority	**Ordered Date**	**Order Test Code**
	01/09/2019 10:57	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

01/09/2019 10:57	**774336**	**Hb**	**11.2**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**01/09/2019 20:42**	**Labs**	**SYSTEM**	**01/09/2019 20:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/09/2019 20:42:00**
01/09/2019 10:57	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	164763103	% Neutrophils	73	%			F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	775267	Lymphocytes	1.10	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	775325	MCH	27.6	pg	27.3-33.6		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	**775326**	**MCHC**	**30.2**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**01/09/2019 20:42**	**Labs**	**SYSTEM**	**01/09/2019 20:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/09/2019 20:42:00**
01/09/2019 10:57	775327	MCV	91	fL	81-98		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	775518	Monocytes	0.30	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	775588	Neutrophils	4.06	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	776102	PLT	212	thousand/microL	150-400		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	774298	HCT	37	%	36-45		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	164763106	% Lymphocytes	20	%			F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	164763109	% Monocytes	5	%			F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	776876	RBC	4.06	million/microL	3.80-5.00		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	164763112	% Eosinophils	1	%			F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00

01/09/2019 10:57	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	**43852231**	**RDW-CV**	**16.0**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**01/09/2019 20:42**	**Labs**	**SYSTEM**	**01/09/2019 20:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/09/2019 20:42:00**
01/09/2019 10:57	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	773635	Eosinophils	0.06	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
01/09/2019 10:57	778747	WBC	5.57	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	01/09/2019 20:42	Labs	SYSTEM	01/09/2019 20:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 20:42:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6358673958	W75518	01/09/2019 10:57
Order Priority	**Ordered Date**	**Order Test Code**
	01/09/2019 10:57	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/09/2019 10:57	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
01/09/2019 10:57	771898	ALT (GPT)	9	units/L	7-33		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00

01/09/2019 10:57	**777764**	**Na**	**147**	**mEq/L**	**135-145**	**H**	**F**		**ORCALAB Contributor_system**	**01/09/2019 21:08**	**Labs**	**SYSTEM**	**01/09/2019 21:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/09/2019 21:08:00**
01/09/2019 10:57	771901	Albumin	3.9	g/dL	3.5-5.2		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	771938	Alk Phos (Total)	66	units/L	49-199		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	772060	Anion Gap	9		4-12		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	772259	AST (GOT)	15	units/L	9-38		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	772416	Bilirubin (Total)	0.3	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	776290	Protein (Total)	7.0	g/dL	6.0-8.2		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	776178	K	3.7	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	772560	BUN	16	mg/dL	8-21		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	**774139**	**Glucose Level**	**142**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**01/09/2019 21:08**	**Labs**	**SYSTEM**	**01/09/2019 21:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/09/2019 21:08:00**
01/09/2019 10:57	772647	Ca	9.3	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	773230	Creatinine	0.71	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
01/09/2019 10:57	**772899**	**Cl**	**113**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**01/09/2019 21:08**	**Labs**	**SYSTEM**	**01/09/2019 21:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/09/2019 21:08:00**
01/09/2019 10:57	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	01/09/2019 21:08	Labs	SYSTEM	01/09/2019 21:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:08:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6358695208	W75518	01/09/2019 10:57
Order Priority	**Ordered Date**	**Order Test Code**

	01/09/2019 10:57	774029
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Folate & Vitamin B12		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/09/2019 10:57	778664	Vitamin B12 (Cobalamin) Level	523	pg/mL	180-914		F		ORCALAB Contributor_system	01/09/2019 21:25	Labs	SYSTEM	01/09/2019 21:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:25:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on January 09 2019 21:25 Normal: 180-914 pg/mL Indeterminate: 145-179 pg/mL Deficient: <145 pg/mL																	
01/09/2019 10:57	774028	Folate, SRM	19.3	ng/mL	>5.8		F		ORCALAB Contributor_system	01/09/2019 21:25	Labs	SYSTEM	01/09/2019 21:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 21:25:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on January 09 2019 21:25 Reference range >5.8 ng/mL Folate deficiency <4.0 ng/mL																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_6359826803	W75518	01/09/2019 10:57
Order Priority	**Ordered Date**	**Order Test Code**
	01/09/2019 10:57	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/09/2019 10:57	**774344**	**Hemoglobin A1C by HPLC**	**6.2**	**%**	**4.0-6.0**	**H**	**F**		**ORCALAB Contributor_system**	**01/10/2019 12:08**	**Labs**	**SYSTEM**	**01/10/2019 12:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/10/2019 12:08:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_6357868173	W75518	01/09/2019 10:57
Order Priority	**Ordered Date**	**Order Test Code**
	01/09/2019 10:57	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/09/2019 10:57	776748	Prothrombin Time Patient	13.3	sec	10.7-15.6		F		ORCALAB Contributor_system	01/09/2019 12:16	Labs	SYSTEM	01/09/2019 12:16	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 12:16:00
01/09/2019 10:57	774942	Prothrombin Time INR	1.0		0.8-1.3		F		ORCALAB Contributor_system	01/09/2019 12:16	Labs	SYSTEM	01/09/2019 12:16	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/09/2019 12:16:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6361451927	W75518	01/09/2019 10:57
Order Priority	**Ordered Date**	**Order Test Code**
	01/09/2019 10:57	16678022
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Vitamin D (25 Hydroxy) Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/09/2019 10:57	221463161	Vit D (25-Hydroxy) Interpretation					F		ORCALAB Contributor_system	01/11/2019 08:54	Labs	SYSTEM	01/11/2019 08:56	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	01/11/2019 08:54:00
Notes: Value: Normal: 20.1-50.0 ng/mL For more information see http://web.labmed.washington.edu/tests/chemistry/VITDG2.																	
01/09/2019 10:57	16678025	Vit D (25-Hydroxy) Total Level	25.2	ng/mL	20.1-50.0		F		ORCALAB Contributor_system	01/11/2019 08:54	Labs	SYSTEM	01/11/2019 08:56	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	01/11/2019 08:54:00
01/09/2019 10:57	16678024	Vitamin D3 (25-Hydroxy) Level	25.2	ng/mL			F		ORCALAB Contributor_system	01/11/2019 08:54	Labs	SYSTEM	01/11/2019 08:56	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	01/11/2019 08:54:00
01/09/2019 10:57	16678023	Vitamin D2 (25-Hydroxy) Level	<1.0	ng/mL			F		ORCALAB Contributor_system	01/11/2019 08:54	Labs	SYSTEM	01/11/2019 08:56	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	01/11/2019 08:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20181017	W25802	10/17/2018 20:27
Order Priority	**Ordered Date**	**Order Test Code**
	10/17/2018 20:27	778501
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/17/2018 20:27	778501	Urine C and S	Urine C and S				F		not available electronically	10/17/2018 20:27	Labs	SYSTEM	10/20/2018 09:35	University of Washington Medical Center	Authenticated	not available electronically	10/17/2018 20:27:00
10/17/2018 20:27	778501	Urine C and S	Urine C and S				F		not available electronically	10/17/2018 20:27	Micro	SYSTEM	10/20/2018 09:35	University of Washington Medical Center	Authenticated	not available electronically	10/17/2018 20:27:00
End of Report																	

Specimen Description: Urine Gray top tube
Special Requests: None
Culture: 30000 Col/mL Escherichia coli
Culture: 50000 Col/mL Mixed flora (>= 3 colony types)
Culture: Providers, see link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx
Report Status: Final 10/20/2018

Escherichia coli

	Microtiter MIC Interp	Microtiter MIC Value (mcg/mL)
Ampicillin	R	>16
Ampicillin/Sulbactam	I	16
Aztreonam	S	<=1
Cefazolin	S	<=2
Cefepime	S	<=0.25
Cefotetan	S	<=16
Ceftazidime	S	<=1
Ceftriaxone	S	<=0.25
Ciprofloxacin	S	<=0.06
Doxycycline	I	8
Ertapenem	S	<=0.12
Gentamicin	R	>8
Levofloxacin	S	<=0.5
Meropenem	S	<=1
Moxifloxacin	-	<=0.25
Nitrofurantoin	S	<=32
Piperacillin/Tazobactam	S	<=2
Tobramycin	S	<=4
Trimeth_Sulfamethoxazole	R	>4

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6211924194	W21596	10/17/2018 12:19
Order Priority	**Ordered Date**	**Order Test Code**
	10/17/2018 12:19	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/17/2018 12:19	774942	Prothrombin Time INR	2.0		0.8-1.3	H	F		ORCALAB Contributor_system	10/17/2018 20:23	Labs	SYSTEM	10/17/2018 20:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/17/2018 20:23:00
10/17/2018 12:19	776748	Prothrombin Time Patient	22.7	sec	10.7-15.6	H	F		ORCALAB Contributor_system	10/17/2018 20:23	Labs	SYSTEM	10/17/2018 20:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/17/2018 20:23:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6211937503	W21563	10/17/2018 12:16
Order Priority	**Ordered Date**	**Order Test Code**
	10/17/2018 12:16	623354400
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Reflexive Urine Culture Indicated		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/17/2018 12:16	623354400	Reflexive Urine Culture Indicated	Order Processed				F		ORCALAB Contributor_system	10/17/2018 20:31	Labs	SYSTEM	10/17/2018 20:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/17/2018 20:31:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6211535758	W21563	10/17/2018 12:16
Order Priority	**Ordered Date**	**Order Test Code**
	10/17/2018 12:16	635819084
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis With Reflex Culture Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/17/2018 12:16	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00

10/17/2018 12:16	776019	pH, URN	5.5		5.0-8.0		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	**776288**	**Protein (Albumin Semi-Quant), URN**	**100 (2+)**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**
10/17/2018 12:16	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	777788	Specific Gravity, URN	1.013	g/mL	1.002-1.027		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	**778746**	**WBC, URN**	**>1000(4+)**	**/HPF**	**0-5(NEG)**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**
10/17/2018 12:16	812813395	Collection Method	Urine				F		ORCALAB Contributor_system	10/17/2018 14:20	Labs	SYSTEM	10/17/2018 14:21	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 14:20:00
10/17/2018 12:16	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	**775158**	**Leukocyte Esterase, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**
10/17/2018 12:16	**775044**	**Ketones, URN**	**15 (1+)**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**
10/17/2018 12:16	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	772970	Clarity, URN	Cloudy				F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	**772414**	**Bilirubin Qual, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**

10/17/2018 12:16	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**
10/17/2018 12:16	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	**13318809**	**Mucus, URN**	**Present**	**/LPF**	**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**
10/17/2018 12:16	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	10/17/2018 15:42	Labs	SYSTEM	10/17/2018 15:43	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/17/2018 15:42:00
10/17/2018 12:16	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**10/17/2018 15:42**	**Labs**	**SYSTEM**	**10/17/2018 15:43**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/17/2018 15:42:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6183167445	M27748	10/01/2018 10:34
Order Priority	**Ordered Date**	**Order Test Code**
	10/01/2018 10:34	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/01/2018 10:34	776748	Prothrombin Time Patient	Wrong test ordered by practitioner	sec	10.7-15.6		F		ORCALAB Contributor_system	10/01/2018 10:54	Labs	SYSTEM	10/01/2018 10:54	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	10/01/2018 10:54:00
10/01/2018 10:34	774942	Prothrombin Time INR	Wrong test ordered by practitioner		0.8-1.3		F		ORCALAB Contributor_system	10/01/2018 10:54	Labs	SYSTEM	10/01/2018 10:54	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	10/01/2018 10:54:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6183183987	M27941	10/01/2018 10:10
Order Priority	**Ordered Date**	**Order Test Code**
	10/01/2018 10:10	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/01/2018 10:10	774942	Prothrombin Time INR	2.1		0.8-1.3	H	F		ORCALAB Contributor_system	10/01/2018 11:03	Labs	SYSTEM	10/01/2018 11:04	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	10/01/2018 11:03:00
10/01/2018 10:10	690409077	Prothrombin Time Patient (NWH)	20.3	sec	8.9-12.1	H	F		ORCALAB Contributor_system	10/01/2018 11:03	Labs	SYSTEM	10/01/2018 11:04	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	10/01/2018 11:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6175012420	W71057	09/26/2018 09:27
Order Priority	**Ordered Date**	**Order Test Code**
	09/26/2018 09:27	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/26/2018 09:27	776748	Prothrombin Time Patient	28.0	sec	10.7-15.6	H	F		ORCALAB Contributor_system	09/26/2018 11:57	Labs	SYSTEM	09/26/2018 11:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/26/2018 11:57:00
09/26/2018 09:27	774942	Prothrombin Time INR	2.6		0.8-1.3	H	F		ORCALAB Contributor_system	09/26/2018 11:57	Labs	SYSTEM	09/26/2018 11:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/26/2018 11:57:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6162372500	W57064	09/19/2018 06:10
Order Priority	**Ordered Date**	**Order Test Code**
	09/19/2018 06:10	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/19/2018 06:10	774942	Prothrombin Time INR	2.2		0.8-1.3	H	F		ORCALAB Contributor_system	09/19/2018 07:52	Labs	SYSTEM	09/19/2018 07:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/19/2018 07:52:00

09/19/2018 06:10	**690409077**	**Prothrombin Time Patient (NWH)**	**21.4**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**09/19/2018 07:52**	**Labs**	**SYSTEM**	**09/19/2018 07:53**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/19/2018 07:52:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6160452554	T73754	09/18/2018 06:05
Order Priority	**Ordered Date**	**Order Test Code**
	09/18/2018 06:05	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/18/2018 06:05	777764	Na	142	mEq/L	135-145		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
09/18/2018 06:05	776178	K	3.9	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
09/18/2018 06:05	**774139**	**Glucose Level**	**135**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**09/18/2018 07:16**	**Labs**	**SYSTEM**	**09/18/2018 07:17**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 07:16:00**
09/18/2018 06:05	773230	Creatinine	0.76	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
09/18/2018 06:05	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**09/18/2018 07:16**	**Labs**	**SYSTEM**	**09/18/2018 07:17**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 07:16:00**
09/18/2018 06:05	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
09/18/2018 06:05	**772647**	**Ca**	**8.8**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**09/18/2018 07:16**	**Labs**	**SYSTEM**	**09/18/2018 07:17**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 07:16:00**
09/18/2018 06:05	772560	BUN	21	mg/dL	8-21		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
09/18/2018 06:05	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
09/18/2018 06:05	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
09/18/2018 06:05	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00

09/18/2018 06:05	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/18/2018 07:16	Labs	SYSTEM	09/18/2018 07:17	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 07:16:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6160416137	T73754	09/18/2018 06:05
Order Priority	**Ordered Date**	**Order Test Code**
	09/18/2018 06:05	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/18/2018 06:05	778747	WBC	7.25	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	**776876**	**RBC**	**3.51**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**09/18/2018 06:43**	**Labs**	**SYSTEM**	**09/18/2018 06:43**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 06:43:00**
09/18/2018 06:05	776102	PLT	290	thousand/microL	150-400		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	775588	Neutrophils	4.95	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	775518	Monocytes	0.63	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	775327	MCV	89	fL	81-98		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	**775326**	**MCHC**	**31.0**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/18/2018 06:43**	**Labs**	**SYSTEM**	**09/18/2018 06:43**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 06:43:00**
09/18/2018 06:05	775325	MCH	27.6	pg	27.3-33.6		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	775267	Lymphocytes	1.32	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	774852	Immature Granulocytes	0.03	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00

09/18/2018 06:05	**774336**	**Hb**	**9.7**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/18/2018 06:43**	**Labs**	**SYSTEM**	**09/18/2018 06:43**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 06:43:00**
09/18/2018 06:05	164763103	% Neutrophils	68	%			F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	164763106	% Lymphocytes	18	%			F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	164763109	% Monocytes	9	%			F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	**43852231**	**RDW-CV**	**14.5**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**09/18/2018 06:43**	**Labs**	**SYSTEM**	**09/18/2018 06:43**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 06:43:00**
09/18/2018 06:05	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	773635	Eosinophils	0.28	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	09/18/2018 06:43	Labs	SYSTEM	09/18/2018 06:43	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:43:00
09/18/2018 06:05	**774298**	**HCT**	**31**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**09/18/2018 06:43**	**Labs**	**SYSTEM**	**09/18/2018 06:43**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/18/2018 06:43:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6160425816	T73754	09/18/2018 06:05
Order Priority	**Ordered Date**	**Order Test Code**
	09/18/2018 06:05	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

09/18/2018 06:05	774942	Prothrombin Time INR	3.3		0.8-1.3	H	F		ORCALAB Contributor_system	09/18/2018 06:52	Labs	SYSTEM	09/18/2018 06:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:52:00
09/18/2018 06:05	690409077	Prothrombin Time Patient (NWH)	30.6	sec	8.9-12.1	H	F		ORCALAB Contributor_system	09/18/2018 06:52	Labs	SYSTEM	09/18/2018 06:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/18/2018 06:52:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6158440415	M86133	09/17/2018 05:40
Order Priority	**Ordered Date**	**Order Test Code**
	09/17/2018 05:40	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/17/2018 05:40	774942	Prothrombin Time INR	3.8		0.8-1.3	H	F		ORCALAB Contributor_system	09/17/2018 06:09	Labs	SYSTEM	09/17/2018 06:10	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/17/2018 06:09:00
09/17/2018 05:40	690409077	Prothrombin Time Patient (NWH)	35.2	sec	8.9-12.1	H	F		ORCALAB Contributor_system	09/17/2018 06:09	Labs	SYSTEM	09/17/2018 06:10	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/17/2018 06:09:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6157104343	X39016	09/16/2018 05:35
Order Priority	**Ordered Date**	**Order Test Code**
	09/16/2018 05:35	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/16/2018 05:35	774942	Prothrombin Time INR	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	09/16/2018 06:11	Labs	SYSTEM	09/16/2018 06:12	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/16/2018 06:11:00
09/16/2018 05:35	690409077	Prothrombin Time Patient (NWH)	23.0	sec	8.9-12.1	H	F		ORCALAB Contributor_system	09/16/2018 06:11	Labs	SYSTEM	09/16/2018 06:12	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/16/2018 06:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6155692041	S85770	09/15/2018 05:45
Order Priority	**Ordered Date**	**Order Test Code**
	09/15/2018 05:45	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		

Sending Facility	Ordering Physician	Orderstatus
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/15/2018 05:45	774942	Prothrombin Time INR	2.2		0.8-1.3	H	F		ORCALAB Contributor_system	09/15/2018 06:15	Labs	SYSTEM	09/15/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/15/2018 06:15:00
09/15/2018 05:45	690409077	Prothrombin Time Patient (NWH)	20.5	sec	8.9-12.1	H	F		ORCALAB Contributor_system	09/15/2018 06:15	Labs	SYSTEM	09/15/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/15/2018 06:15:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6154194007	F55350	09/14/2018 10:10
Order Priority	**Ordered Date**	**Order Test Code**
	09/14/2018 10:10	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/14/2018 10:10	774942	Prothrombin Time INR	2.3		0.8-1.3	H	F		ORCALAB Contributor_system	09/14/2018 10:36	Labs	SYSTEM	09/14/2018 10:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/14/2018 10:36:00
09/14/2018 10:10	690409077	Prothrombin Time Patient (NWH)	21.1	sec	8.9-12.1	H	F		ORCALAB Contributor_system	09/14/2018 10:36	Labs	SYSTEM	09/14/2018 10:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/14/2018 10:36:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6151799338	H68161	09/13/2018 05:10
Order Priority	**Ordered Date**	**Order Test Code**
	09/13/2018 05:10	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/13/2018 05:10	777764	Na	141	mEq/L	135-145		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
09/13/2018 05:10	776178	K	4.3	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
09/13/2018 05:10	774139	Glucose Level	117	mg/dL	62-125		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00

09/13/2018 05:10	773230	Creatinine	0.83	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
09/13/2018 05:10	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:58**	**Labs**	**SYSTEM**	**09/13/2018 05:58**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:58:00**
09/13/2018 05:10	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
09/13/2018 05:10	**772647**	**Ca**	**8.5**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:58**	**Labs**	**SYSTEM**	**09/13/2018 05:58**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:58:00**
09/13/2018 05:10	**772560**	**BUN**	**25**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:58**	**Labs**	**SYSTEM**	**09/13/2018 05:58**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:58:00**
09/13/2018 05:10	772060	Anion Gap	7		4-12		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
09/13/2018 05:10	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
09/13/2018 05:10	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
09/13/2018 05:10	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/13/2018 05:58	Labs	SYSTEM	09/13/2018 05:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:58:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6151770078	H68161	09/13/2018 05:10
Order Priority	**Ordered Date**	**Order Test Code**
	09/13/2018 05:10	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/13/2018 05:10	778747	WBC	6.44	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	**776876**	**RBC**	**3.53**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:26**	**Labs**	**SYSTEM**	**09/13/2018 05:27**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:26:00**

09/13/2018 05:10	776102	PLT	281	thousand/microL	150-400		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	775588	Neutrophils	4.03	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	775518	Monocytes	0.67	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	775327	MCV	88	fL	81-98		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	**775326**	**MCHC**	**31.0**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:26**	**Labs**	**SYSTEM**	**09/13/2018 05:27**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:26:00**
09/13/2018 05:10	**775325**	**MCH**	**27.2**	**pg**	**27.3-33.6**	**L**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:26**	**Labs**	**SYSTEM**	**09/13/2018 05:27**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:26:00**
09/13/2018 05:10	775267	Lymphocytes	1.41	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	**774336**	**Hb**	**9.6**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:26**	**Labs**	**SYSTEM**	**09/13/2018 05:27**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:26:00**
09/13/2018 05:10	**774298**	**HCT**	**31**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:26**	**Labs**	**SYSTEM**	**09/13/2018 05:27**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:26:00**
09/13/2018 05:10	773635	Eosinophils	0.28	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	43852231	RDW-CV	14.2	%	11.6-14.4		F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00

09/13/2018 05:10	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	164763109	% Monocytes	10	%			F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	164763106	% Lymphocytes	22	%			F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00
09/13/2018 05:10	164763103	% Neutrophils	63	%			F		ORCALAB Contributor_system	09/13/2018 05:26	Labs	SYSTEM	09/13/2018 05:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/13/2018 05:26:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6151782374	H68161	09/13/2018 05:10
Order Priority	**Ordered Date**	**Order Test Code**
	09/13/2018 05:10	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/13/2018 05:10	**690409077**	**Prothrombin Time Patient (NWH)**	**28.0**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:39**	**Labs**	**SYSTEM**	**09/13/2018 05:40**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:39:00**
09/13/2018 05:10	**774942**	**Prothrombin Time INR**	**3.0**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**09/13/2018 05:39**	**Labs**	**SYSTEM**	**09/13/2018 05:40**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/13/2018 05:39:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6150413133	W45537	09/12/2018 11:40
Order Priority	**Ordered Date**	**Order Test Code**
	09/12/2018 11:40	778410
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Troponin-I Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/12/2018 11:40	778411	Troponin-I Interpretation	Normal				F		ORCALAB Contributor_system	09/12/2018 12:06	Labs	SYSTEM	09/12/2018 12:06	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 12:06:00
09/12/2018 11:40	778409	Troponin-I	<0.03	ng/mL	<0.04		F		ORCALAB Contributor_system	09/12/2018 12:06	Labs	SYSTEM	09/12/2018 12:06	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 12:06:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on September 12 2018 12:06 A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6149750884	W45542	09/12/2018 03:56
Order Priority	**Ordered Date**	**Order Test Code**
	09/12/2018 03:56	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/12/2018 03:56	777764	Na	140	mEq/L	135-145		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	776178	K	4.2	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	774139	Glucose Level	114	mg/dL	62-125		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	773230	Creatinine	0.81	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	**772647**	**Ca**	**8.6**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:47**	**Labs**	**SYSTEM**	**09/12/2018 04:48**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:47:00**
09/12/2018 03:56	772560	BUN	20	mg/dL	8-21		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
09/12/2018 03:56	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
09/12/2018 03:56	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00

09/12/2018 03:56	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/12/2018 04:47	Labs	SYSTEM	09/12/2018 04:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:47:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6149730776	W45542	09/12/2018 03:56
Order Priority	**Ordered Date**	**Order Test Code**
	09/12/2018 03:56	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/12/2018 03:56	778747	WBC	6.66	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	**776876**	**RBC**	**3.45**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:26**	**Labs**	**SYSTEM**	**09/12/2018 04:26**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:26:00**
09/12/2018 03:56	776102	PLT	276	thousand/microL	150-400		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	775588	Neutrophils	4.23	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	775518	Monocytes	0.64	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	775327	MCV	88	fL	81-98		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	**775326**	**MCHC**	**30.8**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:26**	**Labs**	**SYSTEM**	**09/12/2018 04:26**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:26:00**
09/12/2018 03:56	**775325**	**MCH**	**27.0**	**pg**	**27.3-33.6**	**L**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:26**	**Labs**	**SYSTEM**	**09/12/2018 04:26**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:26:00**
09/12/2018 03:56	775267	Lymphocytes	1.48	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00

09/12/2018 03:56	**774336**	**Hb**	**9.3**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:26**	**Labs**	**SYSTEM**	**09/12/2018 04:26**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:26:00**
09/12/2018 03:56	**774298**	**HCT**	**30**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:26**	**Labs**	**SYSTEM**	**09/12/2018 04:26**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:26:00**
09/12/2018 03:56	773635	Eosinophils	0.25	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	43852231	RDW-CV	14.2	%	11.6-14.4		F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	164763109	% Monocytes	10	%			F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	164763106	% Lymphocytes	22	%			F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
09/12/2018 03:56	164763103	% Neutrophils	63	%			F		ORCALAB Contributor_system	09/12/2018 04:26	Labs	SYSTEM	09/12/2018 04:26	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6149741819	W45542	09/12/2018 03:56
Order Priority	**Ordered Date**	**Order Test Code**
	09/12/2018 03:56	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

09/12/2018 03:56	**774942**	**Prothrombin Time INR**	**3.1**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:35**	**Labs**	**SYSTEM**	**09/12/2018 04:36**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:35:00**
09/12/2018 03:56	**690409077**	**Prothrombin Time Patient (NWH)**	**28.6**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**09/12/2018 04:35**	**Labs**	**SYSTEM**	**09/12/2018 04:36**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/12/2018 04:35:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6149746502	W45534	09/12/2018 03:56
Order Priority	**Ordered Date**	**Order Test Code**
	09/12/2018 03:56	778410
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Troponin-I Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/12/2018 03:56	778411	Troponin-I Interpretation	Normal				F		ORCALAB Contributor_system	09/12/2018 04:40	Labs	SYSTEM	09/12/2018 04:41	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:40:00
09/12/2018 03:56	778409	Troponin-I	<0.03	ng/mL	<0.04		F		ORCALAB Contributor_system	09/12/2018 04:40	Labs	SYSTEM	09/12/2018 04:41	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/12/2018 04:40:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on September 12 2018 04:40 A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6148554394	T63085	09/11/2018 11:35
Order Priority	**Ordered Date**	**Order Test Code**
	09/11/2018 11:35	183104976
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
C. difficile, Toxigenic by PCR Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/11/2018 11:35	183104979	C. difficile, Toxigenic by PCR Result	Negative		Negative		F		ORCALAB Contributor_system	09/11/2018 12:34	Labs	SYSTEM	09/11/2018 12:35	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 12:34:00
09/11/2018 11:35	518853668	C. difficile, Toxigenic by PCR Specimen	Stool				F		ORCALAB Contributor_system	09/11/2018 04:30	Labs	SYSTEM	09/11/2018 11:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 04:30:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147927838	T62563	09/11/2018 05:55
Order Priority	**Ordered Date**	**Order Test Code**
	09/11/2018 05:55	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		

Sending Facility	Ordering Physician	Orderstatus
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/11/2018 05:55	777764	Na	141	mEq/L	135-145		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	776178	K	3.9	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	774139	Glucose Level	112	mg/dL	62-125		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	773230	Creatinine	0.75	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	**772899**	**Cl**	**111**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:37**	**Labs**	**SYSTEM**	**09/11/2018 06:37**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:37:00**
09/11/2018 05:55	772694	CO2	24	mEq/L	22-32		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	**772647**	**Ca**	**8.4**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:37**	**Labs**	**SYSTEM**	**09/11/2018 06:37**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:37:00**
09/11/2018 05:55	772560	BUN	18	mg/dL	8-21		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	772060	Anion Gap	6		4-12		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
09/11/2018 05:55	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
09/11/2018 05:55	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/11/2018 06:37	Labs	SYSTEM	09/11/2018 06:37	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147902537	T62563	09/11/2018 05:55
Order Priority	**Ordered Date**	**Order Test Code**
	09/11/2018 05:55	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/11/2018 05:55	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	43852231	RDW-CV	14.2	%	11.6-14.4		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	164763112	% Eosinophils	5	%			F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	164763109	% Monocytes	10	%			F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	164763106	% Lymphocytes	26	%			F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	164763103	% Neutrophils	58	%			F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	778747	WBC	5.56	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	**776876**	**RBC**	**3.25**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:17**	**Labs**	**SYSTEM**	**09/11/2018 06:18**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:17:00**
09/11/2018 05:55	776102	PLT	259	thousand/microL	150-400		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	775588	Neutrophils	3.19	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	775518	Monocytes	0.56	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00

09/11/2018 05:55	775327	MCV	91	fL	81-98		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	**775326**	**MCHC**	**30.8**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:17**	**Labs**	**SYSTEM**	**09/11/2018 06:18**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:17:00**
09/11/2018 05:55	775325	MCH	28.0	pg	27.3-33.6		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	775267	Lymphocytes	1.47	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
09/11/2018 05:55	**774336**	**Hb**	**9.1**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:17**	**Labs**	**SYSTEM**	**09/11/2018 06:18**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:17:00**
09/11/2018 05:55	**774298**	**HCT**	**30**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:17**	**Labs**	**SYSTEM**	**09/11/2018 06:18**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:17:00**
09/11/2018 05:55	773635	Eosinophils	0.28	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	09/11/2018 06:17	Labs	SYSTEM	09/11/2018 06:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/11/2018 06:17:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147905538	T62563	09/11/2018 05:55
Order Priority	**Ordered Date**	**Order Test Code**
	09/11/2018 05:55	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/11/2018 05:55	**774942**	**Prothrombin Time INR**	**2.1**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:19**	**Labs**	**SYSTEM**	**09/11/2018 06:20**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:19:00**
09/11/2018 05:55	**690409077**	**Prothrombin Time Patient (NWH)**	**19.6**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**09/11/2018 06:19**	**Labs**	**SYSTEM**	**09/11/2018 06:20**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/11/2018 06:19:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147477790	M84199	09/10/2018 22:15
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 22:15	319034959
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

Lab Add On Order, Non-Micro Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 22:15	319034965	Add On Lab Test Requested	PROCNW				F		ORCALAB Contributor_system	09/10/2018 22:23	Labs	SYSTEM	09/10/2018 22:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 22:23:00
09/10/2018 22:15	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	09/10/2018 22:23	Labs	SYSTEM	09/10/2018 22:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 22:23:00
09/10/2018 22:15	319034977	Add On Sample To Use	Information not provided				F		ORCALAB Contributor_system	09/10/2018 22:23	Labs	SYSTEM	09/10/2018 22:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 22:23:00
09/10/2018 22:15	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	09/10/2018 22:23	Labs	SYSTEM	09/10/2018 22:24	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 22:23:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147438268	M83987	09/10/2018 21:16
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 21:16	4152757
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Standard Drug Screen Bty, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 21:16	**171127146**	**Acetaminophen Qualitative, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**09/10/2018 21:51**	**Labs**	**SYSTEM**	**09/10/2018 21:52**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 21:51:00**
09/10/2018 21:16	4152758	Amphet/Methamphetamine Qual,URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00
09/10/2018 21:16	772345	Barbiturate Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00
09/10/2018 21:16	772385	Benzodiazepines Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00
09/10/2018 21:16	773072	Cocaine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00
09/10/2018 21:16	773675	Alcohol (Ethyl), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on September 10 2018 21:51 Quantitative testing for ethanol is by enzymatic method. Ethanol cutoff limit: 10 mg/dL

09/10/2018 21:16	775363	Methadone Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00
09/10/2018 21:16	**775781**	**Opiates Qual, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**09/10/2018 21:51**	**Labs**	**SYSTEM**	**09/10/2018 21:52**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 21:51:00**
09/10/2018 21:16	776021	Phencyclidine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00
09/10/2018 21:16	778225	Cannabinoids Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00
09/10/2018 21:16	778387	Tricyclic Antidepressant Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147438268	M83987	09/10/2018 21:16
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 21:16	4152757
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Standard Drug Screen Bty, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 21:16	773504	Drug Screen Info, URN					F		ORCALAB Contributor_system	09/10/2018 21:51	Labs	SYSTEM	09/10/2018 21:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:51:00

End of Report

These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Qualitative immunochemical testing for amphetamines, barbiturates, benzodiazepines, cocaine metabolites, methadone, opiates, phencyclidine (PCP), cannabinoids, and tricyclic antidepressants. Positive results indicate immunoreactivity greater than or equal to these calibrators: d-methamphetamine 500 ng/mL, secobarbital 200 ng/mL, lormetazepam 200 ng/mL, benzoylecgonine 150 ng/mL, methadone 150 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortetrahydrocannabinoic acid 50 ng/mL, nortriptyline 1000 ng/mL and acetaminophen 5 mcg/mL.

Quantitative testing for ethanol is by an enzymatic method. Results less than 10 mg/dL are reported as negative.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147435958	M83987	09/10/2018 21:16
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 21:16	635819084
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis With Reflex Culture Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 21:16	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	772308	Bacteria, URN	Not Seen		Not Seen		F		ORCALAB Contributor_system	09/10/2018 21:49	Labs	SYSTEM	09/10/2018 21:50	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:49:00
09/10/2018 21:16	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	09/10/2018 21:49	Labs	SYSTEM	09/10/2018 21:50	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:49:00
09/10/2018 21:16	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	09/10/2018 21:49	Labs	SYSTEM	09/10/2018 21:50	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:49:00
09/10/2018 21:16	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**09/10/2018 21:49**	**Labs**	**SYSTEM**	**09/10/2018 21:50**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 21:49:00**
09/10/2018 21:16	775158	Leukocyte Esterase, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00

09/10/2018 21:16	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	776019	pH, URN	5.5		5.0-8.0		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	09/10/2018 21:49	Labs	SYSTEM	09/10/2018 21:50	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:49:00
09/10/2018 21:16	**777788**	**Specific Gravity, URN**	**<1.006**	**g/mL**	**1.006-1.029**	**L**	**F**		**ORCALAB Contributor_system**	**09/10/2018 21:48**	**Labs**	**SYSTEM**	**09/10/2018 21:49**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 21:48:00**
09/10/2018 21:16	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00
09/10/2018 21:16	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	09/10/2018 21:49	Labs	SYSTEM	09/10/2018 21:50	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:49:00
09/10/2018 21:16	812813395	Collection Method	Urine				F		ORCALAB Contributor_system	09/10/2018 21:48	Labs	SYSTEM	09/10/2018 21:49	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:48:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147394058	M83892	09/10/2018 20:58
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 20:58	319034959
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lab Add On Order, Non-Micro Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 20:58	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	09/10/2018 21:12	Labs	SYSTEM	09/10/2018 21:12	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:12:00
09/10/2018 20:58	319034977	Add On Sample To Use	Information not provided				F		ORCALAB Contributor_system	09/10/2018 21:11	Labs	SYSTEM	09/10/2018 21:11	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:11:00

09/10/2018 20:58	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	09/10/2018 21:11	Labs	SYSTEM	09/10/2018 21:11	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:11:00
09/10/2018 20:58	319034965	Add On Lab Test Requested	PRONW				F		ORCALAB Contributor_system	09/10/2018 21:11	Labs	SYSTEM	09/10/2018 21:11	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147378863	M83861	09/10/2018 20:51
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 20:51	319034959
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lab Add On Order, Non-Micro Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 20:51	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	09/10/2018 21:00	Labs	SYSTEM	09/10/2018 21:00	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:00:00
09/10/2018 20:51	319034977	Add On Sample To Use	MOST RECENT				F		ORCALAB Contributor_system	09/10/2018 20:57	Labs	SYSTEM	09/10/2018 20:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:57:00
09/10/2018 20:51	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	09/10/2018 20:57	Labs	SYSTEM	09/10/2018 20:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:57:00
09/10/2018 20:51	319034965	Add On Lab Test Requested	TROPIG				F		ORCALAB Contributor_system	09/10/2018 20:57	Labs	SYSTEM	09/10/2018 20:58	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:57:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147378820	M83860	09/10/2018 20:50
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 20:50	319034959
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lab Add On Order, Non-Micro Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 20:50	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	09/10/2018 21:00	Labs	SYSTEM	09/10/2018 21:00	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:00:00
09/10/2018 20:50	319034977	Add On Sample To Use	MOST RECENT				F		ORCALAB Contributor_system	09/10/2018 20:57	Labs	SYSTEM	09/10/2018 20:57	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:57:00

09/10/2018 20:50	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	09/10/2018 20:57	Labs	SYSTEM	09/10/2018 20:57	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:57:00
09/10/2018 20:50	319034965	Add On Lab Test Requested	BNAP				F		ORCALAB Contributor_system	09/10/2018 20:57	Labs	SYSTEM	09/10/2018 20:57	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:57:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147420466	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	772559
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
B-Type Natriuretic Peptide		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	772559	B-Type Natriuretic Peptide	84	pg/mL	<101		F		ORCALAB Contributor_system	09/10/2018 21:35	Labs	SYSTEM	09/10/2018 21:35	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:35:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147287019	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	164763103	% Neutrophils	58	%			F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	164763106	% Lymphocytes	26	%			F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	164763109	% Monocytes	11	%			F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	164763112	% Eosinophils	3	%			F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00

09/10/2018 19:38	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	164763118	% Immature Granulocytes	1	%			F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	778747	WBC	6.24	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	**776876**	**RBC**	**3.69**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**09/10/2018 19:46**	**Labs**	**SYSTEM**	**09/10/2018 19:47**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 19:46:00**
09/10/2018 19:38	776102	PLT	289	thousand/microL	150-400		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	775588	Neutrophils	3.66	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	775518	Monocytes	0.67	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	775327	MCV	87	fL	81-98		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	**775326**	**MCHC**	**31.5**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/10/2018 19:46**	**Labs**	**SYSTEM**	**09/10/2018 19:47**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 19:46:00**
09/10/2018 19:38	775325	MCH	27.4	pg	27.3-33.6		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	775267	Lymphocytes	1.65	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	774852	Immature Granulocytes	0.03	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00

09/10/2018 19:38	**774336**	**Hb**	**10.1**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**09/10/2018 19:46**	**Labs**	**SYSTEM**	**09/10/2018 19:47**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 19:46:00**
09/10/2018 19:38	**774298**	**HCT**	**32**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**09/10/2018 19:46**	**Labs**	**SYSTEM**	**09/10/2018 19:47**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 19:46:00**
09/10/2018 19:38	773635	Eosinophils	0.19	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00
09/10/2018 19:38	43852231	RDW-CV	14.0	%	11.6-14.4		F		ORCALAB Contributor_system	09/10/2018 19:46	Labs	SYSTEM	09/10/2018 19:47	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 19:46:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147311561	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	771901	Albumin	3.6	g/dL	3.5-5.2		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	771938	Alk Phos (Total)	66	units/L	49-199		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	772060	Anion Gap	7		4-12		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	772259	AST (GOT)	14	units/L	9-38		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	772416	Bilirubin (Total)	0.3	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00

09/10/2018 19:38	**772560**	**BUN**	**26**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**09/10/2018 20:06**	**Labs**	**SYSTEM**	**09/10/2018 20:07**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 20:06:00**
09/10/2018 19:38	772647	Ca	8.9	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	772694	CO2	26	mEq/L	22-32		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	772899	Cl	102	mEq/L	98-108		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	773230	Creatinine	0.91	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	**774139**	**Glucose Level**	**131**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**09/10/2018 20:06**	**Labs**	**SYSTEM**	**09/10/2018 20:07**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 20:06:00**
09/10/2018 19:38	776178	K	4.1	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	776290	Protein (Total)	7.0	g/dL	6.0-8.2		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	777764	Na	135	mEq/L	135-145		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	771898	ALT (GPT)	9	units/L	7-33		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
09/10/2018 19:38	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
09/10/2018 19:38	**13604336**	**eGFR, Calculated, European American**	**58**	**mL/min/1.73m2**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**09/10/2018 20:06**	**Labs**	**SYSTEM**	**09/10/2018 20:07**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 20:06:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147311655	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	773674
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Ethyl Alcohol Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	773674	Ethyl Alcohol Level	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/10/2018 20:06	Labs	SYSTEM	09/10/2018 20:07	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 20:06:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147508257	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	690409057
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Procalcitonin (NWH) Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	690409067	Procalcitonin Comment (NWH)					F		ORCALAB Contributor_system	09/10/2018 22:51	Labs	SYSTEM	09/10/2018 22:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 22:51:00
End of Report																	

Sepsis diagnosis in adults:
PCT <0.5 ng/mL Low risk for progression to severe systemic bacterial infection. Repeat level in 6-24 hours if infection is strongly suspected.
PCT >=0.5 and <2.0 ng/mL Moderate risk for progression to severe sepsis.
PCT >=2 and <10 ng/mL High risk for progression to severe sepsis.
PCT >=10 ng/mL High likelihood of severe sepsis or septic shock.

PCT concentrations <0.5 ng/mL do not exclude an infection, on account of localized infections (without systemic signs) which can be associated with such low concentrations, or a systemic infection in its initial stages (<6 hours).
Furthermore, increased PCT can occur without infection. PCT concentrations between 0.5 and 2.0 ng/mL should be interpreted taking into account the patient's history. It is recommended to retest PCT within 6-24 hours if any concentrations of <2 ng/mL are obtained.

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147508257	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	690409057
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Procalcitonin (NWH) Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	690409062	Procalcitonin (NWH)	<0.05	ng/mL	0-0.49		F		ORCALAB Contributor_system	09/10/2018 22:51	Labs	SYSTEM	09/10/2018 22:52	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 22:51:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147405397	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	**690409077**	**Prothrombin Time Patient (NWH)**	**17.4**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**09/10/2018 21:22**	**Labs**	**SYSTEM**	**09/10/2018 21:22**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 21:22:00**
09/10/2018 19:38	**774942**	**Prothrombin Time INR**	**1.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**09/10/2018 21:22**	**Labs**	**SYSTEM**	**09/10/2018 21:22**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 21:22:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147396919	M83542	09/10/2018 19:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:38	778410
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Troponin-I Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:38	778411	Troponin-I Interpretation	Normal				F		ORCALAB Contributor_system	09/10/2018 21:14	Labs	SYSTEM	09/10/2018 21:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:14:00

09/10/2018 19:38	778409	Troponin-I	<0.03	ng/mL	<0.04		F		ORCALAB Contributor_system	09/10/2018 21:14	Labs	SYSTEM	09/10/2018 21:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/10/2018 21:14:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on September 10 2018 21:14 A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6147271848	M83581	09/10/2018 19:24
Order Priority	**Ordered Date**	**Order Test Code**
	09/10/2018 19:24	690409242
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level, Finger Stick (POC), NWH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/10/2018 19:24	**690409242**	**Glucose Level, Finger Stick (POC), NWH**	**131**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**09/10/2018 19:24**	**Labs**	**SYSTEM**	**09/10/2018 19:33**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest POCT Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**09/10/2018 19:32:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on September 10 2018 19:32 Fingerstick

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6066331150	H76274	07/26/2018 09:37
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2018 09:37	690409177
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), NWH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2018 09:37	690409177	Glucose Level (POC), NWH	124	mg/dL	62-125		F		not available electronically	07/26/2018 09:37	Labs	SYSTEM	07/26/2018 09:39	University of Washington Medical Center	Authenticated	UWMC Northwest POCT Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	07/26/2018 09:38:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 26 2018 09:38 LIP Notified

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6066331270	H76281	07/26/2018 09:37
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2018 09:37	690409197
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hb (POC), NWH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2018 09:37	690409197	Hb (POC), NWH	10.2	g/dL	11.5-15.5	L	F		not available electronically	07/26/2018 09:37	Labs	SYSTEM	07/26/2018 09:39	University of Washington Medical Center	Authenticated	UWMC Northwest POCT Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	07/26/2018 09:39:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 26 2018 09:39 LIP Notified

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6066331266	H76277	07/26/2018 09:37
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2018 09:37	690409192
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
HCT (POC), NWH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2018 09:37	690409192	HCT (POC), NWH	30	%	36-46	L	F		not available electronically	07/26/2018 09:37	Labs	SYSTEM	07/26/2018 09:39	University of Washington Medical Center	Authenticated	UWMC Northwest POCT Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	07/26/2018 09:38:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 26 2018 09:38 LIP Notified

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_6066333395	H76300	07/26/2018 09:35
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2018 09:35	690409222
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Protime (POC) Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2018 09:35	690409227	INR Non-dosing (POC), NWH	1.2		0.7-1.3		F		not available electronically	07/26/2018 09:35	Labs	SYSTEM	07/26/2018 09:40	University of Washington Medical Center	Authenticated	UWMC Northwest POCT Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	07/26/2018 09:40:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 26 2018 09:40 LIP Notified

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5974655488	M88060	06/04/2018 05:20
Order Priority	**Ordered Date**	**Order Test Code**
	06/04/2018 05:20	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/04/2018 05:20	**778747**	**WBC**	**4.22**	**thousand/microL**	**4.3-10.0**	**L**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:46**	**Labs**	**SYSTEM**	**06/04/2018 05:46**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:46:00**
06/04/2018 05:20	**776876**	**RBC**	**3.25**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:46**	**Labs**	**SYSTEM**	**06/04/2018 05:46**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:46:00**
06/04/2018 05:20	776102	PLT	203	thousand/microL	150-400		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	775588	Neutrophils	2.05	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	775518	Monocytes	0.65	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	775327	MCV	98	fL	81-98		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	**775326**	**MCHC**	**31.0**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:46**	**Labs**	**SYSTEM**	**06/04/2018 05:46**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:46:00**
06/04/2018 05:20	775325	MCH	30.5	pg	27.3-33.6		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	775267	Lymphocytes	1.36	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	**774336**	**Hb**	**9.9**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:46**	**Labs**	**SYSTEM**	**06/04/2018 05:46**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:46:00**
06/04/2018 05:20	**774298**	**HCT**	**32**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:46**	**Labs**	**SYSTEM**	**06/04/2018 05:46**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:46:00**
06/04/2018 05:20	773635	Eosinophils	0.12	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00

06/04/2018 05:20	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	**43852231**	**RDW-CV**	**15.0**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:46**	**Labs**	**SYSTEM**	**06/04/2018 05:46**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:46:00**
06/04/2018 05:20	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	164763112	% Eosinophils	3	%			F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	164763109	% Monocytes	15	%			F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	164763106	% Lymphocytes	32	%			F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
06/04/2018 05:20	164763103	% Neutrophils	49	%			F		ORCALAB Contributor_system	06/04/2018 05:46	Labs	SYSTEM	06/04/2018 05:46	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/04/2018 05:46:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5974657571	M88060	06/04/2018 05:20
Order Priority	**Ordered Date**	**Order Test Code**
	06/04/2018 05:20	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/04/2018 05:20	**774942**	**Prothrombin Time INR**	**1.4**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:48**	**Labs**	**SYSTEM**	**06/04/2018 05:48**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:48:00**

06/04/2018 05:20	**690409077**	**Prothrombin Time Patient (NWH)**	**13.4**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**06/04/2018 05:48**	**Labs**	**SYSTEM**	**06/04/2018 05:48**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/04/2018 05:48:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5973363130	X39052	06/03/2018 05:28
Order Priority	**Ordered Date**	**Order Test Code**
	06/03/2018 05:28	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/03/2018 05:28	164763103	% Neutrophils	65	%			F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	164763106	% Lymphocytes	23	%			F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	164763109	% Monocytes	10	%			F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	164763112	% Eosinophils	2	%			F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	164763115	% Basophils	0	%			F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	**43852231**	**RDW-CV**	**14.8**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**06/03/2018 05:54**	**Labs**	**SYSTEM**	**06/03/2018 05:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 05:54:00**
06/03/2018 05:28	772363	Basophils	0.01	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00

06/03/2018 05:28	773635	Eosinophils	0.10	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	**774298**	**HCT**	**33**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 05:54**	**Labs**	**SYSTEM**	**06/03/2018 05:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 05:54:00**
06/03/2018 05:28	**774336**	**Hb**	**10.3**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 05:54**	**Labs**	**SYSTEM**	**06/03/2018 05:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 05:54:00**
06/03/2018 05:28	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	**775267**	**Lymphocytes**	**0.94**	**thousand/microL**	**1.00-4.80**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 05:54**	**Labs**	**SYSTEM**	**06/03/2018 05:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 05:54:00**
06/03/2018 05:28	775325	MCH	30.0	pg	27.3-33.6		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	**775326**	**MCHC**	**30.9**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 05:54**	**Labs**	**SYSTEM**	**06/03/2018 05:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 05:54:00**
06/03/2018 05:28	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	775518	Monocytes	0.43	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	775588	Neutrophils	2.64	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00
06/03/2018 05:28	**778747**	**WBC**	**4.13**	**thousand/microL**	**4.3-10.0**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 05:54**	**Labs**	**SYSTEM**	**06/03/2018 05:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 05:54:00**
06/03/2018 05:28	**776876**	**RBC**	**3.43**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 05:54**	**Labs**	**SYSTEM**	**06/03/2018 05:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 05:54:00**
06/03/2018 05:28	776102	PLT	213	thousand/microL	150-400		F		ORCALAB Contributor_system	06/03/2018 05:54	Labs	SYSTEM	06/03/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 05:54:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5973384957	X39052	06/03/2018 05:28
Order Priority	**Ordered Date**	**Order Test Code**
	06/03/2018 05:28	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/03/2018 05:28	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	777764	Na	145	mEq/L	135-145		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	776290	Protein (Total)	6.1	g/dL	6.0-8.2		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	776178	K	3.7	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	**774139**	**Glucose Level**	**143**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**06/03/2018 06:14**	**Labs**	**SYSTEM**	**06/03/2018 06:15**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 06:14:00**
06/03/2018 05:28	773230	Creatinine	0.80	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	**772899**	**Cl**	**112**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**06/03/2018 06:14**	**Labs**	**SYSTEM**	**06/03/2018 06:15**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 06:14:00**
06/03/2018 05:28	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	**772647**	**Ca**	**8.5**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 06:14**	**Labs**	**SYSTEM**	**06/03/2018 06:15**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 06:14:00**

06/03/2018 05:28	772560	BUN	12	mg/dL	8-21		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	772416	Bilirubin (Total)	0.3	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	**772259**	**AST (GOT)**	**43**	**units/L**	**9-38**	**H**	**F**		**ORCALAB Contributor_system**	**06/03/2018 06:14**	**Labs**	**SYSTEM**	**06/03/2018 06:15**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 06:14:00**
06/03/2018 05:28	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	771938	Alk Phos (Total)	81	units/L	49-199		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	**771901**	**Albumin**	**3.2**	**g/dL**	**3.5-5.2**	**L**	**F**		**ORCALAB Contributor_system**	**06/03/2018 06:14**	**Labs**	**SYSTEM**	**06/03/2018 06:15**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 06:14:00**
06/03/2018 05:28	771898	ALT (GPT)	26	units/L	7-33		F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00
06/03/2018 05:28	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	06/03/2018 06:14	Labs	SYSTEM	06/03/2018 06:15	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:14:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5973371994	X39052	06/03/2018 05:28
Order Priority	**Ordered Date**	**Order Test Code**
	06/03/2018 05:28	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/03/2018 05:28	**690409077**	**Prothrombin Time Patient (NWH)**	**12.2**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**06/03/2018 06:04**	**Labs**	**SYSTEM**	**06/03/2018 06:04**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/03/2018 06:04:00**
06/03/2018 05:28	774942	Prothrombin Time INR	1.3		0.8-1.3		F		ORCALAB Contributor_system	06/03/2018 06:04	Labs	SYSTEM	06/03/2018 06:04	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/03/2018 06:04:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5972692228	S76108	06/02/2018 15:30
Order Priority	**Ordered Date**	**Order Test Code**
	06/02/2018 15:30	183104976
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
C. difficile, Toxigenic by PCR Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/02/2018 15:30	518853668	C. difficile, Toxigenic by PCR Specimen	Stool				F		ORCALAB Contributor_system	06/02/2018 14:52	Labs	SYSTEM	06/02/2018 15:38	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/02/2018 14:52:00
06/02/2018 15:30	183104979	C. difficile, Toxigenic by PCR Result	Negative		Negative		F		ORCALAB Contributor_system	06/02/2018 16:53	Labs	SYSTEM	06/02/2018 16:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/02/2018 16:53:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20180602	S76109	06/02/2018 15:30
Order Priority	**Ordered Date**	**Order Test Code**
	06/02/2018 15:30	777917
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Stool C and S + Enteric Battery		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/02/2018 15:30	777917	Stool C and S + Enteric Battery	Stool C and S + Enteric Battery				C		not available electronically	06/02/2018 15:30	Labs	SYSTEM	06/07/2018 12:56	University of Washington Medical Center	Modified	not available electronically	06/02/2018 15:30:00
06/02/2018 15:30	777917	Stool C and S + Enteric Battery	Stool C and S + Enteric Battery				C		not available electronically	06/02/2018 15:30	Micro	SYSTEM	06/07/2018 12:56	University of Washington Medical Center	Modified	not available electronically	06/02/2018 15:30:00
End of Report																	

Specimen Description: Stool
Special Requests: None
Shiga Toxins: Unable to perform Shiga toxins 1 and 2 testing: Specimen was improperly preserved for testing.
Culture: No Salmonella, No Shigella, No E. coli O157, No Yersinia enterocolitica, No Aeromonas, No Plesiomonas, and No Vibrio isolated.
Culture: No Campylobacter species isolated
Report Status: Final 06/07/2018

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5972071124	S72949	06/02/2018 06:26
Order Priority	**Ordered Date**	**Order Test Code**
	06/02/2018 06:26	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/02/2018 06:26	774942	Prothrombin Time INR	1.7		0.8-1.3	H	F		ORCALAB Contributor_system	06/02/2018 06:55	Labs	SYSTEM	06/02/2018 06:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/02/2018 06:55:00
06/02/2018 06:26	690409077	Prothrombin Time Patient (NWH)	16.1	sec	8.9-12.1	H	F		ORCALAB Contributor_system	06/02/2018 06:55	Labs	SYSTEM	06/02/2018 06:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/02/2018 06:55:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on June 02 2018 06:55 Significant change in lab value, correlated with supporting data for quality assurance purposes.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5970212699	F65151	06/01/2018 05:50
Order Priority	**Ordered Date**	**Order Test Code**
	06/01/2018 05:50	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/01/2018 05:50	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00
06/01/2018 05:50	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00
06/01/2018 05:50	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

06/01/2018 05:50	772060	Anion Gap	6		4-12		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00

06/01/2018 05:50	772560	BUN	12	mg/dL	8-21		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00
06/01/2018 05:50	**772647**	**Ca**	**8.3**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:45**	**Labs**	**SYSTEM**	**06/01/2018 06:45**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:45:00**
06/01/2018 05:50	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00
06/01/2018 05:50	**772899**	**Cl**	**112**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:45**	**Labs**	**SYSTEM**	**06/01/2018 06:45**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:45:00**
06/01/2018 05:50	773230	Creatinine	0.66	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00
06/01/2018 05:50	**774139**	**Glucose Level**	**132**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:45**	**Labs**	**SYSTEM**	**06/01/2018 06:45**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:45:00**
06/01/2018 05:50	776178	K	4.0	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00
06/01/2018 05:50	777764	Na	143	mEq/L	135-145		F		ORCALAB Contributor_system	06/01/2018 06:45	Labs	SYSTEM	06/01/2018 06:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:45:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5970185276	F65151	06/01/2018 05:50
Order Priority	**Ordered Date**	**Order Test Code**
	06/01/2018 05:50	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/01/2018 05:50	164763103	% Neutrophils	55	%			F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	164763106	% Lymphocytes	29	%			F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00

06/01/2018 05:50	164763109	% Monocytes	13	%			F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	164763112	% Eosinophils	3	%			F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	164763115	% Basophils	0	%			F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	**43852231**	**RDW-CV**	**14.8**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:20**	**Labs**	**SYSTEM**	**06/01/2018 06:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:20:00**
06/01/2018 05:50	772363	Basophils	0.01	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	773635	Eosinophils	0.12	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	**774298**	**HCT**	**29**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:20**	**Labs**	**SYSTEM**	**06/01/2018 06:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:20:00**
06/01/2018 05:50	**774336**	**Hb**	**9.2**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:20**	**Labs**	**SYSTEM**	**06/01/2018 06:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:20:00**
06/01/2018 05:50	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	775267	Lymphocytes	1.29	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	775325	MCH	30.2	pg	27.3-33.6		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	**775326**	**MCHC**	**31.3**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:20**	**Labs**	**SYSTEM**	**06/01/2018 06:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:20:00**

06/01/2018 05:50	775327	MCV	96	fL	81-98		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	775518	Monocytes	0.60	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	775588	Neutrophils	2.48	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	776102	PLT	191	thousand/microL	150-400		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00
06/01/2018 05:50	**776876**	**RBC**	**3.05**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:20**	**Labs**	**SYSTEM**	**06/01/2018 06:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:20:00**
06/01/2018 05:50	778747	WBC	4.52	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	06/01/2018 06:20	Labs	SYSTEM	06/01/2018 06:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	06/01/2018 06:20:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5970187011	F65151	06/01/2018 05:50
Order Priority	**Ordered Date**	**Order Test Code**
	06/01/2018 05:50	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/01/2018 05:50	**690409077**	**Prothrombin Time Patient (NWH)**	**30.8**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:21**	**Labs**	**SYSTEM**	**06/01/2018 06:22**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:21:00**
06/01/2018 05:50	**774942**	**Prothrombin Time INR**	**3.4**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**06/01/2018 06:21**	**Labs**	**SYSTEM**	**06/01/2018 06:22**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**06/01/2018 06:21:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5969006758	H73656	05/31/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**

	05/31/2018 13:15	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/31/2018 13:15	778747	WBC	5.42	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	**776876**	**RBC**	**3.64**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:29**	**Labs**	**SYSTEM**	**05/31/2018 13:29**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:29:00**
05/31/2018 13:15	776102	PLT	213	thousand/microL	150-400		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	775588	Neutrophils	3.55	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	775518	Monocytes	0.50	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	**775326**	**MCHC**	**30.9**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:29**	**Labs**	**SYSTEM**	**05/31/2018 13:29**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:29:00**
05/31/2018 13:15	775325	MCH	29.9	pg	27.3-33.6		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	775267	Lymphocytes	1.21	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	**774336**	**Hb**	**10.9**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:29**	**Labs**	**SYSTEM**	**05/31/2018 13:29**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:29:00**

05/31/2018 13:15	**774298**	**HCT**	**35**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:29**	**Labs**	**SYSTEM**	**05/31/2018 13:29**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:29:00**
05/31/2018 13:15	773635	Eosinophils	0.10	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	**43852231**	**RDW-CV**	**14.6**	**%**	**11.6-14.4**	**H**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:29**	**Labs**	**SYSTEM**	**05/31/2018 13:29**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:29:00**
05/31/2018 13:15	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	164763112	% Eosinophils	2	%			F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	164763109	% Monocytes	9	%			F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	164763106	% Lymphocytes	22	%			F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00
05/31/2018 13:15	164763103	% Neutrophils	66	%			F		ORCALAB Contributor_system	05/31/2018 13:29	Labs	SYSTEM	05/31/2018 13:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:29:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5969045026	H73656	05/31/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	05/31/2018 13:15	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/31/2018 13:15	777764	Na	145	mEq/L	135-145		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	776290	Protein (Total)	6.7	g/dL	6.0-8.2		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	776178	K	4.0	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	**774139**	**Glucose Level**	**158**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:52**	**Labs**	**SYSTEM**	**05/31/2018 13:53**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:52:00**
05/31/2018 13:15	773230	Creatinine	0.76	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	**772899**	**Cl**	**111**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:52**	**Labs**	**SYSTEM**	**05/31/2018 13:53**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:52:00**
05/31/2018 13:15	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	772560	BUN	13	mg/dL	8-21		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	772416	Bilirubin (Total)	0.4	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	**772259**	**AST (GOT)**	**44**	**units/L**	**9-38**	**H**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:52**	**Labs**	**SYSTEM**	**05/31/2018 13:53**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:52:00**
05/31/2018 13:15	772060	Anion Gap	9		4-12		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	771938	Alk Phos (Total)	112	units/L	49-199		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	771901	Albumin	3.6	g/dL	3.5-5.2		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00

05/31/2018 13:15	**771898**	**ALT (GPT)**	**35**	**units/L**	**7-33**	**H**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:52**	**Labs**	**SYSTEM**	**05/31/2018 13:53**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:52:00**
05/31/2018 13:15	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
05/31/2018 13:15	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
05/31/2018 13:15	13604336	eGFR, Calculated, European American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5969045069	H73656	05/31/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	05/31/2018 13:15	1932035
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CRP High Sensitivity		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/31/2018 13:15	1932035	CRP High Sensitivity	4.3	mg/L	0.0-10.0		F		ORCALAB Contributor_system	05/31/2018 13:52	Labs	SYSTEM	05/31/2018 13:53	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 13:52:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5969025510	H73656	05/31/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	05/31/2018 13:15	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/31/2018 13:15	**774942**	**Prothrombin Time INR**	**4.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:40**	**Labs**	**SYSTEM**	**05/31/2018 13:40**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:40:00**
05/31/2018 13:15	**690409077**	**Prothrombin Time Patient (NWH)**	**45.7**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**05/31/2018 13:40**	**Labs**	**SYSTEM**	**05/31/2018 13:40**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**05/31/2018 13:40:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5969071870	H73656	05/31/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	05/31/2018 13:15	777691
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Sedimentation Rate (ESR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/31/2018 13:15	777691	Sedimentation Rate (ESR)	59	mm/hr	0-20	H	F		ORCALAB Contributor_system	05/31/2018 14:08	Labs	SYSTEM	05/31/2018 14:08	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/31/2018 14:08:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20180531	H72227	05/31/2018 10:32
Order Priority	**Ordered Date**	**Order Test Code**
	05/31/2018 10:32	778784
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Wound C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/31/2018 10:32	778784	Wound C and S w/Gram	Wound C and S w/Gram				F		not available electronically	05/31/2018 10:32	Labs	SYSTEM	06/04/2018 10:08	University of Washington Medical Center	Authenticated	not available electronically	05/31/2018 10:32:00
05/31/2018 10:32	778784	Wound C and S w/Gram	Wound C and S w/Gram				F		not available electronically	05/31/2018 10:32	Micro	SYSTEM	06/04/2018 10:08	University of Washington Medical Center	Authenticated	not available electronically	05/31/2018 10:32:00

End of Report

Staphylococcus aureus, coagulase positive

	Microtiter MIC Interp	Microtiter MIC (mcg/mL)
Cefazolin	S	<=4
Clindamycin	S	<=0.25
Levofloxacin	S	<=0.5
Oxacillin	S	<=0.25
Penicillin	S	<=0.03
Rifampin	S	<=1
Tetracycline	S	<=2
Trimeth_Sulfamethoxazole	S	<=0.5/9.5
Vancomycin	S	1

Pseudomonas aeruginosa

	Microtiter MIC Interp	Microtiter MIC (mcg/mL)
Amikacin	S	<=4
Aztreonam	S	<=4
Cefepime	S	<=2
Ciprofloxacin	S	<=1
Gentamicin	S	2
Imipenem	S	2
Levofloxacin	S	<=1
Piperacillin/Tazobactam	S	<=8
Tobramycin	S	<=1

Specimen Description: Wound Left lateral Calf
Special Requests: None
Gram Smear: No polymorphonuclear cells seen
Gram Smear: 3+ Gram Positive Cocci
Culture: 4+ Staphylococcus aureus, coagulase positive : methicillin-susceptible (MSSA)
Culture: 3+ Pseudomonas aeruginosa
Culture: 3+ Diphtheroids
Report Status: Final 06/04/2018

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20180531	H72227	05/31/2018 10:32
Order Priority	**Ordered Date**	**Order Test Code**
	05/31/2018 10:32	317335894
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Wound Culture w/Gram Order		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/31/2018 10:32	317335894	Wound Culture w/Gram Order	Wound Culture w/Gram Order				F		not available electronically	05/31/2018 10:32	Labs	SYSTEM	06/01/2018 11:17	University of Washington Medical Center	Authenticated	not available electronically	05/31/2018 10:32:00
05/31/2018 10:32	317335894	Wound Culture w/Gram Order	Wound Culture w/Gram Order				F		not available electronically	05/31/2018 10:32	Micro	SYSTEM	06/01/2018 11:17	University of Washington Medical Center	Authenticated	not available electronically	05/31/2018 10:32:00

End of Report

Specimen Description: Wound Left LATERAL CALF
Special Requests: Cancel. Microbiology tracking only.
MICROBIOLOGY COMMENT: ESWAB RECEIVED
MICROBIOLOGY COMMENT: Cancel. Microbiology tracking only.
Report Status: Final 06/01/2018

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5944740197	H49255	05/17/2018 10:53
Order Priority	**Ordered Date**	**Order Test Code**
	05/17/2018 10:53	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/17/2018 10:53	774942	Prothrombin Time INR	1.7		0.8-1.3	H	F		ORCALAB Contributor_system	05/17/2018 11:17	Labs	SYSTEM	05/17/2018 11:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/17/2018 11:17:00
05/17/2018 10:53	690409077	Prothrombin Time Patient (NWH)	17.0	sec	8.9-12.1	H	F		ORCALAB Contributor_system	05/17/2018 11:17	Labs	SYSTEM	05/17/2018 11:18	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/17/2018 11:17:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5944700955	H49236	05/17/2018 10:45
Order Priority	**Ordered Date**	**Order Test Code**
	05/17/2018 10:45	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/17/2018 10:45	776748	Prothrombin Time Patient	Data entry correction, see updated information	sec	10.7-15.6		F		ORCALAB Contributor_system	05/17/2018 10:59	Labs	SYSTEM	05/17/2018 10:59	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/17/2018 10:59:00
05/17/2018 10:45	774942	Prothrombin Time INR	Data entry correction, see updated information		0.8-1.3		F		ORCALAB Contributor_system	05/17/2018 10:59	Labs	SYSTEM	05/17/2018 10:59	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	05/17/2018 10:59:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5921400754	H27915	05/03/2018 12:48
Order Priority	**Ordered Date**	**Order Test Code**
	05/03/2018 12:48	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/03/2018 12:48	776748	Prothrombin Time Patient	44.1	sec	10.7-15.6	H	F		ORCALAB Contributor_system	05/03/2018 17:31	Labs	SYSTEM	05/03/2018 17:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/03/2018 17:31:00
05/03/2018 12:48	774942	Prothrombin Time INR	4.6		0.8-1.3	H	F		ORCALAB Contributor_system	05/03/2018 17:31	Labs	SYSTEM	05/03/2018 17:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/03/2018 17:31:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5897305631	H84816	04/19/2018 11:28
Order Priority	**Ordered Date**	**Order Test Code**
	04/19/2018 11:28	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201804		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/19/2018 11:28	776748	Prothrombin Time Patient	34.9	sec	10.7-15.6	H	F		ORCALAB Contributor_system	04/19/2018 15:50	Labs	SYSTEM	04/19/2018 15:50	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/19/2018 15:50:00
04/19/2018 11:28	774942	Prothrombin Time INR	3.4		0.8-1.3	H	F		ORCALAB Contributor_system	04/19/2018 15:50	Labs	SYSTEM	04/19/2018 15:50	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/19/2018 15:50:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5884748639	H72249	04/12/2018 09:13
Order Priority	**Ordered Date**	**Order Test Code**
	04/12/2018 09:13	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201804		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/12/2018 09:13	774942	Prothrombin Time INR	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	04/12/2018 09:35	Labs	SYSTEM	04/12/2018 09:35	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	04/12/2018 09:35:00
04/12/2018 09:13	690409077	Prothrombin Time Patient (NWH)	25.0	sec	8.9-12.1	H	F		ORCALAB Contributor_system	04/12/2018 09:35	Labs	SYSTEM	04/12/2018 09:35	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	04/12/2018 09:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5884708811	H27554	04/12/2018 09:07

Order Priority	Ordered Date	Order Test Code
	04/12/2018 09:07	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201804		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/12/2018 09:07	776748	Prothrombin Time Patient	Data entry correction, see updated information	sec	10.7-15.6		F		ORCALAB Contributor_system	04/12/2018 09:14	Labs	SYSTEM	04/12/2018 09:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	04/12/2018 09:14:00
04/12/2018 09:07	774942	Prothrombin Time INR	Data entry correction, see updated information		0.8-1.3		F		ORCALAB Contributor_system	04/12/2018 09:14	Labs	SYSTEM	04/12/2018 09:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	04/12/2018 09:14:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5861621468	H53949	03/29/2018 15:25
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2018 15:25	319034959
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lab Add On Order, Non-Micro Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2018 15:25	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	03/29/2018 15:33	Labs	SYSTEM	03/29/2018 15:33	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 15:33:00
03/29/2018 15:25	319034977	Add On Sample To Use	Information not provided				F		ORCALAB Contributor_system	03/29/2018 15:32	Labs	SYSTEM	03/29/2018 15:33	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 15:32:00
03/29/2018 15:25	319034971	Add On Specimen Type/Description	Information not provided				F		ORCALAB Contributor_system	03/29/2018 15:32	Labs	SYSTEM	03/29/2018 15:33	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 15:32:00
03/29/2018 15:25	319034965	Add On Lab Test Requested	PRONW				F		ORCALAB Contributor_system	03/29/2018 15:32	Labs	SYSTEM	03/29/2018 15:33	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 15:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5863166650	H57071	03/29/2018 14:04
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2018 14:04	690409242
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level, Finger Stick (POC), NWH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	

Encounter Number		
LABU8170135201803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2018 14:04	**690409242**	**Glucose Level, Finger Stick (POC), NWH**	**153**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**03/29/2018 14:04**	**Labs**	**SYSTEM**	**03/30/2018 11:59**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest POCT Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/30/2018 11:59:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5861497732	H52849	03/29/2018 14:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2018 14:00	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2018 14:00	164763103	% Neutrophils	63	%			F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	164763106	% Lymphocytes	25	%			F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	164763109	% Monocytes	9	%			F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	164763112	% Eosinophils	2	%			F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	43852231	RDW-CV	14.2	%	11.6-14.4		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00

03/29/2018 14:00	773635	Eosinophils	0.14	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	**774298**	**HCT**	**35**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**03/29/2018 14:13**	**Labs**	**SYSTEM**	**03/29/2018 14:14**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 14:13:00**
03/29/2018 14:00	**774336**	**Hb**	**11.0**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**03/29/2018 14:13**	**Labs**	**SYSTEM**	**03/29/2018 14:14**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 14:13:00**
03/29/2018 14:00	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	775267	Lymphocytes	1.64	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	775325	MCH	30.6	pg	27.3-33.6		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	**775326**	**MCHC**	**31.3**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**03/29/2018 14:13**	**Labs**	**SYSTEM**	**03/29/2018 14:14**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 14:13:00**
03/29/2018 14:00	775327	MCV	98	fL	81-98		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	775518	Monocytes	0.59	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	775588	Neutrophils	4.24	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	776102	PLT	219	thousand/microL	150-400		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00
03/29/2018 14:00	**776876**	**RBC**	**3.59**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**03/29/2018 14:13**	**Labs**	**SYSTEM**	**03/29/2018 14:14**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 14:13:00**
03/29/2018 14:00	778747	WBC	6.67	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	03/29/2018 14:13	Labs	SYSTEM	03/29/2018 14:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:13:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5861536362	H52849	03/29/2018 14:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2018 14:00	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2018 14:00	777764	Na	142	mEq/L	135-145		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	776290	Protein (Total)	7.3	g/dL	6.0-8.2		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	776178	K	4.2	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	**774139**	**Glucose Level**	**153**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**03/29/2018 14:36**	**Labs**	**SYSTEM**	**03/29/2018 14:36**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 14:36:00**
03/29/2018 14:00	773230	Creatinine	0.88	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	772694	CO2	24	mEq/L	22-32		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	**772560**	**BUN**	**23**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**03/29/2018 14:36**	**Labs**	**SYSTEM**	**03/29/2018 14:36**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 14:36:00**
03/29/2018 14:00	772416	Bilirubin (Total)	0.4	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	772259	AST (GOT)	14	units/L	9-38		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00

03/29/2018 14:00	772060	Anion Gap	11		4-12		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	771938	Alk Phos (Total)	55	units/L	49-199		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	771901	Albumin	4.0	g/dL	3.5-5.2		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	771898	ALT (GPT)	9	units/L	7-33		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
03/29/2018 14:00	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
03/29/2018 14:00	13604336	eGFR, Calculated, European American	60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	03/29/2018 14:36	Labs	SYSTEM	03/29/2018 14:36	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:36:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5861637780	H52849	03/29/2018 14:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2018 14:00	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2018 14:00	**690409077**	**Prothrombin Time Patient (NWH)**	**17.9**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**03/29/2018 15:41**	**Labs**	**SYSTEM**	**03/29/2018 15:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 15:41:00**
03/29/2018 14:00	**774942**	**Prothrombin Time INR**	**1.8**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**03/29/2018 15:41**	**Labs**	**SYSTEM**	**03/29/2018 15:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/29/2018 15:41:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5861540414	H52849	03/29/2018 14:00

Order Priority	Ordered Date	Order Test Code
	03/29/2018 14:00	778410
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Troponin-I Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2018 14:00	778409	Troponin-I	<0.03	ng/mL	<0.04		F		ORCALAB Contributor_system	03/29/2018 14:39	Labs	SYSTEM	03/29/2018 14:39	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:39:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on March 29 2018 14:39 A value of 0.04 ng/mL is the 99th percentile for a healthy population. Consensus guide lines for interpreting troponin results slightly above the 99th percentile are available at JACC 2012, 60:2427-63. For additional information see http://tests.labmed.washington.edu/TROPIG																	
03/29/2018 14:00	778411	Troponin-I Interpretation	Normal				F		ORCALAB Contributor_system	03/29/2018 14:39	Labs	SYSTEM	03/29/2018 14:39	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	03/29/2018 14:39:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5836402854	H27641	03/15/2018 11:17
Order Priority	**Ordered Date**	**Order Test Code**
	03/15/2018 11:17	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/15/2018 11:17	**774942**	**Prothrombin Time INR**	**2.5**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**03/15/2018 12:15**	**Labs**	**SYSTEM**	**03/15/2018 12:16**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/15/2018 12:15:00**
03/15/2018 11:17	**690409077**	**Prothrombin Time Patient (NWH)**	**27.7**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**03/15/2018 12:15**	**Labs**	**SYSTEM**	**03/15/2018 12:16**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**03/15/2018 12:15:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5810004499	W77032	02/28/2018 10:46
Order Priority	**Ordered Date**	**Order Test Code**
	02/28/2018 10:46	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/28/2018 10:46	**776748**	**Prothrombin Time Patient**	**22.4**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**02/28/2018 11:55**	**Labs**	**SYSTEM**	**02/28/2018 11:56**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/28/2018 11:55:00**

02/28/2018 10:46	774942	Prothrombin Time INR	2.0		0.8-1.3	H	F		ORCALAB Contributor_system	02/28/2018 11:55	Labs	SYSTEM	02/28/2018 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/28/2018 11:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5769070443	X30109	02/04/2018 05:10
Order Priority	**Ordered Date**	**Order Test Code**
	02/04/2018 05:10	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/04/2018 05:10	774942	Prothrombin Time INR	1.7		0.8-1.3	H	F		ORCALAB Contributor_system	02/04/2018 05:54	Labs	SYSTEM	02/04/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/04/2018 05:54:00
02/04/2018 05:10	690409077	Prothrombin Time Patient (NWH)	17.2	sec	8.9-12.1	H	F		ORCALAB Contributor_system	02/04/2018 05:54	Labs	SYSTEM	02/04/2018 05:55	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/04/2018 05:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5767666857	S52472	02/03/2018 05:08
Order Priority	**Ordered Date**	**Order Test Code**
	02/03/2018 05:08	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/03/2018 05:08	774942	Prothrombin Time INR	2.3		0.8-1.3	H	F		ORCALAB Contributor_system	02/03/2018 05:33	Labs	SYSTEM	02/03/2018 05:34	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/03/2018 05:33:00
02/03/2018 05:08	690409077	Prothrombin Time Patient (NWH)	22.7	sec	8.9-12.1	H	F		ORCALAB Contributor_system	02/03/2018 05:33	Labs	SYSTEM	02/03/2018 05:34	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/03/2018 05:33:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5765788362	F51070	02/02/2018 05:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/02/2018 05:15	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		

Sending Facility	Ordering Physician	Orderstatus
	ORCALAB Contributor_system	

Encounter Number
LABU8170135201802

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/02/2018 05:15	**13604336**	**eGFR, Calculated, European American**	**54**	**mL/min/1.73m2**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**02/02/2018 06:16**	**Labs**	**SYSTEM**	**02/02/2018 06:16**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/02/2018 06:16:00**
02/02/2018 05:15	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
02/02/2018 05:15	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
02/02/2018 05:15	772060	Anion Gap	9		4-12		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
02/02/2018 05:15	772560	BUN	19	mg/dL	8-21		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
02/02/2018 05:15	**772647**	**Ca**	**8.6**	**mg/dL**	**8.9-10.2**	**L**	**F**		**ORCALAB Contributor_system**	**02/02/2018 06:16**	**Labs**	**SYSTEM**	**02/02/2018 06:16**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/02/2018 06:16:00**
02/02/2018 05:15	772694	CO2	23	mEq/L	22-32		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
02/02/2018 05:15	**772899**	**Cl**	**113**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**02/02/2018 06:16**	**Labs**	**SYSTEM**	**02/02/2018 06:16**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/02/2018 06:16:00**
02/02/2018 05:15	773230	Creatinine	0.96	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
02/02/2018 05:15	774139	Glucose Level	104	mg/dL	62-125		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
02/02/2018 05:15	776178	K	4.0	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
02/02/2018 05:15	777764	Na	145	mEq/L	135-145		F		ORCALAB Contributor_system	02/02/2018 06:16	Labs	SYSTEM	02/02/2018 06:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 06:16:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5765751520	F51070	02/02/2018 05:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/02/2018 05:15	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/02/2018 05:15	778747	WBC	6.17	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	**776876**	**RBC**	**3.11**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**02/02/2018 05:41**	**Labs**	**SYSTEM**	**02/02/2018 05:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/02/2018 05:41:00**
02/02/2018 05:15	776102	PLT	194	thousand/microL	150-400		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	775588	Neutrophils	3.87	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	775518	Monocytes	0.69	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	775327	MCV	96	fL	81-98		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	**775326**	**MCHC**	**32.1**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**02/02/2018 05:41**	**Labs**	**SYSTEM**	**02/02/2018 05:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/02/2018 05:41:00**
02/02/2018 05:15	775325	MCH	30.9	pg	27.3-33.6		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	775267	Lymphocytes	1.28	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00

02/02/2018 05:15	**774336**	**Hb**	**9.6**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**02/02/2018 05:41**	**Labs**	**SYSTEM**	**02/02/2018 05:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/02/2018 05:41:00**
02/02/2018 05:15	**774298**	**HCT**	**30**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**02/02/2018 05:41**	**Labs**	**SYSTEM**	**02/02/2018 05:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/02/2018 05:41:00**
02/02/2018 05:15	773635	Eosinophils	0.27	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	164763103	% Neutrophils	63	%			F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	164763106	% Lymphocytes	21	%			F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	164763109	% Monocytes	11	%			F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	43852231	RDW-CV	13.9	%	11.6-14.4		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00
02/02/2018 05:15	772363	Basophils	0.05	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	02/02/2018 05:41	Labs	SYSTEM	02/02/2018 05:42	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:41:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5765756289	F51070	02/02/2018 05:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/02/2018 05:15	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		

Sending Facility	Ordering Physician	Orderstatus
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/02/2018 05:15	774942	Prothrombin Time INR	2.7		0.8-1.3	H	F		ORCALAB Contributor_system	02/02/2018 05:47	Labs	SYSTEM	02/02/2018 05:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:47:00
02/02/2018 05:15	690409077	Prothrombin Time Patient (NWH)	27.4	sec	8.9-12.1	H	F		ORCALAB Contributor_system	02/02/2018 05:47	Labs	SYSTEM	02/02/2018 05:48	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/02/2018 05:47:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5764662803	H42329	02/01/2018 14:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2018 14:15	319034959
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lab Add On Order, Non-Micro Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/01/2018 14:15	319034965	Add On Lab Test Requested	PRONW				F		ORCALAB Contributor_system	02/01/2018 14:22	Labs	SYSTEM	02/01/2018 14:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 14:22:00
02/01/2018 14:15	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	02/01/2018 14:22	Labs	SYSTEM	02/01/2018 14:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 14:22:00
02/01/2018 14:15	319034977	Add On Sample To Use	Information not provided				F		ORCALAB Contributor_system	02/01/2018 14:22	Labs	SYSTEM	02/01/2018 14:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 14:22:00
02/01/2018 14:15	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	02/01/2018 14:26	Labs	SYSTEM	02/01/2018 14:27	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 14:26:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5764561643	H41441	02/01/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2018 13:15	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

02/01/2018 13:15	778747	WBC	6.76	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	**776876**	**RBC**	**3.55**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:21**	**Labs**	**SYSTEM**	**02/01/2018 13:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:21:00**
02/01/2018 13:15	776102	PLT	201	thousand/microL	150-400		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	775588	Neutrophils	4.27	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	775518	Monocytes	0.57	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	**775326**	**MCHC**	**31.6**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:21**	**Labs**	**SYSTEM**	**02/01/2018 13:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:21:00**
02/01/2018 13:15	775325	MCH	30.7	pg	27.3-33.6		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	164763103	% Neutrophils	64	%			F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	164763106	% Lymphocytes	23	%			F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	164763109	% Monocytes	8	%			F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	775267	Lymphocytes	1.55	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	774852	Immature Granulocytes	0.02	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00

02/01/2018 13:15	**774336**	**Hb**	**10.9**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:21**	**Labs**	**SYSTEM**	**02/01/2018 13:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:21:00**
02/01/2018 13:15	**774298**	**HCT**	**35**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:21**	**Labs**	**SYSTEM**	**02/01/2018 13:21**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:21:00**
02/01/2018 13:15	773635	Eosinophils	0.30	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	772363	Basophils	0.05	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	43852231	RDW-CV	13.7	%	11.6-14.4		F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
02/01/2018 13:15	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	02/01/2018 13:21	Labs	SYSTEM	02/01/2018 13:21	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:21:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5764599334	H41441	02/01/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2018 13:15	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/01/2018 13:15	777764	Na	143	mEq/L	135-145		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00

02/01/2018 13:15	776290	Protein (Total)	7.0	g/dL	6.0-8.2		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	776178	K	4.2	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	774139	Glucose Level	117	mg/dL	62-125		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	**773230**	**Creatinine**	**1.08**	**mg/dL**	**0.38-1.02**	**H**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:44**	**Labs**	**SYSTEM**	**02/01/2018 13:45**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:44:00**
02/01/2018 13:15	772899	Cl	108	mEq/L	98-108		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	772694	CO2	26	mEq/L	22-32		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	**772560**	**BUN**	**24**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:44**	**Labs**	**SYSTEM**	**02/01/2018 13:45**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:44:00**
02/01/2018 13:15	772416	Bilirubin (Total)	0.4	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	772259	AST (GOT)	15	units/L	9-38		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	772060	Anion Gap	9		4-12		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	771938	Alk Phos (Total)	55	units/L	49-199		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	771901	Albumin	3.9	g/dL	3.5-5.2		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00
02/01/2018 13:15	771898	ALT (GPT)	10	units/L	7-33		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00

02/01/2018 13:15	**13604336**	**eGFR, Calculated, European American**	**47**	**mL/min/1.73m2**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:44**	**Labs**	**SYSTEM**	**02/01/2018 13:45**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:44:00**
02/01/2018 13:15	**13604337**	**eGFR, Calculated, African American**	**57**	**mL/min/1.73m2**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**02/01/2018 13:44**	**Labs**	**SYSTEM**	**02/01/2018 13:45**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 13:44:00**
02/01/2018 13:15	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5764599358	H41441	02/01/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2018 13:15	1932035
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CRP High Sensitivity		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/01/2018 13:15	1932035	CRP High Sensitivity	1.9	mg/L	0.0-10.0		F		ORCALAB Contributor_system	02/01/2018 13:44	Labs	SYSTEM	02/01/2018 13:45	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 13:44:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5764688697	H41441	02/01/2018 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2018 13:15	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/01/2018 13:15	**690409077**	**Prothrombin Time Patient (NWH)**	**30.3**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**02/01/2018 14:41**	**Labs**	**SYSTEM**	**02/01/2018 14:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 14:41:00**
02/01/2018 13:15	**774942**	**Prothrombin Time INR**	**3.0**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**02/01/2018 14:41**	**Labs**	**SYSTEM**	**02/01/2018 14:42**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 14:41:00**

End of Report

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5764247752	H39151	02/01/2018 10:27
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2018 10:27	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/01/2018 10:27	774942	Prothrombin Time INR	Duplicate request		0.8-1.3		F		ORCALAB Contributor_system	02/01/2018 10:30	Labs	SYSTEM	02/01/2018 10:30	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 10:30:00
02/01/2018 10:27	776748	Prothrombin Time Patient	Duplicate request	sec	10.7-15.6		F		ORCALAB Contributor_system	02/01/2018 10:30	Labs	SYSTEM	02/01/2018 10:30	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	02/01/2018 10:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5764276469	H39275	02/01/2018 10:20
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2018 10:20	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/01/2018 10:20	**690409077**	**Prothrombin Time Patient (NWH)**	**32.2**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**02/01/2018 10:43**	**Labs**	**SYSTEM**	**02/01/2018 10:44**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 10:43:00**
02/01/2018 10:20	**774942**	**Prothrombin Time INR**	**3.2**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**02/01/2018 10:43**	**Labs**	**SYSTEM**	**02/01/2018 10:44**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**02/01/2018 10:43:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5752466089	H28869	01/25/2018 11:50
Order Priority	**Ordered Date**	**Order Test Code**
	01/25/2018 11:50	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201801		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

01/25/2018 11:50	690409077	Prothrombin Time Patient (NWH)	27.5	sec	8.9-12.1	H	F		ORCALAB Contributor_system	01/25/2018 12:28	Labs	SYSTEM	01/25/2018 12:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/25/2018 12:28:00
01/25/2018 11:50	774942	Prothrombin Time INR	2.7		0.8-1.3	H	F		ORCALAB Contributor_system	01/25/2018 12:28	Labs	SYSTEM	01/25/2018 12:29	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/25/2018 12:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5728501614	H76312	01/11/2018 11:18
Order Priority	**Ordered Date**	**Order Test Code**
	01/11/2018 11:18	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201801		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/11/2018 11:18	690409077	Prothrombin Time Patient (NWH)	17.1	sec	8.9-12.1	H	F		ORCALAB Contributor_system	01/11/2018 12:15	Labs	SYSTEM	01/11/2018 12:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/11/2018 12:15:00
01/11/2018 11:18	774942	Prothrombin Time INR	1.7		0.8-1.3	H	F		ORCALAB Contributor_system	01/11/2018 12:15	Labs	SYSTEM	01/11/2018 12:16	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/11/2018 12:15:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5728471707	W53949	01/11/2018 11:08
Order Priority	**Ordered Date**	**Order Test Code**
	01/11/2018 11:08	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201801		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/11/2018 11:08	774942	Prothrombin Time INR	Data entry correction, see updated information		0.8-1.3		F		ORCALAB Contributor_system	01/11/2018 12:01	Labs	SYSTEM	01/11/2018 12:01	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/11/2018 12:01:00
01/11/2018 11:08	776748	Prothrombin Time Patient	Data entry correction, see updated information	sec	10.7-15.6		F		ORCALAB Contributor_system	01/11/2018 12:01	Labs	SYSTEM	01/11/2018 12:01	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	01/11/2018 12:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

ORD_20180111	H10011	01/11/2018 10:40
Order Priority	**Ordered Date**	**Order Test Code**
	01/11/2018 10:40	778290
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Tissue C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201801		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/11/2018 10:40	778290	Tissue C and S w/Gram	Tissue C and S w/Gram				F		not available electronically	01/11/2018 10:40	Labs	SYSTEM	01/14/2018 11:51	University of Washington Medical Center	Authenticated	not available electronically	01/11/2018 10:40:00
01/11/2018 10:40	778290	Tissue C and S w/Gram	Tissue C and S w/Gram				F		not available electronically	01/11/2018 10:40	Micro	SYSTEM	01/14/2018 11:51	University of Washington Medical Center	Authenticated	not available electronically	01/11/2018 10:40:00
End of Report																	

Specimen Description: Tissue Left lateral Calf
Special Requests: Includes Anaerobic screen
Gram Smear: No polymorphonuclear cells or organisms seen
Culture: 3+ Enterobacter cloacae : This bacterial species is known to produce a chromosomal AmpC inducible beta-lactamase. Penicillin or third-generation cephalosporin monotherapy for serious infections may result in the emergence of high-level resistance. : Multi-Drug Resistant Organism - For inpatients, isolate using contact precautions per institutional policy. Contact Infection Control if you have any questions.
Culture: 2+ Staphylococcus aureus, coagulase positive
Report Status: Final 01/14/2018

Enterobacter cloacae

	Microtiter MIC Interp	Microtiter MIC (mcg/mL)
Amoxicillin/Clavulanic Acid	R	16/8
Ampicillin	R	<=8
Ampicillin/Sulbactam	R	>16/8
Cefazolin	R	>16
Ceftriaxone	S	<=1
Ciprofloxacin	S	<=1
Gentamicin	S	<=4
Levofloxacin	S	<=2
Piperacillin/Tazobactam	S	<=16
Tetracycline	S	<=4
Trimeth_Sulfamethoxazole	S	<=2/38

Staphylococcus aureus, coagulase positive

	Microtiter MIC Interp	Microtiter MIC (mcg/mL)
Cefazolin	S	<=4
Clindamycin	S	<=0.25
Levofloxacin	S	<=0.5
Oxacillin	S	0.5
Penicillin	R	>8
Rifampin	S	<=1
Tetracycline	S	<=2
Trimeth_Sulfamethoxazole	S	<=0.5/9.5
Vancomycin	S	1

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5714615912	W53948	01/03/2018 10:10
Order Priority	**Ordered Date**	**Order Test Code**
	01/03/2018 10:10	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201801		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/03/2018 10:10	774942	Prothrombin Time INR	1.5		0.8-1.3	H	F		ORCALAB Contributor_system	01/03/2018 12:21	Labs	SYSTEM	01/03/2018 12:22	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/03/2018 12:21:00
01/03/2018 10:10	776748	Prothrombin Time Patient	17.8	sec	10.7-15.6	H	F		ORCALAB Contributor_system	01/03/2018 12:21	Labs	SYSTEM	01/03/2018 12:22	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/03/2018 12:21:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5695086670	H42702	12/21/2017 11:08
Order Priority	**Ordered Date**	**Order Test Code**
	12/21/2017 11:08	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201712		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/21/2017 11:08	690409077	Prothrombin Time Patient (NWH)	9.7	sec	8.9-12.1		F		ORCALAB Contributor_system	12/21/2017 12:29	Labs	SYSTEM	12/21/2017 12:30	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	12/21/2017 12:29:00
12/21/2017 11:08	774942	Prothrombin Time INR	0.9		0.8-1.3		F		ORCALAB Contributor_system	12/21/2017 12:29	Labs	SYSTEM	12/21/2017 12:30	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	12/21/2017 12:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5694952660	H42506	12/21/2017 11:03
Order Priority	**Ordered Date**	**Order Test Code**
	12/21/2017 11:03	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201712		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

12/21/2017 11:03	774942	Prothrombin Time INR	Data entry correction, see updated information		0.8-1.3		F		ORCALAB Contributor_system	12/21/2017 11:13	Labs	SYSTEM	12/21/2017 11:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	12/21/2017 11:13:00
12/21/2017 11:03	776748	Prothrombin Time Patient	Data entry correction, see updated information	sec	10.7-15.6		F		ORCALAB Contributor_system	12/21/2017 11:13	Labs	SYSTEM	12/21/2017 11:14	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	12/21/2017 11:13:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5670465251	H19675	12/07/2017 11:08
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2017 11:08	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201712		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2017 11:08	**690409077**	**Prothrombin Time Patient (NWH)**	**18.1**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2017 11:26**	**Labs**	**SYSTEM**	**12/07/2017 11:26**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**12/07/2017 11:26:00**
12/07/2017 11:08	**774942**	**Prothrombin Time INR**	**1.8**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2017 11:26**	**Labs**	**SYSTEM**	**12/07/2017 11:26**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**12/07/2017 11:26:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5562706554	H63024	10/05/2017 12:14
Order Priority	**Ordered Date**	**Order Test Code**
	10/05/2017 12:14	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201710		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/05/2017 12:14	**690409077**	**Prothrombin Time Patient (NWH)**	**21.6**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**10/05/2017 12:43**	**Labs**	**SYSTEM**	**10/05/2017 12:44**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**10/05/2017 12:43:00**
10/05/2017 12:14	**774942**	**Prothrombin Time INR**	**2.2**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**10/05/2017 12:43**	**Labs**	**SYSTEM**	**10/05/2017 12:44**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**10/05/2017 12:43:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3007103777	F80168	09/29/2017 06:43
Order Priority	**Ordered Date**	**Order Test Code**
	09/29/2017 06:43	146588506
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
INR w/ Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Justin Daniel Kappel MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/29/2017 06:43	776748	Prothrombin Time Patient	18.6	sec	10.7-15.6	H	F		ORCALAB Contributor_system	09/29/2017 07:23	Labs	SYSTEM	09/29/2017 07:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/29/2017 07:23:00
09/29/2017 06:43	774942	Prothrombin Time INR	1.6		0.8-1.3	H	F		ORCALAB Contributor_system	09/29/2017 07:23	Labs	SYSTEM	09/29/2017 07:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/29/2017 07:23:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005689481	H48110	09/28/2017 10:33
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 10:33	146588506
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time w/ INR		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicola Meridith Hyde MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 10:33	776748	Prothrombin Time Patient	20.5	sec	10.7-15.6	H	F		ORCALAB Contributor_system	09/28/2017 11:42	Labs	SYSTEM	09/28/2017 11:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 11:42:00
09/28/2017 10:33	774942	Prothrombin Time INR	1.8		0.8-1.3	H	F		ORCALAB Contributor_system	09/28/2017 11:42	Labs	SYSTEM	09/28/2017 11:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 11:42:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005847915	H48562	09/28/2017 07:44
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 07:44	368958711
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Add On Lab Order, Non-Microbiology		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Eric Guang Zhe Li MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 07:44	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	09/28/2017 08:13	Labs	SYSTEM	09/28/2017 08:14	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 08:13:00

09/28/2017 07:44	319034977	Add On Sample To Use	Most Recent Sample				F		ORCALAB Contributor_system	09/28/2017 07:44	Labs	SYSTEM	09/28/2017 07:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 07:44:00
09/28/2017 07:44	319034971	Add On Specimen Type/Description	Urine				F		ORCALAB Contributor_system	09/28/2017 07:44	Labs	SYSTEM	09/28/2017 07:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 07:44:00
09/28/2017 07:44	319034965	Add On Lab Test Requested	comprehensive urine tox				F		ORCALAB Contributor_system	09/28/2017 07:44	Labs	SYSTEM	09/28/2017 07:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 07:44:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005774479	H48201	09/28/2017 06:40
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 06:40	368958655
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Surveillance Culture, MRSA		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicola Meridith Hyde MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 06:40	96378009	R/O MRSA	R/O MRSA				F		not available electronically	09/28/2017 06:40	Labs	SYSTEM	09/29/2017 11:13	University of Washington Medical Center	Authenticated	not available electronically	09/28/2017 06:40:00
09/28/2017 06:40	96378009	R/O MRSA	R/O MRSA				F		not available electronically	09/28/2017 06:40	Micro	SYSTEM	09/29/2017 11:13	University of Washington Medical Center	Authenticated	not available electronically	09/28/2017 06:40:00
End of Report																	

Specimen Description: Throat
Special Requests: Surveillance culture performed at the request of Infection Control
Culture: No Methicillin Resistant Staphylococcus aureus isolated
Report Status: Final 09/29/2017

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005773837	H48196	09/28/2017 06:40
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 06:40	368958655
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Surveillance Culture, MRSA		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicola Meridith Hyde MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 06:40	96378009	R/O MRSA	R/O MRSA				F		not available electronically	09/28/2017 06:40	Labs	SYSTEM	09/29/2017 11:13	University of Washington Medical Center	Authenticated	not available electronically	09/28/2017 06:40:00
09/28/2017 06:40	96378009	R/O MRSA	R/O MRSA				F		not available electronically	09/28/2017 06:40	Micro	SYSTEM	09/29/2017 11:13	University of Washington Medical Center	Authenticated	not available electronically	09/28/2017 06:40:00

End of Report

Specimen Description: Nares
Special Requests: Surveillance culture performed at the request of Infection Control
Culture: No Methicillin Resistant Staphylococcus aureus isolated
Report Status: Final 09/29/2017

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005583713	H47373	09/28/2017 01:05
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 01:05	368958711
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Add On Lab Order, Non-Microbiology		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 01:05	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	09/28/2017 01:21	Labs	SYSTEM	09/28/2017 01:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:21:00
09/28/2017 01:05	319034977	Add On Sample To Use	Most Recent Sample				F		ORCALAB Contributor_system	09/28/2017 01:05	Labs	SYSTEM	09/28/2017 01:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:05:00
09/28/2017 01:05	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	09/28/2017 01:05	Labs	SYSTEM	09/28/2017 01:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:05:00
09/28/2017 01:05	319034965	Add On Lab Test Requested	acetaminophen and salicylate levels				F		ORCALAB Contributor_system	09/28/2017 01:05	Labs	SYSTEM	09/28/2017 01:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:05:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005553619	H47262	09/28/2017 00:12
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:12	368961928
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Emergency Drug Screen, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:12	778387	Tricyclic Antidepressant Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00
09/28/2017 00:12	776021	Phencyclidine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00
09/28/2017 00:12	**775781**	**Opiates Qual, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:48**	**Labs**	**SYSTEM**	**09/28/2017 00:49**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:48:00**

09/28/2017 00:12	775363	Methadone Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00
09/28/2017 00:12	773072	Cocaine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00
09/28/2017 00:12	772385	Benzodiazepines Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00
09/28/2017 00:12	772345	Barbiturate Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00
09/28/2017 00:12	772007	Amphetamine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00
09/28/2017 00:12	64681149	Acetaminophen Qual, URN	Urine acetaminophen unavailable at present. Please order serum acetaminophen if indicated.				F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005553619	H47262	09/28/2017 00:12
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:12	368961928
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Emergency Drug Screen, URN		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:12	773504	Drug Screen Info, URN	Drug Screen Info, URN				F		ORCALAB Contributor_system	09/28/2017 00:48	Labs	SYSTEM	09/28/2017 00:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:48:00

End of Report

These results are presumptive and have not been confirmed as positive by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Positive results indicate immunoreactivity greater than or equal to that of: d-amphetamine 1000 ng/mL, d-methamphetamine 1000 ng/mL, secobarbital 300 ng/mL, oxazepam 300 ng/mL, benzoylecogonine 300 ng/mL, methadone 300 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortriptyline 1000 ng/mL.

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005881681	H47262	09/28/2017 00:12
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:12	368963877
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Opioid Confirmation, Urine		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:12	154218719	6-Monoacetyl Morphine Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	**154218716**	**Hydrocodone Quant, URN**	**29**	**ng/mL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/04/2017 14:11**	**Labs**	**SYSTEM**	**10/04/2017 14:12**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/04/2017 14:11:00**
09/28/2017 00:12	154218713	Hydromorphone Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218722	Normeperidine Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218725	Meperidine Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218728	Methadone Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218731	Oxymorphone Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218734	Oxycodone Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218737	Propoxyphene Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	572400121	Tramadol Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	10/04/2017 14:12	Labs	SYSTEM	10/04/2017 14:13	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:12:00
09/28/2017 00:12	492398509	EDDP Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	**492398504**	**Norhydrocodone Quant, URN**	**63**	**ng/mL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/04/2017 14:11**	**Labs**	**SYSTEM**	**10/04/2017 14:12**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/04/2017 14:11:00**

09/28/2017 00:12	346051476	Opioid Confirmation Interpretation, URN					C		ORCALAB Contributor_system	10/05/2017 10:44	Labs	SYSTEM	10/05/2017 10:45	University of Washington Medical Center	Modified/Amended/Cor	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/05/2017 10:44:00
Notes: Value: (NOTE) Consistent with hydrocodone use. These results and the patient's chart were reviewed and interpreted by Geoffrey Baird, MD, PhD.																	
09/28/2017 00:12	288543716	Norbuprenorphine Glucuronide Qual,URN	Negative		Negative		F		ORCALAB Contributor_system	10/04/2017 14:12	Labs	SYSTEM	10/04/2017 14:13	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:12:00
09/28/2017 00:12	**288543710**	**Codeine-6-Glucuronide Qual, URN**	**Interfering Substance.**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/04/2017 14:12**	**Labs**	**SYSTEM**	**10/04/2017 14:13**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/04/2017 14:12:00**
09/28/2017 00:12	288543705	Oxymorphone Glucuronide Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	10/04/2017 14:12	Labs	SYSTEM	10/04/2017 14:13	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:12:00
09/28/2017 00:12	**288543700**	**Hydromorphone Glucuronide Qual, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/04/2017 14:12**	**Labs**	**SYSTEM**	**10/04/2017 14:13**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/04/2017 14:12:00**
09/28/2017 00:12	288543695	Morphine-6-Glucuronide Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	10/04/2017 14:12	Labs	SYSTEM	10/04/2017 14:13	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:12:00
09/28/2017 00:12	**288543690**	**Morphine-3-Glucuronide Qual, URN**	**Interfering Substance.**		**Negative**	**A**	**C**		**ORCALAB Contributor_system**	**10/04/2017 14:38**	**Labs**	**SYSTEM**	**10/04/2017 14:39**	**University of Washington Medical Center**	**Modified/Amended/Cor**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/04/2017 14:38:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on October 04 2017 14:38 CORRECTED ON 10/04 AT 1438: PREVIOUSLY REPORTED AS Positive																	
09/28/2017 00:12	154218752	Fentanyl Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218749	Norfentanyl Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218746	Codeine Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218743	Morphine Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
09/28/2017 00:12	154218740	Buprenorphine Quant, URN	Negative	ng/mL	Negative		F		ORCALAB Contributor_system	10/04/2017 14:11	Labs	SYSTEM	10/04/2017 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/04/2017 14:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005881681	H47262	09/28/2017 00:12
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:12	368963877
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Opioid Confirmation, Urine		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:12	308486905	Opioid Confirmation Test Info, URN	Opioid Confirmation Test Info, URN				F		ORCALAB Contributor_system	09/28/2017 08:06	Labs	SYSTEM	09/28/2017 08:07	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 08:06:00
End of Report																	

Results for quantitative testing less than 10 ng/mL (except fentanyl 0.25 ng/mL and 6-monoacetyl morphine 5 ng/mL) and results for qualitative testing less than 50 ng/mL (except ethyl glucuronide 500 ng/mL) are reported as negative.

This test was developed and its performance characteristics determined by the University of Washington Department of Laboratory Medicine in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. FDA.

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005432313	W42664	09/28/2017 00:12
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:12	635818884
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Complete with Reflex Culture		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:12	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	777788	Specific Gravity, URN	1.014	g/mL	1.002-1.027		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	775158	Leukocyte Esterase, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00

09/28/2017 00:12	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	772308	Bacteria, URN	Not Seen		Not Seen		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	631751451	Urinalysis Complete with Reflex Culture	Additional collection tube				F		ORCALAB Contributor_system	09/27/2017 23:38	Labs	SYSTEM	09/28/2017 00:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/27/2017 23:38:00
09/28/2017 00:12	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	**13318787**	**Cast, Hyaline, URN**	**1-5(1+)**	**/LPF**	**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:46**	**Labs**	**SYSTEM**	**09/28/2017 00:47**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:46:00**
09/28/2017 00:12	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00
09/28/2017 00:12	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF	LT6		F		ORCALAB Contributor_system	09/28/2017 00:46	Labs	SYSTEM	09/28/2017 00:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:46:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005590417	W42663	09/28/2017 00:11
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:11	146586279
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Acetaminophen (Tylenol)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:11	778433	Acetaminophen (Tylenol) Level	<10	mcg/mL	0-25		F		ORCALAB Contributor_system	09/28/2017 03:38	Labs	SYSTEM	09/28/2017 03:39	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	09/28/2017 03:38:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005597709	W42663	09/28/2017 00:11
Order Priority	**Ordered Date**	**Order Test Code**

	09/28/2017 00:11	146589036
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Alcohol (Ethyl)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:11	773674	Ethyl Alcohol Level	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/28/2017 02:20	Labs	SYSTEM	09/28/2017 02:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 02:20:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005432287	W42663	09/28/2017 00:11
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:11	146584513
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count w/Diff		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:11	775326	MCHC	32.7	g/dL	32.2-36.5		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	775327	MCV	96	fL	81-98		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	775518	Monocytes	0.66	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	775588	Neutrophils	3.61	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	776102	PLT	241	thousand/microL	150-400		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	**776876**	**RBC**	**3.66**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:28**	**Labs**	**SYSTEM**	**09/28/2017 00:29**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:28:00**
09/28/2017 00:11	778747	WBC	6.54	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00

09/28/2017 00:11	164763103	% Neutrophils	55	%			F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	164763106	% Lymphocytes	30	%			F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	164763109	% Monocytes	10	%			F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	43852231	RDW-CV	13.9	%	11.6-14.4		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	773635	Eosinophils	0.23	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	**774298**	**HCT**	**35**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:28**	**Labs**	**SYSTEM**	**09/28/2017 00:29**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:28:00**
09/28/2017 00:11	774336	Hb	11.5	g/dL	11.5-15.5		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	775267	Lymphocytes	1.99	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00
09/28/2017 00:11	775325	MCH	31.4	pg	27.3-33.6		F		ORCALAB Contributor_system	09/28/2017 00:28	Labs	SYSTEM	09/28/2017 00:29	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:28:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005432289	W42663	09/28/2017 00:11
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:11	146584993
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:11	772416	Bilirubin (Total)	0.3	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	772560	BUN	20	mg/dL	8-21		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	772647	Ca	9.6	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	772694	CO2	24	mEq/L	22-32		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	772259	AST (GOT)	22	units/L	9-38		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:55**	**Labs**	**SYSTEM**	**09/28/2017 00:55**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:55:00**
09/28/2017 00:11	772060	Anion Gap	10		4-12		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	771938	Alk Phos (Total)	51	units/L	49-199		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	771901	Albumin	4.0	g/dL	3.5-5.2		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	771898	ALT (GPT)	12	units/L	7-33		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	773230	Creatinine	0.97	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

09/28/2017 00:11	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2	>59		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	**13604336**	**eGFR, Calculated, European American**	**54**	**mL/min/1.73m2**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:55**	**Labs**	**SYSTEM**	**09/28/2017 00:55**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:55:00**
09/28/2017 00:11	**774139**	**Glucose Level**	**128**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:55**	**Labs**	**SYSTEM**	**09/28/2017 00:55**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:55:00**
09/28/2017 00:11	776178	K	4.2	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	776290	Protein (Total)	7.1	g/dL	6.0-8.2		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
09/28/2017 00:11	777764	Na	143	mEq/L	135-145		F		ORCALAB Contributor_system	09/28/2017 00:55	Labs	SYSTEM	09/28/2017 00:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005432297	W42663	09/28/2017 00:11
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:11	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time w/ INR and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:11	**774942**	**Prothrombin Time INR**	**1.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:38**	**Labs**	**SYSTEM**	**09/28/2017 00:39**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:38:00**
09/28/2017 00:11	**776748**	**Prothrombin Time Patient**	**21.2**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**09/28/2017 00:38**	**Labs**	**SYSTEM**	**09/28/2017 00:39**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/28/2017 00:38:00**
09/28/2017 00:11	776768	PTT Patient	30	sec	22-35		F		ORCALAB Contributor_system	09/28/2017 00:38	Labs	SYSTEM	09/28/2017 00:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:38:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on September 28 2017 00:38 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
09/28/2017 00:11	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	09/28/2017 00:38	Labs	SYSTEM	09/28/2017 00:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 00:38:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005590403	W42663	09/28/2017 00:11
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:11	146586438
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Salicylate		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:11	777664	Salicylate Level	<3	mg/dL	0-30		F		ORCALAB Contributor_system	09/28/2017 03:40	Labs	SYSTEM	09/28/2017 03:40	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	09/28/2017 03:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005435401	W42663	09/28/2017 00:11
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2017 00:11	723050235
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
TSH Level with Reflexive Free T4		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Antonia Justine Nemanich MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2017 00:11	778418	TSH	1.964	microIU/mL	0.400-5.000		F		ORCALAB Contributor_system	09/28/2017 01:22	Labs	SYSTEM	09/28/2017 01:22	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:22:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
3005595305	W42743	09/27/2017 23:37
Order Priority	**Ordered Date**	**Order Test Code**
	09/27/2017 23:37	368958711
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Add On Lab Order, Non-Microbiology		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Shane Jay Tosihiro Ruter MD	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/27/2017 23:37	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	09/28/2017 01:37	Labs	SYSTEM	09/28/2017 01:37	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:37:00
09/27/2017 23:37	319034977	Add On Sample To Use	Most Recent Sample				F		ORCALAB Contributor_system	09/28/2017 01:23	Labs	SYSTEM	09/28/2017 01:33	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:23:00
09/27/2017 23:37	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	09/28/2017 01:23	Labs	SYSTEM	09/28/2017 01:33	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:23:00

09/27/2017 23:37	319034965	Add On Lab Test Requested	blood alcohol				F		ORCALAB Contributor_system	09/28/2017 01:23	Labs	SYSTEM	09/28/2017 01:33	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/28/2017 01:23:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5549399642	W42723	09/27/2017 22:51
Order Priority	**Ordered Date**	**Order Test Code**
	09/27/2017 22:51	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1820056124		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/27/2017 22:51	16417975	Glucose Level (POC), UWMC	117	mg/dL	62-125		F		not available electronically	09/27/2017 22:51	Labs	SYSTEM	09/27/2017 23:59	University of Washington Medical Center	Authenticated	not available electronically	09/27/2017 22:51:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5536816895	H16509	09/20/2017 12:44
Order Priority	**Ordered Date**	**Order Test Code**
	09/20/2017 12:44	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201709		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/20/2017 12:44	**776748**	**Prothrombin Time Patient**	**23.0**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**09/20/2017 15:19**	**Labs**	**SYSTEM**	**09/20/2017 15:19**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/20/2017 15:19:00**
09/20/2017 12:44	**774942**	**Prothrombin Time INR**	**2.1**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**09/20/2017 15:19**	**Labs**	**SYSTEM**	**09/20/2017 15:19**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/20/2017 15:19:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5513381986	H16581	09/07/2017 10:59
Order Priority	**Ordered Date**	**Order Test Code**
	09/07/2017 10:59	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201709		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/07/2017 10:59	774942	Prothrombin Time INR	1.4		0.8-1.3	H	F		ORCALAB Contributor_system	09/07/2017 12:08	Labs	SYSTEM	09/07/2017 12:09	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/07/2017 12:08:00
09/07/2017 10:59	690409077	Prothrombin Time Patient (NWH)	14.1	sec	8.9-12.1	H	F		ORCALAB Contributor_system	09/07/2017 12:08	Labs	SYSTEM	09/07/2017 12:09	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	09/07/2017 12:08:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5499230855	W62446	08/30/2017 09:39
Order Priority	**Ordered Date**	**Order Test Code**
	08/30/2017 09:39	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/30/2017 09:39	776748	Prothrombin Time Patient	20.0	sec	10.7-15.6	H	F		ORCALAB Contributor_system	08/30/2017 12:28	Labs	SYSTEM	08/30/2017 12:28	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/30/2017 12:28:00
08/30/2017 09:39	774942	Prothrombin Time INR	1.8		0.8-1.3	H	F		ORCALAB Contributor_system	08/30/2017 12:28	Labs	SYSTEM	08/30/2017 12:28	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/30/2017 12:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5488736930	H64634	08/24/2017 11:26
Order Priority	**Ordered Date**	**Order Test Code**
	08/24/2017 11:26	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/24/2017 11:26	774942	Prothrombin Time INR	2.4		0.8-1.3	H	F		ORCALAB Contributor_system	08/24/2017 12:02	Labs	SYSTEM	08/24/2017 12:03	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	08/24/2017 12:02:00
08/24/2017 11:26	690409077	Prothrombin Time Patient (NWH)	24.3	sec	8.9-12.1	H	F		ORCALAB Contributor_system	08/24/2017 12:02	Labs	SYSTEM	08/24/2017 12:03	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	08/24/2017 12:02:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

CE_5476725857	H53441	08/17/2017 11:43
Order Priority	**Ordered Date**	**Order Test Code**
	08/17/2017 11:43	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/17/2017 11:43	774942	Prothrombin Time INR	Duplicate request		0.8-1.3		F		ORCALAB Contributor_system	08/17/2017 12:38	Labs	SYSTEM	08/17/2017 12:39	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	08/17/2017 12:38:00
08/17/2017 11:43	776748	Prothrombin Time Patient	Duplicate request	sec	10.7-15.6		F		ORCALAB Contributor_system	08/17/2017 12:38	Labs	SYSTEM	08/17/2017 12:39	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	08/17/2017 12:38:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_5476754156	H54150	08/17/2017 11:43
Order Priority	**Ordered Date**	**Order Test Code**
	08/17/2017 11:43	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/17/2017 11:43	**690409077**	**Prothrombin Time Patient (NWH)**	**39.0**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**08/17/2017 12:54**	**Labs**	**SYSTEM**	**08/17/2017 12:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**08/17/2017 12:54:00**
08/17/2017 11:43	**774942**	**Prothrombin Time INR**	**3.8**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**08/17/2017 12:54**	**Labs**	**SYSTEM**	**08/17/2017 12:55**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**08/17/2017 12:54:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_5476591939	H53254	08/17/2017 11:16
Order Priority	**Ordered Date**	**Order Test Code**
	08/17/2017 11:16	690409242
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level, Finger Stick (POC), NWH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/17/2017 11:16	690409242	Glucose Level, Finger Stick (POC), NWH	108	mg/dL	62-125		F		not available electronically	08/17/2017 11:16	Labs	SYSTEM	08/17/2017 11:23	University of Washington Medical Center	Authenticated	UWMC Northwest POCT Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	08/17/2017 11:22:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5464064603	H42000	08/10/2017 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	08/10/2017 11:36	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/10/2017 11:36	774942	Prothrombin Time INR	Test added to previous lab request.		0.8-1.3		F		ORCALAB Contributor_system	08/10/2017 12:22	Labs	SYSTEM	08/10/2017 12:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	08/10/2017 12:22:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 10 2017 12:22 SEE H42551																	
08/10/2017 11:36	776748	Prothrombin Time Patient	Test added to previous lab request.	sec	10.7-15.6		F		ORCALAB Contributor_system	08/10/2017 12:22	Labs	SYSTEM	08/10/2017 12:23	University of Washington Medical Center	Authenticated	UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133	08/10/2017 12:22:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on August 10 2017 12:22 SEE H42551																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5464086597	H42551	08/10/2017 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	08/10/2017 11:36	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/10/2017 11:36	**690409077**	**Prothrombin Time Patient (NWH)**	**39.8**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**08/10/2017 12:35**	**Labs**	**SYSTEM**	**08/10/2017 12:35**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**08/10/2017 12:35:00**
08/10/2017 11:36	**774942**	**Prothrombin Time INR**	**3.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**08/10/2017 12:35**	**Labs**	**SYSTEM**	**08/10/2017 12:35**	**University of Washington Medical Center**	**Authenticated**	**UWMC Northwest Campus Lab Medicine 1550 N 115th St Suite A200, Seattle WA 98133**	**08/10/2017 12:35:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5451712283	H78665	08/03/2017 13:09
Order Priority	**Ordered Date**	**Order Test Code**
	08/03/2017 13:09	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/03/2017 13:09	774942	Prothrombin Time INR	Data entry correction, see updated information		0.8-1.3		F		ORCALAB Contributor_system	08/03/2017 13:11	Labs	SYSTEM	08/03/2017 13:12	University of Washington Medical Center	Authenticated	4751 - HERNANDEZ, SAMANTHA	08/03/2017 13:11:00
08/03/2017 13:09	776748	Prothrombin Time Patient	Data entry correction, see updated information	sec	10.7-15.6		F		ORCALAB Contributor_system	08/03/2017 13:11	Labs	SYSTEM	08/03/2017 13:12	University of Washington Medical Center	Authenticated	4751 - HERNANDEZ, SAMANTHA	08/03/2017 13:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5451720635	H30913	08/03/2017 12:41
Order Priority	**Ordered Date**	**Order Test Code**
	08/03/2017 12:41	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/03/2017 12:41	**690409077**	**Prothrombin Time Patient (NWH)**	**51.3**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**08/03/2017 13:17**	**Labs**	**SYSTEM**	**08/03/2017 13:18**	**University of Washington Medical Center**	**Authenticated**	**038 - AUTOFILED, NWH COAG_B**	**08/03/2017 13:17:00**
08/03/2017 12:41	**774942**	**Prothrombin Time INR**	**4.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**08/03/2017 13:17**	**Labs**	**SYSTEM**	**08/03/2017 13:18**	**University of Washington Medical Center**	**Authenticated**	**038 - AUTOFILED, NWH COAG_B**	**08/03/2017 13:17:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5427035898	H78674	07/20/2017 12:42
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2017 12:42	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201707		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/20/2017 12:42	**690409077**	**Prothrombin Time Patient (NWH)**	**23.0**	**sec**	**8.9-12.1**	**H**	**F**		**ORCALAB Contributor_system**	**07/20/2017 13:20**	**Labs**	**SYSTEM**	**07/20/2017 13:20**	**University of Washington Medical Center**	**Authenticated**	**038 - AUTOFILED, NWH COAG_B**	**07/20/2017 13:20:00**
07/20/2017 12:42	**774942**	**Prothrombin Time INR**	**2.4**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**07/20/2017 13:20**	**Labs**	**SYSTEM**	**07/20/2017 13:20**	**University of Washington Medical Center**	**Authenticated**	**038 - AUTOFILED, NWH COAG_B**	**07/20/2017 13:20:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20170720	H11221	07/20/2017 11:30
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2017 11:30	778290
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Tissue C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**

	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201707		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/20/2017 11:30	778290	Tissue C and S w/Gram	Tissue C and S w/Gram				F		not available electronically	07/20/2017 11:30	Labs	SYSTEM	07/24/2017 10:31	University of Washington Medical Center	Authenticated	not available electronically	07/20/2017 11:30:00
07/20/2017 11:30	778290	Tissue C and S w/Gram	Tissue C and S w/Gram				F		not available electronically	07/20/2017 11:30	Micro	SYSTEM	07/24/2017 10:31	University of Washington Medical Center	Authenticated	not available electronically	07/20/2017 11:30:00
End of Report																	

Specimen Description: Tissue LT LAT.CALF
Special Requests: None
Gram Smear: No polymorphonuclear cells or organisms seen
Culture: 3+ Mixed Enteric gram negative rod
Culture: 3+ Mixed gram positive flora including Presumptive Enterococcus
Culture: No further workup
Report Status: Final 07/24/2017

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5400485536	W44737	07/05/2017 11:18
Order Priority	**Ordered Date**	**Order Test Code**
	07/05/2017 11:18	690409082
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time, NWH Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201707		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/05/2017 11:18	690409077	Prothrombin Time Patient (NWH)	19.1	sec	8.9-12.1	H	F		ORCALAB Contributor_system	07/05/2017 12:29	Labs	SYSTEM	07/05/2017 12:29	University of Washington Medical Center	Authenticated	038 - AUTOFILED, NWH COAG_B	07/05/2017 12:29:00
07/05/2017 11:18	774942	Prothrombin Time INR	2.0		0.8-1.3	H	F		ORCALAB Contributor_system	07/05/2017 12:29	Labs	SYSTEM	07/05/2017 12:29	University of Washington Medical Center	Authenticated	038 - AUTOFILED, NWH COAG_B	07/05/2017 12:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5400442873	W44700	07/05/2017 11:09
Order Priority	**Ordered Date**	**Order Test Code**
	07/05/2017 11:09	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201707		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/05/2017 11:09	776748	Prothrombin Time Patient	Duplicate request	sec	10.7-15.6		F		ORCALAB Contributor_system	07/05/2017 12:04	Labs	SYSTEM	07/05/2017 12:04	University of Washington Medical Center	Authenticated	4595 - NGUYEN, AN	07/05/2017 12:04:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 05 2017 12:04 SEE W44737																	
07/05/2017 11:09	774942	Prothrombin Time INR	Duplicate request		0.8-1.3		F		ORCALAB Contributor_system	07/05/2017 12:04	Labs	SYSTEM	07/05/2017 12:04	University of Washington Medical Center	Authenticated	4595 - NGUYEN, AN	07/05/2017 12:04:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 05 2017 12:04 SEE W44737																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20170510	W28250	05/10/2017 12:34
Order Priority	**Ordered Date**	**Order Test Code**
	05/10/2017 12:34	778784
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Wound C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		

LABU8170135201705		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/10/2017 12:34	778784	Wound C and S w/Gram	Wound C and S w/Gram				F		not available electronically	05/10/2017 12:34	Labs	SYSTEM	05/13/2017 10:47	University of Washington Medical Center	Authenticated	not available electronically	05/10/2017 12:34:00
05/10/2017 12:34	778784	Wound C and S w/Gram	Wound C and S w/Gram				F		not available electronically	05/10/2017 12:34	Micro	SYSTEM	05/13/2017 10:47	University of Washington Medical Center	Authenticated	not available electronically	05/10/2017 12:34:00
End of Report																	

Specimen Description: Wound Site not given eSwab
Special Requests: None
Gram Smear: Occasional Polymorphonuclear cells
Gram Smear: 1+ Gram Positive Cocci
Gram Smear: 1+ Gram Negative Rods
Culture: 4+ Lactose fermenting gram negative rods Two colony types
Culture: 4+ Presumptive Enteric gram negative rod colony type No.3
Culture: 3+ Viridans streptococci
Report Status: Final 05/13/2017

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20170510	W28250	05/10/2017 12:34
Order Priority	**Ordered Date**	**Order Test Code**
	05/10/2017 12:34	317335894
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Wound Culture w/Gram Order		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201705		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/10/2017 12:34	317335894	Wound Culture w/Gram Order	Wound Culture w/Gram Order				F		not available electronically	05/10/2017 12:34	Labs	SYSTEM	05/10/2017 22:47	University of Washington Medical Center	Authenticated	not available electronically	05/10/2017 12:34:00
05/10/2017 12:34	317335894	Wound Culture w/Gram Order	Wound Culture w/Gram Order				F		not available electronically	05/10/2017 12:34	Micro	SYSTEM	05/10/2017 22:47	University of Washington Medical Center	Authenticated	not available electronically	05/10/2017 12:34:00
End of Report																	

Specimen Description: Wound Site not given eSwab
Special Requests: None
MICROBIOLOGY COMMENT: Cancel. Microbiology tracking only.
Report Status: Final 05/10/2017

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5285376875	H15123	04/27/2017 10:36
Order Priority	**Ordered Date**	**Order Test Code**
	04/27/2017 10:36	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/27/2017 10:36	776748	Prothrombin Time Patient	26.6	sec	10.7-15.6	H	F		ORCALAB Contributor_system	04/27/2017 13:08	Labs	SYSTEM	04/27/2017 13:08	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/27/2017 13:08:00
04/27/2017 10:36	774942	Prothrombin Time INR	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	04/27/2017 13:08	Labs	SYSTEM	04/27/2017 13:08	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/27/2017 13:08:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5281516331	T73571	04/25/2017 11:41
Order Priority	**Ordered Date**	**Order Test Code**
	04/25/2017 11:41	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/25/2017 11:41	776178	K	4.4	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	774139	Glucose Level	122	mg/dL	62-125		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	773230	Creatinine	0.95	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	772694	CO2	26	mEq/L	22-32		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	772647	Ca	9.6	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	772560	BUN	16	mg/dL	8-21		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00

04/25/2017 11:41	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
04/25/2017 11:41	13604337	eGFR, Calculated, African American	>60	mL/min/1.73m2			F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	13604336	eGFR, Calculated, European American	55	mL/min/1.73m2			F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
04/25/2017 11:41	777764	Na	141	mEq/L	135-145		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5281470751	T73571	04/25/2017 11:41
Order Priority	**Ordered Date**	**Order Test Code**
	04/25/2017 11:41	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/25/2017 11:41	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	775518	Monocytes	0.60	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	775588	Neutrophils	4.24	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	**775326**	**MCHC**	**31.8**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**04/25/2017 12:55**	**Labs**	**SYSTEM**	**04/25/2017 12:56**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/25/2017 12:55:00**
04/25/2017 11:41	775325	MCH	30.6	pg	27.3-33.6		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	775267	Lymphocytes	1.66	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00

04/25/2017 11:41	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	774336	Hb	12.1	g/dL	11.5-15.5		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	774298	HCT	38	%	36-45		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	773635	Eosinophils	0.19	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	772363	Basophils	0.06	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	43852231	RDW-CV	13.2	%	11.6-14.4		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	164763112	% Eosinophils	3	%			F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	164763109	% Monocytes	9	%			F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	164763106	% Lymphocytes	25	%			F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	164763103	% Neutrophils	62	%			F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	776102	PLT	223	thousand/microL	150-400		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	776876	RBC	3.95	million/microL	3.80-5.00		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00
04/25/2017 11:41	778747	WBC	6.76	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	04/25/2017 12:55	Labs	SYSTEM	04/25/2017 12:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 12:55:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5281516335	T73571	04/25/2017 11:41
Order Priority	**Ordered Date**	**Order Test Code**
	04/25/2017 11:41	1932035
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CRP High Sensitivity		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/25/2017 11:41	1932035	CRP High Sensitivity	1.6	mg/L	0.0-10.0		F		ORCALAB Contributor_system	04/25/2017 13:21	Labs	SYSTEM	04/25/2017 13:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/25/2017 13:21:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5281482177	T73571	04/25/2017 11:41
Order Priority	**Ordered Date**	**Order Test Code**
	04/25/2017 11:41	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/25/2017 11:41	**774942**	**Prothrombin Time INR**	**2.3**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**04/25/2017 13:02**	**Labs**	**SYSTEM**	**04/25/2017 13:02**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/25/2017 13:02:00**
04/25/2017 11:41	**776748**	**Prothrombin Time Patient**	**24.5**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**04/25/2017 13:02**	**Labs**	**SYSTEM**	**04/25/2017 13:02**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/25/2017 13:02:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5271261670	W62755	04/19/2017 11:00
Order Priority	**Ordered Date**	**Order Test Code**
	04/19/2017 11:00	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/19/2017 11:00	**776748**	**Prothrombin Time Patient**	**25.1**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**04/19/2017 13:57**	**Labs**	**SYSTEM**	**04/19/2017 13:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/19/2017 13:57:00**
04/19/2017 11:00	**774942**	**Prothrombin Time INR**	**2.3**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**04/19/2017 13:57**	**Labs**	**SYSTEM**	**04/19/2017 13:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/19/2017 13:57:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5258753897	W51210	04/12/2017 10:43
Order Priority	**Ordered Date**	**Order Test Code**
	04/12/2017 10:43	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/12/2017 10:43	776748	Prothrombin Time Patient	22.8	sec	10.7-15.6	H	F		ORCALAB Contributor_system	04/12/2017 11:28	Labs	SYSTEM	04/12/2017 11:28	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/12/2017 11:28:00
04/12/2017 10:43	774942	Prothrombin Time INR	2.1		0.8-1.3	H	F		ORCALAB Contributor_system	04/12/2017 11:28	Labs	SYSTEM	04/12/2017 11:28	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/12/2017 11:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5246675434	W39135	04/05/2017 09:30
Order Priority	**Ordered Date**	**Order Test Code**
	04/05/2017 09:30	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/05/2017 09:30	776748	Prothrombin Time Patient	29.8	sec	10.7-15.6	H	F		ORCALAB Contributor_system	04/05/2017 11:44	Labs	SYSTEM	04/05/2017 11:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/05/2017 11:44:00
04/05/2017 09:30	774942	Prothrombin Time INR	2.9		0.8-1.3	H	F		ORCALAB Contributor_system	04/05/2017 11:44	Labs	SYSTEM	04/05/2017 11:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/05/2017 11:44:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5199227897	W65892	03/08/2017 09:57
Order Priority	**Ordered Date**	**Order Test Code**
	03/08/2017 09:57	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

03/08/2017 09:57	776748	Prothrombin Time Patient	28.7	sec	10.7-15.6	H	F		ORCALAB Contributor_system	03/08/2017 11:33	Labs	SYSTEM	03/08/2017 11:33	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/08/2017 11:33:00
03/08/2017 09:57	774942	Prothrombin Time INR	2.8		0.8-1.3	H	F		ORCALAB Contributor_system	03/08/2017 11:33	Labs	SYSTEM	03/08/2017 11:33	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/08/2017 11:33:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5140096292	W11824	02/01/2017 13:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/01/2017 13:25	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/01/2017 13:25	776748	Prothrombin Time Patient	28.9	sec	10.7-15.6	H	F		ORCALAB Contributor_system	02/01/2017 14:56	Labs	SYSTEM	02/01/2017 14:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/01/2017 14:56:00
02/01/2017 13:25	774942	Prothrombin Time INR	2.9		0.8-1.3	H	F		ORCALAB Contributor_system	02/01/2017 14:56	Labs	SYSTEM	02/01/2017 14:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/01/2017 14:56:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5094561014	W61477	01/04/2017 11:00
Order Priority	**Ordered Date**	**Order Test Code**
	01/04/2017 11:00	96378013
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Methylmalonic Acid Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201701		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/04/2017 11:00	96378013	Methylmalonic Acid Level	0.23	micromol/L	<0.30		F		ORCALAB Contributor_system	01/06/2017 08:45	Labs	SYSTEM	01/06/2017 08:46	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	01/06/2017 08:45:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on January 06 2017 08:45 Reference range comments for Methylmalonic Acid: Normal <0.30 umol/L Indeterminate 0.30-0.40 umol/L Elevated >0.40 umol/L

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_5044243785	W75889	12/07/2016 09:45
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2016 09:45	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	

Encounter Number		
LABU8170135201612		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2016 09:45	**774942**	**Prothrombin Time INR**	**3.1**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2016 11:48**	**Labs**	**SYSTEM**	**12/07/2016 11:48**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/07/2016 11:48:00**
12/07/2016 09:45	**776748**	**Prothrombin Time Patient**	**30.6**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2016 11:48**	**Labs**	**SYSTEM**	**12/07/2016 11:48**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/07/2016 11:48:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4986228883	W74637	11/02/2016 11:18
Order Priority	**Ordered Date**	**Order Test Code**
	11/02/2016 11:18	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201611		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/02/2016 11:18	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
11/02/2016 11:18	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	772560	BUN	21	mg/dL	8-21		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	772647	Ca	9.8	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	772694	CO2	29	mEq/L	22-32		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**11/02/2016 12:54**	**Labs**	**SYSTEM**	**11/02/2016 12:55**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/02/2016 12:54:00**
11/02/2016 11:18	773230	Creatinine	0.84	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	**774139**	**Glucose Level**	**131**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**11/02/2016 12:54**	**Labs**	**SYSTEM**	**11/02/2016 12:55**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/02/2016 12:54:00**
11/02/2016 11:18	776178	K	4.0	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	11/02/2016 12:54	Labs	SYSTEM	11/02/2016 12:55	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:54:00
11/02/2016 11:18	**777764**	**Na**	**146**	**mEq/L**	**135-145**	**H**	**F**		**ORCALAB Contributor_system**	**11/02/2016 12:54**	**Labs**	**SYSTEM**	**11/02/2016 12:55**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/02/2016 12:54:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4986210191	W74637	11/02/2016 11:18
Order Priority	**Ordered Date**	**Order Test Code**
	11/02/2016 11:18	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201611		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/02/2016 11:18	775325	MCH	31.6	pg	27.3-33.6		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	775267	Lymphocytes	1.72	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	**775326**	**MCHC**	**31.7**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**11/02/2016 12:43**	**Labs**	**SYSTEM**	**11/02/2016 12:44**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/02/2016 12:43:00**
11/02/2016 11:18	774336	Hb	11.9	g/dL	11.5-15.5		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	774298	HCT	38	%	36-45		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	773635	Eosinophils	0.20	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	43852231	RDW-CV	14.2	%	11.6-14.4		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	169815769	% Nucleated RBC	0	%			F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00

11/02/2016 11:18	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	164763109	% Monocytes	7	%			F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	164763106	% Lymphocytes	30	%			F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	164763103	% Neutrophils	58	%			F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	**775327**	**MCV**	**100**	**fL**	**81-98**	**H**	**F**		**ORCALAB Contributor_system**	**11/02/2016 12:43**	**Labs**	**SYSTEM**	**11/02/2016 12:44**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/02/2016 12:43:00**
11/02/2016 11:18	775518	Monocytes	0.39	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	775588	Neutrophils	3.36	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	775658	Nucleated RBC	0.00	thousand/microL	0.00		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	776102	PLT	212	thousand/microL	150-400		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00
11/02/2016 11:18	**776876**	**RBC**	**3.77**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**11/02/2016 12:43**	**Labs**	**SYSTEM**	**11/02/2016 12:44**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/02/2016 12:43:00**
11/02/2016 11:18	778747	WBC	5.71	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	11/02/2016 12:43	Labs	SYSTEM	11/02/2016 12:44	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:43:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4986223769	W74637	11/02/2016 11:18
Order Priority	**Ordered Date**	**Order Test Code**
	11/02/2016 11:18	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201611		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/02/2016 11:18	**774942**	**Prothrombin Time INR**	**2.6**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**11/02/2016 12:51**	**Labs**	**SYSTEM**	**11/02/2016 12:51**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/02/2016 12:51:00**

11/02/2016 11:18	776748	Prothrombin Time Patient	27.1	sec	10.7-15.6	H	F		ORCALAB Contributor_system	11/02/2016 12:51	Labs	SYSTEM	11/02/2016 12:51	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 12:51:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4986278687	W74637	11/02/2016 11:18
Order Priority	**Ordered Date**	**Order Test Code**
	11/02/2016 11:18	777691
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Sedimentation Rate (ESR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201611		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/02/2016 11:18	777691	Sedimentation Rate (ESR)	28	mm/hr	0-20	H	F		ORCALAB Contributor_system	11/02/2016 13:24	Labs	SYSTEM	11/02/2016 13:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/02/2016 13:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4986123208	W74642	11/02/2016 11:18
Order Priority	**Ordered Date**	**Order Test Code**
	11/02/2016 11:18	635819084
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis With Reflex Culture Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201611		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/02/2016 11:18	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	775158	Leukocyte Esterase, URN	Negative		Negative		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00

11/02/2016 11:18	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	772308	Bacteria, URN	Not Seen		Not Seen		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF	LT6		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	777788	Specific Gravity, URN	1.021	g/mL	1.002-1.027		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00
11/02/2016 11:18	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	11/02/2016 11:54	Labs	SYSTEM	11/02/2016 11:58	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/02/2016 11:54:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4884588200	F77262	09/02/2016 14:09
Order Priority	**Ordered Date**	**Order Test Code**
	09/02/2016 14:09	1932175
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Complete, Urine, Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201609		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/02/2016 14:09	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:28**	**Labs**	**SYSTEM**	**09/02/2016 15:28**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/02/2016 15:28:00**
09/02/2016 14:09	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	**13318809**	**Mucus, URN**	**Present**	**/LPF**	**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:28**	**Labs**	**SYSTEM**	**09/02/2016 15:28**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/02/2016 15:28:00**

09/02/2016 14:09	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:28**	**Labs**	**SYSTEM**	**09/02/2016 15:28**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/02/2016 15:28:00**
09/02/2016 14:09	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	**775158**	**Leukocyte Esterase, URN**	**Trace**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:28**	**Labs**	**SYSTEM**	**09/02/2016 15:28**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/02/2016 15:28:00**
09/02/2016 14:09	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	**776288**	**Protein (Albumin Semi-Quant), URN**	**100 (2+)**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:28**	**Labs**	**SYSTEM**	**09/02/2016 15:28**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/02/2016 15:28:00**
09/02/2016 14:09	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00

09/02/2016 14:09	777788	Specific Gravity, URN	1.016	g/mL	1.002-1.027		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	09/02/2016 15:28	Labs	SYSTEM	09/02/2016 15:28	University of Washington Medical Center	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/02/2016 15:28:00
09/02/2016 14:09	**778746**	**WBC, URN**	**6-20(1+)**	**/HPF**	**0-5(NEG)**	**A**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:28**	**Labs**	**SYSTEM**	**09/02/2016 15:28**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/02/2016 15:28:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4884625473	F77254	09/02/2016 14:08
Order Priority	**Ordered Date**	**Order Test Code**
	09/02/2016 14:08	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201609		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/02/2016 14:08	**13604336**	**eGFR, Calculated, European American**	**50**	**mL/min**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**
09/02/2016 14:08	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:52	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:52	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
09/02/2016 14:08	**772060**	**Anion Gap**	**13**		**4-12**	**H**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**
09/02/2016 14:08	**772560**	**BUN**	**24**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**
09/02/2016 14:08	772647	Ca	8.9	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:52	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	772694	CO2	23	mEq/L	22-32		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:52	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**
09/02/2016 14:08	**773230**	**Creatinine**	**1.03**	**mg/dL**	**0.38-1.02**	**H**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**
09/02/2016 14:08	**774139**	**Glucose Level**	**142**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**

09/02/2016 14:08	**776178**	**K**	**3.5**	**mEq/L**	**3.6-5.2**	**L**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**
09/02/2016 14:08	777764	Na	145	mEq/L	135-145		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:52	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4884626367	F77254	09/02/2016 14:08
Order Priority	**Ordered Date**	**Order Test Code**
	09/02/2016 14:08	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABU8170135201609		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/02/2016 14:08	164763103	% Neutrophils	77	%			F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	164763106	% Lymphocytes	12	%			F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	164763109	% Monocytes	7	%			F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	164763115	% Basophils	0	%			F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	43852231	RDW-CV	12.6	%	11.6-14.4		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00
09/02/2016 14:08	772363	Basophils	0.00	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	773635	Eosinophils	0.24	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	774298	HCT	38	%	36-45		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00

09/02/2016 14:08	774336	Hb	12.2	g/dL	11.5-15.5		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00
09/02/2016 14:08	774852	Immature Granulocytes	0.00	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	**775267**	**Lymphocytes**	**0.73**	**thousand/microL**	**1.00-4.80**	**L**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:52**	**Labs**	**SYSTEM**	**09/02/2016 15:53**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:52:00**
09/02/2016 14:08	775325	MCH	31.4	pg	27.3-33.6		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00
09/02/2016 14:08	775326	MCHC	32.3	g/dL	32.2-36.5		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00
09/02/2016 14:08	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00
09/02/2016 14:08	775518	Monocytes	0.43	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	775588	Neutrophils	4.71	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	**776102**	**PLT**	**139**	**thousand/microL**	**150-400**	**L**	**F**		**ORCALAB Contributor_system**	**09/02/2016 15:25**	**Labs**	**SYSTEM**	**09/02/2016 15:25**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**09/02/2016 15:25:00**
09/02/2016 14:08	776107	PLT Morphology	See CBC - no additional findings				F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	776876	RBC	3.89	million/microL	3.80-5.00		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00
09/02/2016 14:08	776883	RBC Morphology	See CBC - no additional findings				F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00
09/02/2016 14:08	778747	WBC	6.12	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	09/02/2016 15:25	Labs	SYSTEM	09/02/2016 15:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:25:00
09/02/2016 14:08	778758	WBC Morphology	See CBC - no additional findings				F		ORCALAB Contributor_system	09/02/2016 15:52	Labs	SYSTEM	09/02/2016 15:53	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:52:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4884595152	F76983	09/02/2016 13:37
Order Priority	**Ordered Date**	**Order Test Code**
	09/02/2016 13:37	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201609		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/02/2016 13:37	776748	Prothrombin Time Patient	27.8	sec	10.7-15.6	H	F		ORCALAB Contributor_system	09/02/2016 15:32	Labs	SYSTEM	09/02/2016 15:33	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:32:00
09/02/2016 13:37	774942	Prothrombin Time INR	2.7		0.8-1.3	H	F		ORCALAB Contributor_system	09/02/2016 15:32	Labs	SYSTEM	09/02/2016 15:33	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/02/2016 15:32:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4869122980	W35997	08/24/2016 11:17
Order Priority	**Ordered Date**	**Order Test Code**
	08/24/2016 11:17	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201608		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/24/2016 11:17	772911	Cholesterol (Total)	155	mg/dL	<200		F		ORCALAB Contributor_system	08/24/2016 13:46	Labs	SYSTEM	08/24/2016 13:47	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 13:46:00
08/24/2016 11:17	772917	Cholesterol HDL	46	mg/dL	>39		F		ORCALAB Contributor_system	08/24/2016 13:46	Labs	SYSTEM	08/24/2016 13:47	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 13:46:00
08/24/2016 11:17	772921	Cholesterol (LDL), Calculated	91	mg/dL	<130		F		ORCALAB Contributor_system	08/24/2016 13:46	Labs	SYSTEM	08/24/2016 13:47	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 13:46:00
08/24/2016 11:17	772925	Cholesterol/HDL Ratio	3.4				F		ORCALAB Contributor_system	08/24/2016 13:46	Labs	SYSTEM	08/24/2016 13:47	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 13:46:00
08/24/2016 11:17	778392	Triglyceride Level	89	mg/dL	<150		F		ORCALAB Contributor_system	08/24/2016 13:46	Labs	SYSTEM	08/24/2016 13:47	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 13:46:00
08/24/2016 11:17	96378002	Cholesterol Non-HDL	109	mg/dL	0-159		F		ORCALAB Contributor_system	08/24/2016 13:46	Labs	SYSTEM	08/24/2016 13:47	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 13:46:00
08/24/2016 11:17	96378003	Lipid Panel Additional Information					F		ORCALAB Contributor_system	08/24/2016 13:46	Labs	SYSTEM	08/24/2016 13:47	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 13:46:00

Notes:
Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4869003146	W35997	08/24/2016 11:17
Order Priority	**Ordered Date**	**Order Test Code**
	08/24/2016 11:17	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		

Sending Facility	Ordering Physician	Orderstatus
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201608		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/24/2016 11:17	**774942**	**Prothrombin Time INR**	**2.6**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:32**	**Labs**	**SYSTEM**	**08/24/2016 12:40**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**08/24/2016 12:32:00**
08/24/2016 11:17	**776748**	**Prothrombin Time Patient**	**26.8**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:32**	**Labs**	**SYSTEM**	**08/24/2016 12:40**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**08/24/2016 12:32:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4869692123	W35918	08/24/2016 11:11
Order Priority	**Ordered Date**	**Order Test Code**
	08/24/2016 11:11	623354400
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Reflexive Urine Culture Indicated		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201608		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/24/2016 11:11	623354400	Reflexive Urine Culture Indicated	Order Processed				F		ORCALAB Contributor_system	08/24/2016 20:32	Labs	SYSTEM	08/24/2016 20:32	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	08/24/2016 20:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4868945901	W35918	08/24/2016 11:11
Order Priority	**Ordered Date**	**Order Test Code**
	08/24/2016 11:11	635819084
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis With Reflex Culture Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201608		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/24/2016 11:11	777788	Specific Gravity, URN	1.013	g/mL	1.002-1.027		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	**776889**	**RBC, URN**	**3-8(1+)**	**/HPF**	**0-2(NEG)**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**
08/24/2016 11:11	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00

08/24/2016 11:11	776019	pH, URN	5.5		5.0-8.0		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	**775736**	**Occult Blood, URN**	**Trace**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**
08/24/2016 11:11	**775612**	**Nitrite, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**
08/24/2016 11:11	**775158**	**Leukocyte Esterase, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**
08/24/2016 11:11	**775044**	**Ketones, URN**	**5 (TR)**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**
08/24/2016 11:11	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**
08/24/2016 11:11	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**

08/24/2016 11:11	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	08/24/2016 12:02	Labs	SYSTEM	08/24/2016 12:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	08/24/2016 12:02:00
08/24/2016 11:11	**778746**	**WBC, URN**	**6-20(1+)**	**/HPF**	**0-5(NEG)**	**A**	**F**		**ORCALAB Contributor_system**	**08/24/2016 12:02**	**Labs**	**SYSTEM**	**08/24/2016 12:06**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**08/24/2016 12:02:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20160824	W40596	08/24/2016 11:11
Order Priority	**Ordered Date**	**Order Test Code**
	08/24/2016 11:11	778501
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201608		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/24/2016 11:11	778501	Urine C and S	Urine C and S				F		not available electronically	08/24/2016 11:11	Labs	SYSTEM	08/26/2016 09:11	Univ. of Washington Physicians Network	Authenticated	not available electronically	08/24/2016 11:11:00
08/24/2016 11:11	778501	Urine C and S	Urine C and S				F		not available electronically	08/24/2016 11:11	Micro	SYSTEM	08/26/2016 09:11	Univ. of Washington Physicians Network	Authenticated	not available electronically	08/24/2016 11:11:00
End of Report																	

Specimen Description: Urine Gray top tube
Special Requests: Reflexed from urinalysis.
Colony Count: 60000 Col/mL
Culture: 3+ Escherichia coli
Culture: Comment: See link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx
Report Status: Final 08/26/2016

Escherichia coli

	Microtiter MIC Interp	Microtiter MIC Value (mcg/mL)
Ampicillin	S	<=8
Ampicillin/Sulbactam	S	<=8
Aztreonam	S	<=1
Cefazolin	S	<=2
Cefepime	S	<=0.25
Cefotetan	S	<=16
Ceftazidime	S	<=1
Ceftriaxone	S	<=0.25
Ciprofloxacin	S	<=0.06
Doxycycline	S	<=1
Ertapenem	S	<=0.12
Gentamicin	S	<=4
Levofloxacin	S	<=0.5
Meropenem	S	<=1
Moxifloxacin	-	<=0.25
Nitrofurantoin	S	<=32
Piperacillin/Tazobactam	S	<=2
Trimeth_Sulfamethoxazole	S	<=2

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4809882948	W54201	07/20/2016 11:48
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2016 11:48	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201607		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/20/2016 11:48	**776748**	**Prothrombin Time Patient**	**23.2**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**07/20/2016 13:25**	**Labs**	**SYSTEM**	**07/20/2016 13:26**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/20/2016 13:25:00**
07/20/2016 11:48	**774942**	**Prothrombin Time INR**	**2.1**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**07/20/2016 13:25**	**Labs**	**SYSTEM**	**07/20/2016 13:26**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/20/2016 13:25:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4763455683	W11283	06/22/2016 11:34
Order Priority	**Ordered Date**	**Order Test Code**
	06/22/2016 11:34	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/22/2016 11:34	96378003	Lipid Panel Additional Information					F		ORCALAB Contributor_system	06/22/2016 16:16	Labs	SYSTEM	06/22/2016 16:17	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:16:00
Notes: Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID																	
06/22/2016 11:34	**96378002**	**Cholesterol Non-HDL**	**212**	**mg/dL**	**0-159**	**H**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:16**	**Labs**	**SYSTEM**	**06/22/2016 16:17**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:16:00**
06/22/2016 11:34	**778392**	**Triglyceride Level**	**163**	**mg/dL**	**<150**	**H**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:16**	**Labs**	**SYSTEM**	**06/22/2016 16:17**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:16:00**
06/22/2016 11:34	772925	Cholesterol/HDL Ratio	5.6				F		ORCALAB Contributor_system	06/22/2016 16:16	Labs	SYSTEM	06/22/2016 16:17	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:16:00
06/22/2016 11:34	**772921**	**Cholesterol (LDL), Calculated**	**179**	**mg/dL**	**<130**	**H**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:16**	**Labs**	**SYSTEM**	**06/22/2016 16:17**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:16:00**
06/22/2016 11:34	772917	Cholesterol HDL	46	mg/dL	>39		F		ORCALAB Contributor_system	06/22/2016 16:16	Labs	SYSTEM	06/22/2016 16:17	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:16:00
06/22/2016 11:34	**772911**	**Cholesterol (Total)**	**258**	**mg/dL**	**<200**	**H**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:16**	**Labs**	**SYSTEM**	**06/22/2016 16:17**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:16:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4763445743	W10494	06/22/2016 11:33
Order Priority	**Ordered Date**	**Order Test Code**
	06/22/2016 11:33	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/22/2016 11:33	**13604336**	**eGFR, Calculated, European American**	**53**	**mL/min**	**>59**	**L**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:12**	**Labs**	**SYSTEM**	**06/22/2016 16:12**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:12:00**
06/22/2016 11:33	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
06/22/2016 11:33	772060	Anion Gap	9		4-12		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	**772560**	**BUN**	**26**	**mg/dL**	**8-21**	**H**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:12**	**Labs**	**SYSTEM**	**06/22/2016 16:12**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:12:00**
06/22/2016 11:33	777764	Na	142	mEq/L	135-145		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	776178	K	4.5	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	774139	Glucose Level	110	mg/dL	62-125		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	773230	Creatinine	0.98	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	772694	CO2	26	mEq/L	22-32		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
06/22/2016 11:33	772647	Ca	9.9	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4763445886	W10494	06/22/2016 11:33
Order Priority	**Ordered Date**	**Order Test Code**
	06/22/2016 11:33	775300
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Mg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/22/2016 11:33	775300	Mg	2.1	mg/dL	1.8-2.4		F		ORCALAB Contributor_system	06/22/2016 16:12	Labs	SYSTEM	06/22/2016 16:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/22/2016 16:12:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4763430651	W10494	06/22/2016 11:33
Order Priority	**Ordered Date**	**Order Test Code**
	06/22/2016 11:33	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/22/2016 11:33	**774942**	**Prothrombin Time INR**	**2.1**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:04**	**Labs**	**SYSTEM**	**06/22/2016 16:05**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:04:00**
06/22/2016 11:33	**776748**	**Prothrombin Time Patient**	**22.6**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**06/22/2016 16:04**	**Labs**	**SYSTEM**	**06/22/2016 16:05**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/22/2016 16:04:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4679978960	W74596	05/04/2016 11:20
Order Priority	**Ordered Date**	**Order Test Code**
	05/04/2016 11:20	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201605		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/04/2016 11:20	772911	Cholesterol (Total)	144	mg/dL	<200		F		ORCALAB Contributor_system	05/04/2016 15:48	Labs	SYSTEM	05/04/2016 15:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/04/2016 15:48:00
05/04/2016 11:20	772917	Cholesterol HDL	47	mg/dL	>39		F		ORCALAB Contributor_system	05/04/2016 15:48	Labs	SYSTEM	05/04/2016 15:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/04/2016 15:48:00
05/04/2016 11:20	772921	Cholesterol (LDL), Calculated	73	mg/dL	<130		F		ORCALAB Contributor_system	05/04/2016 15:48	Labs	SYSTEM	05/04/2016 15:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/04/2016 15:48:00

05/04/2016 11:20	772925	Cholesterol/HDL Ratio	3.1				F		ORCALAB Contributor_system	05/04/2016 15:48	Labs	SYSTEM	05/04/2016 15:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/04/2016 15:48:00
05/04/2016 11:20	778392	Triglyceride Level	119	mg/dL	<150		F		ORCALAB Contributor_system	05/04/2016 15:48	Labs	SYSTEM	05/04/2016 15:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/04/2016 15:48:00
05/04/2016 11:20	96378002	Cholesterol Non-HDL	97	mg/dL	0-159		F		ORCALAB Contributor_system	05/04/2016 15:48	Labs	SYSTEM	05/04/2016 15:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/04/2016 15:48:00
05/04/2016 11:20	96378003	Lipid Panel Additional Information					F		ORCALAB Contributor_system	05/04/2016 15:48	Labs	SYSTEM	05/04/2016 15:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/04/2016 15:48:00

Notes:
Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4679699801	W74406	05/04/2016 11:08
Order Priority	**Ordered Date**	**Order Test Code**
	05/04/2016 11:08	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201605		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/04/2016 11:08	**776748**	**Prothrombin Time Patient**	**34.1**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**05/04/2016 12:48**	**Labs**	**SYSTEM**	**05/04/2016 12:48**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**05/04/2016 12:48:00**
05/04/2016 11:08	**774942**	**Prothrombin Time INR**	**3.5**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**05/04/2016 12:48**	**Labs**	**SYSTEM**	**05/04/2016 12:48**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**05/04/2016 12:48:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4620461064	W21575	03/30/2016 11:13
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2016 11:13	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201603		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2016 11:13	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00

03/30/2016 11:13	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**03/30/2016 12:31**	**Labs**	**SYSTEM**	**03/30/2016 12:32**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**03/30/2016 12:31:00**
03/30/2016 11:13	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**03/30/2016 12:31**	**Labs**	**SYSTEM**	**03/30/2016 12:32**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**03/30/2016 12:31:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4620461005	W21575	03/30/2016 11:13
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2016 11:13	12999987
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Workup Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201603		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2016 11:13	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	777788	Specific Gravity, URN	1.021	g/mL	1.002-1.027		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	**775158**	**Leukocyte Esterase, URN**	**Trace**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**03/30/2016 12:31**	**Labs**	**SYSTEM**	**03/30/2016 12:32**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**03/30/2016 12:31:00**
03/30/2016 11:13	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00

03/30/2016 11:13	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	772970	Clarity, URN	Cloudy				F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
03/30/2016 11:13	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	03/30/2016 12:31	Labs	SYSTEM	03/30/2016 12:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	03/30/2016 12:31:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4620443759	W21379	03/30/2016 10:56
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2016 10:56	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201603		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2016 10:56	**774942**	**Prothrombin Time INR**	**2.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**03/30/2016 12:23**	**Labs**	**SYSTEM**	**03/30/2016 12:24**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/30/2016 12:23:00**
03/30/2016 10:56	**776748**	**Prothrombin Time Patient**	**29.2**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**03/30/2016 12:23**	**Labs**	**SYSTEM**	**03/30/2016 12:24**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/30/2016 12:23:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4564178505	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	774139	Glucose Level	117	mg/dL	62-125		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	776178	K	4.1	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	777764	Na	143	mEq/L	135-145		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	773230	Creatinine	0.84	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00

02/24/2016 12:07	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**02/24/2016 16:57**	**Labs**	**SYSTEM**	**02/24/2016 16:57**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/24/2016 16:57:00**
02/24/2016 12:07	772694	CO2	26	mEq/L	22-32		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	772647	Ca	9.4	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	772560	BUN	19	mg/dL	8-21		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
02/24/2016 12:07	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4563879184	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	775325	MCH	31.0	pg	27.3-33.6		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	775267	Lymphocytes	1.74	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	**775326**	**MCHC**	**31.6**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**02/24/2016 13:39**	**Labs**	**SYSTEM**	**02/24/2016 13:40**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/24/2016 13:39:00**
02/24/2016 12:07	775327	MCV	98	fL	81-98		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	775518	Monocytes	0.21	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00

02/24/2016 12:07	775588	Neutrophils	3.64	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	776102	PLT	207	thousand/microL	150-400		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	**776876**	**RBC**	**3.71**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**02/24/2016 13:39**	**Labs**	**SYSTEM**	**02/24/2016 13:40**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/24/2016 13:39:00**
02/24/2016 12:07	778747	WBC	5.81	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	774336	Hb	11.5	g/dL	11.5-15.5		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	774298	HCT	36	%	36-45		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	773635	Eosinophils	0.18	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	43852231	RDW-CV	14.0	%	11.6-14.4		F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	164763112	% Eosinophils	3	%			F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	164763109	% Monocytes	4	%			F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	164763106	% Lymphocytes	30	%			F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
02/24/2016 12:07	164763103	% Neutrophils	62	%			F		ORCALAB Contributor_system	02/24/2016 13:39	Labs	SYSTEM	02/24/2016 13:40	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 13:39:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4564178575	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	1932035
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CRP High Sensitivity		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	1932035	CRP High Sensitivity	0.8	mg/L	0.0-10.0		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4564227212	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	773811
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Ferritin		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	773811	Ferritin	24	ng/mL	10-180		F		ORCALAB Contributor_system	02/24/2016 17:30	Labs	SYSTEM	02/24/2016 17:30	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 17:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4565314942	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	**774344**	**Hemoglobin A1C by HPLC**	**6.2**	**%**	**4.0-6.0**	**H**	**F**		**ORCALAB Contributor_system**	**02/25/2016 10:47**	**Labs**	**SYSTEM**	**02/25/2016 10:47**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/25/2016 10:47:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

CE_4564178690	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	772911	Cholesterol (Total)	175	mg/dL	<200		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	772917	Cholesterol HDL	55	mg/dL	>39		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	772921	Cholesterol (LDL), Calculated	93	mg/dL	<130		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	772925	Cholesterol/HDL Ratio	3.2				F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	778392	Triglyceride Level	133	mg/dL	<150		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	96378002	Cholesterol Non-HDL	120	mg/dL	0-159		F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00
02/24/2016 12:07	96378003	Lipid Panel Additional Information					F		ORCALAB Contributor_system	02/24/2016 16:57	Labs	SYSTEM	02/24/2016 16:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:57:00

Notes:
Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_4566828187	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	96378013
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Methylmalonic Acid Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	96378013	Methylmalonic Acid Level	0.20	micromol/L	<0.30		F		ORCALAB Contributor_system	02/26/2016 08:33	Labs	SYSTEM	02/26/2016 08:36	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	02/26/2016 08:33:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on February 26 2016 08:33 Reference range comments for Methylmalonic Acid: Normal <0.30 umol/L Indeterminate 0.30-0.40 umol/L Elevated >0.40 umol/L

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_4564227220	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	778418
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

TSH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	778418	TSH	2.113	microIU/mL	0.400-5.000		F		ORCALAB Contributor_system	02/24/2016 17:30	Labs	SYSTEM	02/24/2016 17:30	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 17:30:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4566861372	W43736	02/24/2016 12:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 12:07	16678022
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Vitamin D (25 Hydroxy) Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 12:07	16678023	Vitamin D2 (25-Hydroxy) Level	<1.0	ng/mL			F		ORCALAB Contributor_system	02/26/2016 08:52	Labs	SYSTEM	02/26/2016 08:53	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	02/26/2016 08:52:00
02/24/2016 12:07	16678024	Vitamin D3 (25-Hydroxy) Level	20.7	ng/mL			F		ORCALAB Contributor_system	02/26/2016 08:52	Labs	SYSTEM	02/26/2016 08:53	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	02/26/2016 08:52:00
02/24/2016 12:07	16678025	Vit D (25-Hydroxy) Total Level	20.7	ng/mL	20.1-50.0		F		ORCALAB Contributor_system	02/26/2016 08:52	Labs	SYSTEM	02/26/2016 08:53	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	02/26/2016 08:52:00
02/24/2016 12:07	221463161	Vit D (25-Hydroxy) Interpretation					F		ORCALAB Contributor_system	02/26/2016 08:52	Labs	SYSTEM	02/26/2016 08:53	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	02/26/2016 08:52:00

Notes:
Value: Normal: 20.1-50.0 ng/mL For more information see http://web.labmed.washington.edu/tests/chemistry/VITDG2.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4564131074	W43741	02/24/2016 11:12
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 11:12	623354400
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Reflexive Urine Culture Indicated		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 11:12	623354400	Reflexive Urine Culture Indicated	Order Processed				F		ORCALAB Contributor_system	02/24/2016 16:26	Labs	SYSTEM	02/24/2016 16:26	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/24/2016 16:26:00

End of Report

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4563834682	W43741	02/24/2016 11:12
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 11:12	635819084
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis With Reflex Culture Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 11:12	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF	LT6		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**02/24/2016 13:10**	**Labs**	**SYSTEM**	**02/24/2016 13:10**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**02/24/2016 13:10:00**
02/24/2016 11:12	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	772970	Clarity, URN	Cloudy				F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	**775158**	**Leukocyte Esterase, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**02/24/2016 13:10**	**Labs**	**SYSTEM**	**02/24/2016 13:10**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**02/24/2016 13:10:00**
02/24/2016 11:12	**775612**	**Nitrite, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**02/24/2016 13:10**	**Labs**	**SYSTEM**	**02/24/2016 13:10**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**02/24/2016 13:10:00**
02/24/2016 11:12	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00

02/24/2016 11:12	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	777788	Specific Gravity, URN	1.017	g/mL	1.002-1.027		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	02/24/2016 13:10	Labs	SYSTEM	02/24/2016 13:10	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	02/24/2016 13:10:00
02/24/2016 11:12	**778746**	**WBC, URN**	**21-50(2+)**	**/HPF**	**0-5(NEG)**	**A**	**F**		**ORCALAB Contributor_system**	**02/24/2016 13:10**	**Labs**	**SYSTEM**	**02/24/2016 13:10**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**02/24/2016 13:10:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20160224	W46721	02/24/2016 11:12
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2016 11:12	778501
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201602		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2016 11:12	778501	Urine C and S	Urine C and S				F		not available electronically	02/24/2016 11:12	Labs	SYSTEM	02/26/2016 09:18	Univ. of Washington Physicians Network	Authenticated	not available electronically	02/24/2016 11:12:00
02/24/2016 11:12	778501	Urine C and S	Urine C and S				F		not available electronically	02/24/2016 11:12	Micro	SYSTEM	02/26/2016 09:18	Univ. of Washington Physicians Network	Authenticated	not available electronically	02/24/2016 11:12:00
End of Report																	

Escherichia coli

	Microtiter MIC Interp	Microtiter MIC Value (mcg/mL)
Ampicillin	S	<=8
Ampicillin/Sulbactam	S	<=8
Aztreonam	S	<=1
Cefazolin	S	<=2
Cefepime	S	<=0.25
Cefotetan	S	<=16
Ceftazidime	S	<=1
Ceftriaxone	S	<=0.25
Ciprofloxacin	S	<=0.06
Doxycycline	S	<=1
Ertapenem	S	<=0.12
Gentamicin	S	<=4
Levofloxacin	S	<=0.5
Meropenem	S	<=1
Moxifloxacin	-	<=0.25
Nitrofurantoin	S	<=32
Piperacillin/Tazobactam	S	<=2
Trimeth_Sulfamethoxazole	S	<=2

Specimen Description: Urine
Special Requests: None
Colony Count: >100,000 Col/mL
Culture: 4+ Escherichia coli
Culture: Comment: See link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx
Report Status: Final 02/26/2016

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4485782816	W49188	01/06/2016 11:28
Order Priority	**Ordered Date**	**Order Test Code**
	01/06/2016 11:28	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201601		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/06/2016 11:28	96378003	Lipid Panel Additional Information					F		ORCALAB Contributor_system	01/06/2016 15:18	Labs	SYSTEM	01/06/2016 15:18	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 15:18:00
Notes: Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID																	
01/06/2016 11:28	96378002	Cholesterol Non-HDL	111	mg/dL	0-159		F		ORCALAB Contributor_system	01/06/2016 15:18	Labs	SYSTEM	01/06/2016 15:18	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 15:18:00
01/06/2016 11:28	778392	Triglyceride Level	88	mg/dL	<150		F		ORCALAB Contributor_system	01/06/2016 15:18	Labs	SYSTEM	01/06/2016 15:18	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 15:18:00
01/06/2016 11:28	772925	Cholesterol/HDL Ratio	2.9				F		ORCALAB Contributor_system	01/06/2016 15:18	Labs	SYSTEM	01/06/2016 15:18	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 15:18:00
01/06/2016 11:28	772921	Cholesterol (LDL), Calculated	93	mg/dL	<130		F		ORCALAB Contributor_system	01/06/2016 15:18	Labs	SYSTEM	01/06/2016 15:18	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 15:18:00
01/06/2016 11:28	772917	Cholesterol HDL	57	mg/dL	>39		F		ORCALAB Contributor_system	01/06/2016 15:18	Labs	SYSTEM	01/06/2016 15:18	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 15:18:00
01/06/2016 11:28	772911	Cholesterol (Total)	168	mg/dL	<200		F		ORCALAB Contributor_system	01/06/2016 15:18	Labs	SYSTEM	01/06/2016 15:18	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 15:18:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4485521535	W48898	01/06/2016 11:01
Order Priority	**Ordered Date**	**Order Test Code**
	01/06/2016 11:01	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201601		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/06/2016 11:01	**776748**	**Prothrombin Time Patient**	**24.2**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**01/06/2016 12:29**	**Labs**	**SYSTEM**	**01/06/2016 12:30**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**01/06/2016 12:29:00**

01/06/2016 11:01	774942	Prothrombin Time INR	2.3		0.8-1.3	H	F		ORCALAB Contributor_system	01/06/2016 12:29	Labs	SYSTEM	01/06/2016 12:30	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/06/2016 12:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4430126218	W74171	12/02/2015 10:08
Order Priority	**Ordered Date**	**Order Test Code**
	12/02/2015 10:08	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201512		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/02/2015 10:08	776748	Prothrombin Time Patient	26.1	sec	10.7-15.6	H	F		ORCALAB Contributor_system	12/02/2015 12:28	Labs	SYSTEM	12/02/2015 12:29	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/02/2015 12:28:00
12/02/2015 10:08	774942	Prothrombin Time INR	2.6		0.8-1.3	H	F		ORCALAB Contributor_system	12/02/2015 12:28	Labs	SYSTEM	12/02/2015 12:29	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/02/2015 12:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4408082695	W56841	11/18/2015 11:59
Order Priority	**Ordered Date**	**Order Test Code**
	11/18/2015 11:59	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201511		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/18/2015 11:59	776748	Prothrombin Time Patient	26.6	sec	10.7-15.6	H	F		ORCALAB Contributor_system	11/18/2015 13:20	Labs	SYSTEM	11/18/2015 13:20	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/18/2015 13:20:00
11/18/2015 11:59	774942	Prothrombin Time INR	2.6		0.8-1.3	H	F		ORCALAB Contributor_system	11/18/2015 13:20	Labs	SYSTEM	11/18/2015 13:20	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/18/2015 13:20:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4395334214	T33537	11/10/2015 10:47
Order Priority	**Ordered Date**	**Order Test Code**
	11/10/2015 10:47	776341

Order Test Name	Collection Start Date Time	Collection End Date Time
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201511		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/10/2015 10:47	776748	Prothrombin Time Patient	28.7	sec	10.7-15.6	H	F		ORCALAB Contributor_system	11/10/2015 12:44	Labs	SYSTEM	11/10/2015 12:44	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/10/2015 12:44:00
11/10/2015 10:47	774942	Prothrombin Time INR	2.9		0.8-1.3	H	F		ORCALAB Contributor_system	11/10/2015 12:44	Labs	SYSTEM	11/10/2015 12:44	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/10/2015 12:44:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4315017972	M52738	09/21/2015 10:48
Order Priority	**Ordered Date**	**Order Test Code**
	09/21/2015 10:48	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201509		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/21/2015 10:48	776748	Prothrombin Time Patient	25.1	sec	10.7-15.6	H	F		ORCALAB Contributor_system	09/21/2015 12:40	Labs	SYSTEM	09/21/2015 12:41	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/21/2015 12:40:00
09/21/2015 10:48	774942	Prothrombin Time INR	2.4		0.8-1.3	H	F		ORCALAB Contributor_system	09/21/2015 12:40	Labs	SYSTEM	09/21/2015 12:41	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/21/2015 12:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4306893958	W47700	09/16/2015 11:59
Order Priority	**Ordered Date**	**Order Test Code**
	09/16/2015 11:59	1932175
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Complete, Urine, Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201509		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/16/2015 11:59	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF	LT6		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00

09/16/2015 11:59	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**09/16/2015 12:44**	**Labs**	**SYSTEM**	**09/16/2015 12:45**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/16/2015 12:44:00**
09/16/2015 11:59	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	**775158**	**Leukocyte Esterase, URN**	**Positive**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**09/16/2015 12:44**	**Labs**	**SYSTEM**	**09/16/2015 12:45**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/16/2015 12:44:00**
09/16/2015 11:59	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00

09/16/2015 11:59	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	777788	Specific Gravity, URN	1.012	g/mL	1.002-1.027		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	09/16/2015 12:44	Labs	SYSTEM	09/16/2015 12:45	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	09/16/2015 12:44:00
09/16/2015 11:59	**778746**	**WBC, URN**	**21-50(2+)**	**/HPF**	**0-5(NEG)**	**A**	**F**		**ORCALAB Contributor_system**	**09/16/2015 12:44**	**Labs**	**SYSTEM**	**09/16/2015 12:45**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**09/16/2015 12:44:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20150916	W47702	09/16/2015 11:59
Order Priority	**Ordered Date**	**Order Test Code**
	09/16/2015 11:59	778503
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201509		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/16/2015 11:59	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	09/16/2015 11:59	Labs	SYSTEM	09/18/2015 09:44	Univ. of Washington Physicians Network	Authenticated	not available electronically	09/16/2015 11:59:00
09/16/2015 11:59	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	09/16/2015 11:59	Micro	SYSTEM	09/18/2015 09:44	Univ. of Washington Physicians Network	Authenticated	not available electronically	09/16/2015 11:59:00
End of Report																	

Escherichia coli

	Microtiter MIC Interp	Microtiter MIC Value (mcg/mL)
Ampicillin	S	<=8
Ampicillin/Sulbactam	S	<=8
Aztreonam	S	<=1
Cefazolin	S	<=2
Cefepime	S	<=0.25
Cefotetan	S	<=16
Ceftazidime	S	<=0.5
Ceftriaxone	S	<=0.25
Ciprofloxacin	S	<=0.06
Doxycycline	S	<=1
Ertapenem	S	<=0.12
Gentamicin	S	<=4
Levofloxacin	S	<=0.5
Meropenem	S	<=1
Moxifloxacin	-	<=0.25
Nitrofurantoin	S	<=32
Piperacillin/Tazobactam	S	<=8
Trimeth_Sulfamethoxazole	S	<=2

Specimen Description: Urine
Special Requests: None
Direct Exam: No polymorphonuclear cells or organisms seen
Colony Count: 25000 Col/mL
Culture: 3+ Escherichia coli
Culture: 2+ Mixed gram positive flora : at least 3 different colony types
Report Status: Final 09/18/2015

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4306726511	W46712	09/16/2015 10:39
Order Priority	**Ordered Date**	**Order Test Code**
	09/16/2015 10:39	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201509		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/16/2015 10:39	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		ORCALAB Contributor_system	09/16/2015 11:12	Labs	SYSTEM	09/16/2015 11:12	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/16/2015 11:12:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4228975492	W54907	07/29/2015 08:47
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2015 08:47	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201507		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2015 08:47	776334	Prothrombin Time (Rapid INR)	2.9		0.8-1.3	H	F		ORCALAB Contributor_system	07/29/2015 09:37	Labs	SYSTEM	07/29/2015 09:37	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/29/2015 09:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
1614322815	W37388	07/15/2015 09:55
Order Priority	**Ordered Date**	**Order Test Code**
	07/15/2015 09:55	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Teresa Myers Erskine ARNP	
Encounter Number		
1796314943		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/15/2015 09:55	777764	Na	141	mEq/L	135-145		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00

07/15/2015 09:55	776178	K	4.1	mEq/L	3.6-5.2		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	774139	Glucose Level	116	mg/dL	62-125		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	773230	Creatinine	0.85	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	**772899**	**Cl**	**111**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**07/15/2015 10:32**	**Labs**	**SYSTEM**	**07/15/2015 10:32**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/15/2015 10:32:00**
07/15/2015 09:55	772694	CO2	22	mEq/L	22-32		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	772560	BUN	17	mg/dL	8-21		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	772060	Anion Gap	8		4-12		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/15/2015 09:55	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
07/15/2015 09:55	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	07/15/2015 10:32	Labs	SYSTEM	07/15/2015 10:32	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
1614322785	W37388	07/15/2015 09:55
Order Priority	**Ordered Date**	**Order Test Code**
	07/15/2015 09:55	146584513
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC w/ Diff		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Teresa Myers Erskine ARNP	
Encounter Number		
1796314943		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/15/2015 09:55	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00

07/15/2015 09:55	164763112	% Eosinophils	3	%			F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	778747	WBC	5.45	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	**776876**	**RBC**	**3.62**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**07/15/2015 10:09**	**Labs**	**SYSTEM**	**07/15/2015 10:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/15/2015 10:09:00**
07/15/2015 09:55	776102	PLT	192	thousand/microL	150-400		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	775588	Neutrophils	3.15	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	775518	Monocytes	0.40	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	**775326**	**MCHC**	**31.3**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/15/2015 10:09**	**Labs**	**SYSTEM**	**07/15/2015 10:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/15/2015 10:09:00**
07/15/2015 09:55	164763109	% Monocytes	7	%			F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	164763106	% Lymphocytes	31	%			F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	164763103	% Neutrophils	58	%			F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	43852231	RDW-CV	14.0	%	11.6-14.4		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	773635	Eosinophils	0.17	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	**774298**	**HCT**	**35**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**07/15/2015 10:09**	**Labs**	**SYSTEM**	**07/15/2015 10:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/15/2015 10:09:00**
07/15/2015 09:55	775325	MCH	30.4	pg	27.3-33.6		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00

07/15/2015 09:55	775267	Lymphocytes	1.69	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	07/15/2015 10:09	Labs	SYSTEM	07/15/2015 10:09	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:09:00
07/15/2015 09:55	**774336**	**Hb**	**11.0**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**07/15/2015 10:09**	**Labs**	**SYSTEM**	**07/15/2015 10:09**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/15/2015 10:09:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
1614323175	W37388	07/15/2015 09:55
Order Priority	**Ordered Date**	**Order Test Code**
	07/15/2015 09:55	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
PT w/ INR and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Teresa Myers Erskine ARNP	
Encounter Number		
1796314943		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/15/2015 09:55	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	07/15/2015 10:25	Labs	SYSTEM	07/15/2015 10:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:25:00
07/15/2015 09:55	776768	PTT Patient	35	sec	22-35		F		ORCALAB Contributor_system	07/15/2015 10:25	Labs	SYSTEM	07/15/2015 10:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/15/2015 10:25:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 15 2015 10:25 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
07/15/2015 09:55	**776748**	**Prothrombin Time Patient**	**28.6**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**07/15/2015 10:25**	**Labs**	**SYSTEM**	**07/15/2015 10:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/15/2015 10:25:00**
07/15/2015 09:55	**774942**	**Prothrombin Time INR**	**2.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**07/15/2015 10:25**	**Labs**	**SYSTEM**	**07/15/2015 10:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/15/2015 10:25:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4191949955	M25564	07/06/2015 13:02
Order Priority	**Ordered Date**	**Order Test Code**
	07/06/2015 13:02	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201507		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

07/06/2015 13:02	776334	Prothrombin Time (Rapid INR)	3.1		0.8-1.3	H	F		ORCALAB Contributor_system	07/06/2015 14:11	Labs	SYSTEM	07/06/2015 14:11	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/06/2015 14:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4118887841	W37287	05/20/2015 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	05/20/2015 10:25	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201505		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/20/2015 10:25	774942	Prothrombin Time INR	2.4		0.8-1.3	H	F		ORCALAB Contributor_system	05/20/2015 11:46	Labs	SYSTEM	05/20/2015 11:46	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/20/2015 11:46:00
05/20/2015 10:25	776748	Prothrombin Time Patient	25.0	sec	10.7-15.6	H	F		ORCALAB Contributor_system	05/20/2015 11:46	Labs	SYSTEM	05/20/2015 11:46	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/20/2015 11:46:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4054113334	W56121	04/08/2015 11:45
Order Priority	**Ordered Date**	**Order Test Code**
	04/08/2015 11:45	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201504		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/08/2015 11:45	776334	Prothrombin Time (Rapid INR)	2.9		0.8-1.3	H	F		ORCALAB Contributor_system	04/08/2015 12:22	Labs	SYSTEM	04/08/2015 12:22	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/08/2015 12:22:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4043724201	W47599	04/01/2015 12:30
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2015 12:30	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201504		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2015 12:30	774942	Prothrombin Time INR	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	04/01/2015 18:50	Labs	SYSTEM	04/01/2015 18:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2015 18:50:00
04/01/2015 12:30	776748	Prothrombin Time Patient	25.6	sec	10.7-15.6	H	F		ORCALAB Contributor_system	04/01/2015 18:50	Labs	SYSTEM	04/01/2015 18:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2015 18:50:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_4032010771	W37300	03/25/2015 10:34
Order Priority	**Ordered Date**	**Order Test Code**
	03/25/2015 10:34	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201503		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/25/2015 10:34	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		ORCALAB Contributor_system	03/25/2015 11:01	Labs	SYSTEM	03/25/2015 11:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/25/2015 11:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3988594684	W71799	02/25/2015 10:20
Order Priority	**Ordered Date**	**Order Test Code**
	02/25/2015 10:20	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201502		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/25/2015 10:20	776334	Prothrombin Time (Rapid INR)	3.2		0.8-1.3	H	F		ORCALAB Contributor_system	02/25/2015 11:03	Labs	SYSTEM	02/25/2015 11:03	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/25/2015 11:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3976159529	T40503	02/17/2015 10:17
Order Priority	**Ordered Date**	**Order Test Code**
	02/17/2015 10:17	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		

LABN3927850201502		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/17/2015 10:17	776334	Prothrombin Time (Rapid INR)	3.2		0.8-1.3	H	F		ORCALAB Contributor_system	02/17/2015 10:54	Labs	SYSTEM	02/17/2015 10:54	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/17/2015 10:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3967797192	W53607	02/11/2015 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	02/11/2015 10:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201502		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/11/2015 10:22	776334	Prothrombin Time (Rapid INR)	1.8		0.8-1.3	H	F		ORCALAB Contributor_system	02/11/2015 11:12	Labs	SYSTEM	02/11/2015 11:12	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/11/2015 11:12:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3955818973	T22185	02/03/2015 10:15
Order Priority	**Ordered Date**	**Order Test Code**
	02/03/2015 10:15	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201502		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/03/2015 10:15	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		ORCALAB Contributor_system	02/03/2015 10:37	Labs	SYSTEM	02/03/2015 10:37	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/03/2015 10:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3947269749	W36630	01/28/2015 10:42
Order Priority	**Ordered Date**	**Order Test Code**
	01/28/2015 10:42	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201501		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/28/2015 10:42	776748	Prothrombin Time Patient	29.4	sec	10.7-15.6	H	F		ORCALAB Contributor_system	01/28/2015 11:35	Labs	SYSTEM	01/28/2015 11:35	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/28/2015 11:35:00
01/28/2015 10:42	774942	Prothrombin Time INR	2.8		0.8-1.3	H	F		ORCALAB Contributor_system	01/28/2015 11:35	Labs	SYSTEM	01/28/2015 11:35	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	01/28/2015 11:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3938266756	H45870	01/22/2015 08:55
Order Priority	**Ordered Date**	**Order Test Code**
	01/22/2015 08:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201501		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/22/2015 08:55	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		ORCALAB Contributor_system	01/22/2015 09:32	Labs	SYSTEM	01/22/2015 09:32	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/22/2015 09:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3914273787	T58261	01/06/2015 10:13
Order Priority	**Ordered Date**	**Order Test Code**
	01/06/2015 10:13	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201501		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/06/2015 10:13	776334	Prothrombin Time (Rapid INR)	1.9		0.8-1.3	H	F		ORCALAB Contributor_system	01/06/2015 10:52	Labs	SYSTEM	01/06/2015 10:52	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/06/2015 10:52:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3897215102	W67331	12/24/2014 11:55
Order Priority	**Ordered Date**	**Order Test Code**
	12/24/2014 11:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201412		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/24/2014 11:55	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		ORCALAB Contributor_system	12/24/2014 12:21	Labs	SYSTEM	12/24/2014 12:21	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/24/2014 12:21:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3886342307	W58150	12/17/2014 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	12/17/2014 10:18	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201412		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/17/2014 10:18	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	12/17/2014 10:37	Labs	SYSTEM	12/17/2014 10:37	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/17/2014 10:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3844742103	W23608	11/19/2014 10:15
Order Priority	**Ordered Date**	**Order Test Code**
	11/19/2014 10:15	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201411		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

11/19/2014 10:15	776748	Prothrombin Time Patient	26.2	sec	10.7-15.6	H	F		ORCALAB Contributor_system	11/19/2014 12:08	Labs	SYSTEM	11/19/2014 12:09	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/19/2014 12:08:00
11/19/2014 10:15	774942	Prothrombin Time INR	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	11/19/2014 12:08	Labs	SYSTEM	11/19/2014 12:09	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/19/2014 12:08:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20141105	T48050	11/05/2014 14:32
Order Priority	**Ordered Date**	**Order Test Code**
	11/05/2014 14:32	778503
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201411		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/05/2014 14:32	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	11/05/2014 14:32	Labs	SYSTEM	11/08/2014 11:02	Univ. of Washington Physicians Network	Authenticated	not available electronically	11/05/2014 14:32:00
11/05/2014 14:32	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	11/05/2014 14:32	Micro	SYSTEM	11/08/2014 11:02	Univ. of Washington Physicians Network	Authenticated	not available electronically	11/05/2014 14:32:00
End of Report																	

Specimen Description: Urine
Special Requests: none
Direct Exam: Rare Polymorphonuclear cells
Direct Exam: 1+ Gram Variable Rods
Colony Count: 8000 Col/mL
Culture: 2+ Proteus mirabilis
Culture: 2+ Escherichia coli
Culture: 2+ Gram positive flora
Culture: Comment: See link for important guidelines regarding the interpretation of susceptibility reports: http://tests.labmed.washington.edu/abx
Report Status: Final 11/08/2014

Proteus mirabilis

	Microtiter MIC Interp	Microtiter MIC Value (mcg/mL)
Ampicillin	S	<=8
Ampicillin/Sulbactam	S	<=8
Aztreonam	S	<=1
Cefazolin	S	<=2
Cefepime	S	<=0.25
Cefotetan	S	<=16
Ceftazidime	S	<=0.5
Ceftriaxone	S	<=0.25
Ciprofloxacin	R	>2
Doxycycline	R	>8
Ertapenem	S	<=0.12
Gentamicin	S	<=4
Levofloxacin	R	>4
Meropenem	S	<=1
Moxifloxacin	--	>2
Nitrofurantoin	R	>64
Piperacillin/Tazobactam	S	<=8
Trimeth_Sulfamethoxazole	S	<=2

Escherichia coli

	Microtiter MIC Interp	Microtiter MIC Value (mcg/mL)
Ampicillin	S	<=8
Ampicillin/Sulbactam	S	<=8
Aztreonam	S	<=1
Cefazolin	S	<=2
Cefepime	S	<=0.25
Cefotetan	S	<=16
Ceftazidime	S	<=0.5
Ceftriaxone	S	<=0.25
Ciprofloxacin	S	<=0.06
Doxycycline	S	2
Ertapenem	S	<=0.12
Gentamicin	S	<=4
Levofloxacin	S	<=0.5
Meropenem	S	<=1
Moxifloxacin	-	<=0.25

Nitrofurantoin	S	<=32
Piperacillin/Tazobactam	S	<=8
Trimeth_Sulfamethoxazole	S	<=2

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3824842272	W78752	11/05/2014 13:23
Order Priority	**Ordered Date**	**Order Test Code**
	11/05/2014 13:23	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201411		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/05/2014 13:23	**776748**	**Prothrombin Time Patient**	**28.1**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**11/05/2014 17:41**	**Labs**	**SYSTEM**	**11/05/2014 17:41**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/05/2014 17:41:00**
11/05/2014 13:23	**774942**	**Prothrombin Time INR**	**2.7**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**11/05/2014 17:41**	**Labs**	**SYSTEM**	**11/05/2014 17:41**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/05/2014 17:41:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3824380739	T48049	11/05/2014 10:45
Order Priority	**Ordered Date**	**Order Test Code**
	11/05/2014 10:45	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201411		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/05/2014 10:45	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**11/05/2014 12:01**	**Labs**	**SYSTEM**	**11/05/2014 12:01**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/05/2014 12:01:00**
11/05/2014 10:45	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	**13318809**	**Mucus, URN**	**Present**	**/LPF**	**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**11/05/2014 12:01**	**Labs**	**SYSTEM**	**11/05/2014 12:01**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/05/2014 12:01:00**
11/05/2014 10:45	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00

11/05/2014 10:45	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**11/05/2014 12:01**	**Labs**	**SYSTEM**	**11/05/2014 12:01**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/05/2014 12:01:00**
11/05/2014 10:45	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3824380592	T48049	11/05/2014 10:45
Order Priority	**Ordered Date**	**Order Test Code**
	11/05/2014 10:45	12999987
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Workup Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201411		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/05/2014 10:45	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	777788	Specific Gravity, URN	1.024	g/mL	1.002-1.027		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	776019	pH, URN	5.5		5.0-8.0		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	**775158**	**Leukocyte Esterase, URN**	**Trace**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**11/05/2014 12:01**	**Labs**	**SYSTEM**	**11/05/2014 12:01**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/05/2014 12:01:00**
11/05/2014 10:45	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00

11/05/2014 10:45	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00
11/05/2014 10:45	13318813	Comments for Macroscopic, URN	None				F		ORCALAB Contributor_system	11/05/2014 12:01	Labs	SYSTEM	11/05/2014 12:01	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/05/2014 12:01:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3824640720	T48047	11/05/2014 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	11/05/2014 10:18	773811
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Ferritin		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201411		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/05/2014 10:18	773811	Ferritin	35	ng/mL	10-180		F		ORCALAB Contributor_system	11/05/2014 15:11	Labs	SYSTEM	11/05/2014 15:12	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/05/2014 15:11:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3827804147	T48047	11/05/2014 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	11/05/2014 10:18	96378013
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Methylmalonic Acid Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201411		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/05/2014 10:18	96378013	Methylmalonic Acid Level	0.20	micromol/L	<0.30		F		ORCALAB Contributor_system	11/07/2014 13:42	Labs	SYSTEM	11/07/2014 13:42	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	11/07/2014 13:42:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on November 07 2014 13:42 Reference range comments for Methylmalonic Acid: Normal <0.30 umol/L Indeterminate 0.30-0.40 umol/L Elevated >0.40 umol/L

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20141022	W60455	10/22/2014 11:32
Order Priority	**Ordered Date**	**Order Test Code**
	10/22/2014 11:32	778503
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/22/2014 11:32	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	10/22/2014 11:32	Labs	SYSTEM	10/22/2014 13:46	Univ. of Washington Physicians Network	Authenticated	not available electronically	10/22/2014 11:32:00
10/22/2014 11:32	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	10/22/2014 11:32	Micro	SYSTEM	10/22/2014 13:46	Univ. of Washington Physicians Network	Authenticated	not available electronically	10/22/2014 11:32:00
End of Report																	

Specimen Description: Urine
Special Requests: None
Direct Exam: Reorder requested, collection problem
Colony Count: Reorder requested, collection problem
Culture: Reorder requested, collection problem
Report Status: Final 10/22/2014

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3804063619	W60451	10/22/2014 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	10/22/2014 11:31	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/22/2014 11:31	**774336**	**Hb**	**11.3**	**g/dL**	**11.5-15.5**	**L**	**F**		**ORCALAB Contributor_system**	**10/22/2014 13:57**	**Labs**	**SYSTEM**	**10/22/2014 13:57**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/22/2014 13:57:00**
10/22/2014 11:31	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	775267	Lymphocytes	1.53	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	775325	MCH	32.2	pg	27.3-33.6		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	775326	MCHC	32.2	g/dL	32.2-36.5		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	**775327**	**MCV**	**100**	**fL**	**81-98**	**H**	**F**		**ORCALAB Contributor_system**	**10/22/2014 13:57**	**Labs**	**SYSTEM**	**10/22/2014 13:57**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/22/2014 13:57:00**
10/22/2014 11:31	775518	Monocytes	0.39	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	775588	Neutrophils	2.45	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	776102	PLT	190	thousand/microL	150-400		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	**776876**	**RBC**	**3.51**	**million/microL**	**3.80-5.00**	**L**	**F**		**ORCALAB Contributor_system**	**10/22/2014 13:57**	**Labs**	**SYSTEM**	**10/22/2014 13:57**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/22/2014 13:57:00**
10/22/2014 11:31	778747	WBC	4.57	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	164763103	% Neutrophils	52	%			F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00

10/22/2014 11:31	164763106	% Lymphocytes	34	%			F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	164763109	% Monocytes	9	%			F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	164763112	% Eosinophils	4	%			F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	164763115	% Basophils	1	%			F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	43852231	RDW-CV	14.1	%	11.6-14.4		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	773635	Eosinophils	0.16	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	10/22/2014 13:57	Labs	SYSTEM	10/22/2014 13:57	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 13:57:00
10/22/2014 11:31	**774298**	**HCT**	**35**	**%**	**36-45**	**L**	**F**		**ORCALAB Contributor_system**	**10/22/2014 13:57**	**Labs**	**SYSTEM**	**10/22/2014 13:57**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/22/2014 13:57:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3804104381	W60451	10/22/2014 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	10/22/2014 11:31	772950
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CK (Total)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/22/2014 11:31	772950	CK (Total)	42	units/L	30-231		F		ORCALAB Contributor_system	10/22/2014 14:25	Labs	SYSTEM	10/22/2014 14:25	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 14:25:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3804104395	W60451	10/22/2014 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	10/22/2014 11:31	1932035
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

CRP High Sensitivity		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/22/2014 11:31	1932035	CRP High Sensitivity	0.5	mg/L	0.0-10.0		F		ORCALAB Contributor_system	10/22/2014 14:25	Labs	SYSTEM	10/22/2014 14:25	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/22/2014 14:25:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3803867559	W60454	10/22/2014 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	10/22/2014 11:31	12999987
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Workup Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/22/2014 11:31	**772414**	**Bilirubin Qual, URN**	**Reorder requested, collection problem**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**
10/22/2014 11:31	**778514**	**Urobilinogen, URN**	**Reorder requested, collection problem**	**Ehrlich units**	**0.1-1.9**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**
10/22/2014 11:31	777788	Specific Gravity, URN	Reorder requested, collection problem	g/mL	1.002-1.027		F		ORCALAB Contributor_system	10/22/2014 11:43	Labs	SYSTEM	10/22/2014 11:43	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/22/2014 11:43:00
10/22/2014 11:31	**776288**	**Protein (Albumin Semi-Quant), URN**	**Reorder requested, collection problem**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**
10/22/2014 11:31	776019	pH, URN	Reorder requested, collection problem		5.0-8.0		F		ORCALAB Contributor_system	10/22/2014 11:43	Labs	SYSTEM	10/22/2014 11:43	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/22/2014 11:43:00
10/22/2014 11:31	772970	Clarity, URN	Reorder requested, collection problem				F		ORCALAB Contributor_system	10/22/2014 11:43	Labs	SYSTEM	10/22/2014 11:43	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/22/2014 11:43:00
10/22/2014 11:31	773113	Color, URN	Reorder requested, collection problem				F		ORCALAB Contributor_system	10/22/2014 11:43	Labs	SYSTEM	10/22/2014 11:43	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/22/2014 11:43:00
10/22/2014 11:31	**774201**	**Glucose Qual, URN**	**Reorder requested, collection problem**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**
10/22/2014 11:31	**775044**	**Ketones, URN**	**Reorder requested, collection problem**	**mg/dL**	**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**

10/22/2014 11:31	**775158**	**Leukocyte Esterase, URN**	**Reorder requested, collection problem**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**
10/22/2014 11:31	**775612**	**Nitrite, URN**	**Reorder requested, collection problem**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**
10/22/2014 11:31	**775736**	**Occult Blood, URN**	**Reorder requested, collection problem**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**10/22/2014 11:43**	**Labs**	**SYSTEM**	**10/22/2014 11:43**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**10/22/2014 11:43:00**
10/22/2014 11:31	13318813	Comments for Macroscopic, URN	Reorder requested, collection problem				F		ORCALAB Contributor_system	10/22/2014 11:43	Labs	SYSTEM	10/22/2014 11:43	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	10/22/2014 11:43:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3803699503	W59370	10/22/2014 09:26
Order Priority	**Ordered Date**	**Order Test Code**
	10/22/2014 09:26	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/22/2014 09:26	**776334**	**Prothrombin Time (Rapid INR)**	**2.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**10/22/2014 10:07**	**Labs**	**SYSTEM**	**10/22/2014 10:07**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**10/22/2014 10:07:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3794892877	H72498	10/16/2014 08:54
Order Priority	**Ordered Date**	**Order Test Code**
	10/16/2014 08:54	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/16/2014 08:54	**776334**	**Prothrombin Time (Rapid INR)**	**2.9**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**10/16/2014 10:07**	**Labs**	**SYSTEM**	**10/16/2014 10:07**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**10/16/2014 10:07:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

CE_3720360318	W59857	08/27/2014 09:23
Order Priority	**Ordered Date**	**Order Test Code**
	08/27/2014 09:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201408		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/27/2014 09:23	776334	Prothrombin Time (Rapid INR)	2.0		0.8-1.3	H	F		ORCALAB Contributor_system	08/27/2014 10:29	Labs	SYSTEM	08/27/2014 10:29	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2014 10:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_3697778223	T17617	08/12/2014 10:36
Order Priority	**Ordered Date**	**Order Test Code**
	08/12/2014 10:36	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201408		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/12/2014 10:36	776334	Prothrombin Time (Rapid INR)	1.8		0.8-1.3	H	F		ORCALAB Contributor_system	08/12/2014 12:17	Labs	SYSTEM	08/12/2014 12:17	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/12/2014 12:17:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_3678921279	W26115	07/30/2014 09:32
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2014 09:32	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201407		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2014 09:32	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		ORCALAB Contributor_system	07/30/2014 09:53	Labs	SYSTEM	07/30/2014 09:53	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/30/2014 09:53:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_3636214714	T37161	07/01/2014 11:30

Order Priority	Ordered Date	Order Test Code
	07/01/2014 11:30	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201407		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/01/2014 11:30	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		ORCALAB Contributor_system	07/01/2014 12:21	Labs	SYSTEM	07/01/2014 12:21	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/01/2014 12:21:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3628056537	W56586	06/25/2014 14:21
Order Priority	**Ordered Date**	**Order Test Code**
	06/25/2014 14:21	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201406		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/25/2014 14:21	776748	Prothrombin Time Patient	21.6	sec	10.7-15.6	H	F		ORCALAB Contributor_system	06/25/2014 17:13	Labs	SYSTEM	06/25/2014 17:13	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/25/2014 17:13:00
06/25/2014 14:21	774942	Prothrombin Time INR	1.9		0.8-1.3	H	F		ORCALAB Contributor_system	06/25/2014 17:13	Labs	SYSTEM	06/25/2014 17:13	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	06/25/2014 17:13:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3627849027	W56586	06/25/2014 14:21
Order Priority	**Ordered Date**	**Order Test Code**
	06/25/2014 14:21	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201406		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/25/2014 14:21	776334	Prothrombin Time (Rapid INR)	Duplicate request		0.8-1.3		F		ORCALAB Contributor_system	06/25/2014 14:50	Labs	SYSTEM	06/25/2014 14:50	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	06/25/2014 14:50:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3587888931	H41604	05/29/2014 13:23

Order Priority	Ordered Date	Order Test Code
	05/29/2014 13:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201405		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/29/2014 13:23	776334	Prothrombin Time (Rapid INR)	2.4		0.8-1.3	H	F		ORCALAB Contributor_system	05/29/2014 13:59	Labs	SYSTEM	05/29/2014 13:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/29/2014 13:59:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3588266302	W75822	05/29/2014 13:05
Order Priority	**Ordered Date**	**Order Test Code**
	05/29/2014 13:05	773811
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Ferritin		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201405		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/29/2014 13:05	773811	Ferritin	29	ng/mL	10-180		F		ORCALAB Contributor_system	05/29/2014 18:40	Labs	SYSTEM	05/29/2014 18:41	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/29/2014 18:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3565708735	W73911	05/14/2014 10:26
Order Priority	**Ordered Date**	**Order Test Code**
	05/14/2014 10:26	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201405		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/14/2014 10:26	776334	Prothrombin Time (Rapid INR)	1.6		0.8-1.3	H	F		ORCALAB Contributor_system	05/14/2014 10:54	Labs	SYSTEM	05/14/2014 10:54	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/14/2014 10:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3522356818	M65765	04/14/2014 11:04
Order Priority	**Ordered Date**	**Order Test Code**
	04/14/2014 11:04	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201404		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/14/2014 11:04	**776334**	**Prothrombin Time (Rapid INR)**	**2.0**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**04/14/2014 11:52**	**Labs**	**SYSTEM**	**04/14/2014 11:53**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**04/14/2014 11:52:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3487757979	F34555	03/21/2014 10:29
Order Priority	**Ordered Date**	**Order Test Code**
	03/21/2014 10:29	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201403		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/21/2014 10:29	**776334**	**Prothrombin Time (Rapid INR)**	**2.2**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**03/21/2014 11:42**	**Labs**	**SYSTEM**	**03/21/2014 11:42**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**03/21/2014 11:42:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3446134569	F74536	02/21/2014 11:30
Order Priority	**Ordered Date**	**Order Test Code**
	02/21/2014 11:30	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201402		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/21/2014 11:30	164763103	% Neutrophils	66	%			F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	164763106	% Lymphocytes	25	%			F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	164763109	% Monocytes	6	%			F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	164763112	% Eosinophils	3	%			F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00

02/21/2014 11:30	164763115	% Basophils	0	%			F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	164763118	% Immature Granulocytes	0	%			F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	43852231	RDW-CV	13.1	%	11.6-14.4		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	772363	Basophils	0.02	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	773635	Eosinophils	0.16	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	774298	HCT	39	%	36-45		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	774336	Hb	12.4	g/dL	11.5-15.5		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	775267	Lymphocytes	1.51	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	775325	MCH	31.1	pg	27.3-33.6		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	**775326**	**MCHC**	**31.6**	**g/dL**	**32.2-36.5**	**L**	**F**		**ORCALAB Contributor_system**	**02/21/2014 16:58**	**Labs**	**SYSTEM**	**02/21/2014 16:58**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/21/2014 16:58:00**
02/21/2014 11:30	**775327**	**MCV**	**99**	**fL**	**81-98**	**H**	**F**		**ORCALAB Contributor_system**	**02/21/2014 16:58**	**Labs**	**SYSTEM**	**02/21/2014 16:58**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/21/2014 16:58:00**
02/21/2014 11:30	775518	Monocytes	0.37	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	775588	Neutrophils	4.07	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	778747	WBC	6.14	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
02/21/2014 11:30	776876	RBC	3.99	million/microL	3.80-5.00		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00

02/21/2014 11:30	776102	PLT	187	thousand/microL	150-400		F		ORCALAB Contributor_system	02/21/2014 16:58	Labs	SYSTEM	02/21/2014 16:58	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 16:58:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3446184123	F74536	02/21/2014 11:30
Order Priority	**Ordered Date**	**Order Test Code**
	02/21/2014 11:30	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201402		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/21/2014 11:30	777764	Na	144	mEq/L	136-145		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	776290	Protein (Total)	7.2	g/dL	6.0-8.2		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	776178	K	4.5	mEq/L	3.7-5.2		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	**774139**	**Glucose Level**	**134**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**02/21/2014 17:37**	**Labs**	**SYSTEM**	**02/21/2014 17:37**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/21/2014 17:37:00**
02/21/2014 11:30	773230	Creatinine	0.83	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	**772899**	**Cl**	**111**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**02/21/2014 17:37**	**Labs**	**SYSTEM**	**02/21/2014 17:37**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/21/2014 17:37:00**
02/21/2014 11:30	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	772647	Ca	9.7	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	772560	BUN	18	mg/dL	8-21		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	772416	Bilirubin (Total)	0.9	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	772259	AST (GOT)	23	units/L	15-40		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	772060	Anion Gap	8		3-11		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	771938	Alk Phos (Total)	49	units/L	49-199		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	771901	Albumin	4.3	g/dL	3.5-5.2		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	771898	ALT (GPT)	21	units/L	6-40		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00

02/21/2014 11:30	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
02/21/2014 11:30	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
02/21/2014 11:30	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3446184185	F74536	02/21/2014 11:30
Order Priority	**Ordered Date**	**Order Test Code**
	02/21/2014 11:30	1932035
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CRP High Sensitivity		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201402		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/21/2014 11:30	1932035	CRP High Sensitivity	0.2	mg/L	0.0-10.0		F		ORCALAB Contributor_system	02/21/2014 17:37	Labs	SYSTEM	02/21/2014 17:37	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3446198539	F74536	02/21/2014 11:30
Order Priority	**Ordered Date**	**Order Test Code**
	02/21/2014 11:30	777691
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Sedimentation Rate (ESR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201402		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/21/2014 11:30	777691	Sedimentation Rate (ESR)	18	mm/hr	0-20		F		ORCALAB Contributor_system	02/21/2014 17:49	Labs	SYSTEM	02/21/2014 17:49	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/21/2014 17:49:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3394392046	F34460	01/17/2014 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	01/17/2014 10:21	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201401		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/17/2014 10:21	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	01/17/2014 11:06	Labs	SYSTEM	01/17/2014 11:06	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/17/2014 11:06:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3359593377	T22740	12/24/2013 10:19
Order Priority	**Ordered Date**	**Order Test Code**
	12/24/2013 10:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/24/2013 10:19	776334	Prothrombin Time (Rapid INR)	2.4		0.8-1.3	H	F		ORCALAB Contributor_system	12/24/2013 10:35	Labs	SYSTEM	12/24/2013 10:35	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/24/2013 10:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3359753385	W44558	12/24/2013 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	12/24/2013 10:18	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/24/2013 10:18	777764	Na	141	mEq/L	136-145		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	776178	K	5.1	mEq/L	3.7-5.2		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	774139	Glucose Level	104	mg/dL	62-125		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	773230	Creatinine	0.73	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	772899	Cl	107	mEq/L	98-108		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	772694	CO2	28	mEq/L	22-32		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00

12/24/2013 10:18	772560	BUN	18	mg/dL	8-21		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	772060	Anion Gap	6		3-11		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
12/24/2013 10:18	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3359935821	W44558	12/24/2013 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	12/24/2013 10:18	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/24/2013 10:18	**774344**	**Hemoglobin A1C by HPLC**	**6.2**	**%**	**4.0-6.0**	**H**	**F**		**ORCALAB Contributor_system**	**12/24/2013 15:04**	**Labs**	**SYSTEM**	**12/24/2013 15:04**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/24/2013 15:04:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3359753393	W44558	12/24/2013 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	12/24/2013 10:18	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/24/2013 10:18	96378003	Lipid Panel Additional Information					F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
Notes: Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID																	
12/24/2013 10:18	96378002	Cholesterol Non-HDL	84	mg/dL	0-159		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	778392	Triglyceride Level	124	mg/dL	<150		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00

12/24/2013 10:18	772925	Cholesterol/HDL Ratio	2.6				F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	772921	Cholesterol (LDL), Calculated	59	mg/dL	<130		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	772917	Cholesterol HDL	53	mg/dL	>40		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00
12/24/2013 10:18	772911	Cholesterol (Total)	137	mg/dL	<200		F		ORCALAB Contributor_system	12/24/2013 12:27	Labs	SYSTEM	12/24/2013 12:27	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:27:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3366174090	W44558	12/24/2013 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	12/24/2013 10:18	96378013
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Methylmalonic Acid Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/24/2013 10:18	**96378013**	**Methylmalonic Acid Level**	**0.31**	**micromol/L**	**<0.30**	**H**	**F**		**ORCALAB Contributor_system**	**12/29/2013 14:30**	**Labs**	**SYSTEM**	**12/29/2013 14:30**	**Univ. of Washington Physicians Network**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**12/29/2013 14:30:00**

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 29 2013 14:30 Reference range comments for Methylmalonic Acid: Normal <0.30 umol/L Indeterminate 0.30-0.40 umol/L Elevated >0.40 umol/L

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3359786422	W44558	12/24/2013 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	12/24/2013 10:18	778418
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
TSH		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/24/2013 10:18	778418	TSH	2.951	microIU/mL	0.400-5.000		F		ORCALAB Contributor_system	12/24/2013 12:51	Labs	SYSTEM	12/24/2013 12:51	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/24/2013 12:51:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3340191868	W43165	12/11/2013 10:29
Order Priority	**Ordered Date**	**Order Test Code**
	12/11/2013 10:29	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		

Sending Facility	Ordering Physician	Orderstatus
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/11/2013 10:29	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		ORCALAB Contributor_system	12/11/2013 11:03	Labs	SYSTEM	12/11/2013 11:03	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/11/2013 11:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3328375182	T69032	12/03/2013 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	12/03/2013 10:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/03/2013 10:25	776334	Prothrombin Time (Rapid INR)	3.7		0.8-1.3	H	F		ORCALAB Contributor_system	12/03/2013 10:59	Labs	SYSTEM	12/03/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/03/2013 10:59:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3299712196	W10180	11/13/2013 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	11/13/2013 10:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201311		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/13/2013 10:22	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		ORCALAB Contributor_system	11/13/2013 10:54	Labs	SYSTEM	11/13/2013 10:54	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/13/2013 10:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3219358885	F44321	09/20/2013 10:20
Order Priority	**Ordered Date**	**Order Test Code**
	09/20/2013 10:20	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	

Encounter Number		
LABN3927850201309		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/20/2013 10:20	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		ORCALAB Contributor_system	09/20/2013 10:43	Labs	SYSTEM	09/20/2013 10:43	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/20/2013 10:43:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3188468671	F19361	08/30/2013 09:19
Order Priority	**Ordered Date**	**Order Test Code**
	08/30/2013 09:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201308		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/30/2013 09:19	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		ORCALAB Contributor_system	08/30/2013 09:55	Labs	Neighbor Jr, MD, William E	09/10/2013 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/30/2013 09:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3143305344	W29271	07/31/2013 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/31/2013 10:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201307		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/31/2013 10:25	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		ORCALAB Contributor_system	07/31/2013 11:02	Labs	Neighbor Jr, MD, William E	08/07/2013 14:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/31/2013 11:02:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3135958828	F53289	07/26/2013 10:19
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2013 10:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201307		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2013 10:19	776334	Prothrombin Time (Rapid INR)	3.7		0.8-1.3	H	F		ORCALAB Contributor_system	07/26/2013 10:38	Labs	Neighbor Jr, MD, William E	08/07/2013 14:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/26/2013 10:38:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3132603232	W21238	07/24/2013 09:27
Order Priority	**Ordered Date**	**Order Test Code**
	07/24/2013 09:27	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201307		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/24/2013 09:27	776334	Prothrombin Time (Rapid INR)	6.9		0.8-1.3	C	C		ORCALAB Contributor_system	07/24/2013 10:42	Labs	Neighbor Jr, MD, William E	08/07/2013 14:54	University of Washington Medical Center	Modified/Amended/Corrected	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/24/2013 10:42:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on July 24 2013 10:42 Run in main coag lab, not a rapid protime result. Telephoned with read back to: DR WILLIAM NEIGHBOR @ 1041 7/24/13

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3068988311	W44375	06/12/2013 11:33
Order Priority	**Ordered Date**	**Order Test Code**
	06/12/2013 11:33	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201306		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/12/2013 11:33	776334	Prothrombin Time (Rapid INR)	3.4		0.8-1.3	H	F		ORCALAB Contributor_system	06/12/2013 11:51	Labs	Neighbor Jr, MD, William E	06/13/2013 11:46	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/12/2013 11:51:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3039123086	H28907	05/23/2013 12:36
Order Priority	**Ordered Date**	**Order Test Code**
	05/23/2013 12:36	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201305		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/23/2013 12:36	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		ORCALAB Contributor_system	05/23/2013 14:06	Labs	Neighbor Jr, MD, William E	06/04/2013 16:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/23/2013 14:06:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3026720891	W11358	05/15/2013 12:06
Order Priority	**Ordered Date**	**Order Test Code**
	05/15/2013 12:06	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201305		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/15/2013 12:06	776334	Prothrombin Time (Rapid INR)	5.1		0.8-1.3	C	F		ORCALAB Contributor_system	05/15/2013 13:39	Labs	Neighbor Jr, MD, William E	05/17/2013 14:12	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/15/2013 13:39:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on May 15 2013 13:39 Run in main coag lab, not a rapid protime result. Telephoned with read back to: Dr. W. Neighbor at 1330 05/15/13

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3013009437	M16077	05/06/2013 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	05/06/2013 10:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201305		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/06/2013 10:25	776334	Prothrombin Time (Rapid INR)	1.2		0.8-1.3		F		ORCALAB Contributor_system	05/06/2013 11:16	Labs	Neighbor Jr, MD, William E	05/07/2013 17:22	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/06/2013 11:16:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_3009683432	F31015	05/03/2013 13:30
Order Priority	**Ordered Date**	**Order Test Code**
	05/03/2013 13:30	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201305		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

05/03/2013 13:30	776334	Prothrombin Time (Rapid INR)	7.8		0.8-1.3	C	F		ORCALAB Contributor_system	05/03/2013 16:27	Labs	Neighbor Jr, MD, William E	05/07/2013 17:22	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/03/2013 16:27:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on May 03 2013 16:27 Run in main coag lab, not a rapid protime result.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2978080240	F78495	04/12/2013 12:55
Order Priority	**Ordered Date**	**Order Test Code**
	04/12/2013 12:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201304		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/12/2013 12:55	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		ORCALAB Contributor_system	04/12/2013 13:19	Labs	Neighbor Jr, MD, William E	04/29/2013 18:20	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/12/2013 13:19:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2965584476	H39408	04/04/2013 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2013 10:18	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201304		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2013 10:18	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		ORCALAB Contributor_system	04/04/2013 11:12	Labs	Neighbor Jr, MD, William E	04/04/2013 16:39	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/04/2013 11:12:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2957132942	F61443	03/29/2013 11:02
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2013 11:02	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201303		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

03/29/2013 11:02	776334	Prothrombin Time (Rapid INR)	5.3		0.8-1.3	C	F		ORCALAB Contributor_system	03/29/2013 14:48	Labs	Neighbor Jr, MD, William E	04/04/2013 16:39	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/29/2013 14:48:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on March 29 2013 14:48 Run in main coag lab, not a rapid protime result. Telephoned with read back to: STEPHEN AT 1446

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2925769549	F36937	03/08/2013 10:23
Order Priority	**Ordered Date**	**Order Test Code**
	03/08/2013 10:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201303		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/08/2013 10:23	776334	Prothrombin Time (Rapid INR)	2.0		0.8-1.3	H	F		ORCALAB Contributor_system	03/08/2013 10:46	Labs	Neighbor Jr, MD, William E	03/11/2013 09:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/08/2013 10:46:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2915491726	F30091	03/01/2013 12:46
Order Priority	**Ordered Date**	**Order Test Code**
	03/01/2013 12:46	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201303		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/01/2013 12:46	776334	Prothrombin Time (Rapid INR)	2.9		0.8-1.3	H	F		ORCALAB Contributor_system	03/01/2013 13:15	Labs	Neighbor Jr, MD, William E	03/11/2013 09:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/01/2013 13:15:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2905622034	F24464	02/22/2013 18:55
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 18:55	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

02/22/2013 18:55	16417975	Glucose Level (POC), UWMC	108	mg/dL	62-125		F		not available electronically	02/22/2013 18:55	Labs	SYSTEM	02/22/2013 18:57	University of Washington Medical Center	Authenticated	not available electronically	02/22/2013 18:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448886282	F23587	02/22/2013 16:13
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 16:13	368961928
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine Tox Screen, UWMC Emergency Room		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 16:13	778387	Tricyclic Antidepressant Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	776021	Phencyclidine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	775781	Opiates Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	775363	Methadone Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	773072	Cocaine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	772385	Benzodiazepines Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	772345	Barbiturate Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	772007	Amphetamine Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
02/22/2013 16:13	64681149	Acetaminophen Qual, URN	Urine acetaminophen unavailable at present. Please order serum acetaminophen if indicated.				F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448886282	F23587	02/22/2013 16:13
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 16:13	368961928
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine Tox Screen, UWMC Emergency Room		

Sending Facility	Ordering Physician	Orderstatus
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 16:13	773504	Drug Screen Info, URN	Drug Screen Info, URN				F		ORCALAB Contributor_system	02/22/2013 16:26	Labs	SYSTEM	02/22/2013 16:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 16:26:00
End of Report																	

Positive results are presumptive and have not been confirmed by an alternate method.

Results are for medical management only, and should not be used for legal purposes nor for workplace or pre-employment testing.

Positive results indicate immunoreactivity greater than or equal to that of: d-amphetamine 1000 ng/mL, d-methamphetamine 1000 ng/mL, secobarbital 300 ng/mL, oxazepam 300 ng/mL, benzoylecogonine 300 ng/mL, methadone 300 ng/mL, morphine 300 ng/mL, phencyclidine 25 ng/mL, nortriptyline 1000 ng/mL.

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448860831	F23339	02/22/2013 15:30
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 15:30	368958711
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lab Add On Order, Non-Microbiology		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 15:30	319034983	Add On Test Request Status	Reorder requested, collection problem NOTIFIED ER DR. SCOTT SCHWITZ @1544				F		ORCALAB Contributor_system	02/22/2013 15:48	Labs	SYSTEM	02/22/2013 15:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 15:48:00
02/22/2013 15:30	319034977	Add On Sample To Use	Most Recent Sample				F		ORCALAB Contributor_system	02/22/2013 15:43	Labs	SYSTEM	02/22/2013 15:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 15:43:00
02/22/2013 15:30	319034971	Add On Specimen Type/Description	Urine				F		ORCALAB Contributor_system	02/22/2013 15:43	Labs	SYSTEM	02/22/2013 15:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 15:43:00
02/22/2013 15:30	319034965	Add On Lab Test Requested	drug screen, standard, urine				F		ORCALAB Contributor_system	02/22/2013 15:43	Labs	SYSTEM	02/22/2013 15:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 15:43:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448656949	F22879	02/22/2013 14:17
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 14:17	368958711
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lab Add On Order, Non-Microbiology		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 14:17	319034965	Add On Lab Test Requested	salicylate, acetominophen				F		ORCALAB Contributor_system	02/22/2013 14:25	Labs	SYSTEM	02/22/2013 14:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 14:25:00
02/22/2013 14:17	319034971	Add On Specimen Type/Description	Blood				F		ORCALAB Contributor_system	02/22/2013 14:25	Labs	SYSTEM	02/22/2013 14:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 14:25:00
02/22/2013 14:17	319034977	Add On Sample To Use	Most Recent Sample				F		ORCALAB Contributor_system	02/22/2013 14:25	Labs	SYSTEM	02/22/2013 14:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 14:25:00
02/22/2013 14:17	319034983	Add On Test Request Status	Order Processed				F		ORCALAB Contributor_system	02/22/2013 14:26	Labs	SYSTEM	02/22/2013 14:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 14:26:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448656950	F21700	02/22/2013 12:45
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 12:45	146588688
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Complete		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 12:45	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**ORCALAB Contributor_system**	**02/22/2013 12:58**	**Labs**	**SYSTEM**	**02/22/2013 12:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/22/2013 12:58:00**
02/22/2013 12:45	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	**13318809**	**Mucus, URN**	**Present**	**/LPF**	**Not Seen**	**A**	**F**		**ORCALAB Contributor_system**	**02/22/2013 12:58**	**Labs**	**SYSTEM**	**02/22/2013 12:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/22/2013 12:58:00**
02/22/2013 12:45	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	13318813	Comments for Macroscopic, URN	None		None		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	772308	Bacteria, URN	Not Seen		Not Seen		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	**778746**	**WBC, URN**	**6-20(1+)**	**/HPF**	**0-5(NEG)**	**A**	**F**		**ORCALAB Contributor_system**	**02/22/2013 12:58**	**Labs**	**SYSTEM**	**02/22/2013 12:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/22/2013 12:58:00**
02/22/2013 12:45	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	777788	Specific Gravity, URN	1.019	g/mL	1.002-1.027		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00

02/22/2013 12:45	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	**775158**	**Leukocyte Esterase, URN**	**Trace**		**Negative**	**A**	**F**		**ORCALAB Contributor_system**	**02/22/2013 12:58**	**Labs**	**SYSTEM**	**02/22/2013 12:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/22/2013 12:58:00**
02/22/2013 12:45	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00
02/22/2013 12:45	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	02/22/2013 12:58	Labs	SYSTEM	02/22/2013 12:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:58:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448816089	F21693	02/22/2013 11:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 11:25	146586279
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Acetaminophen (Tylenol)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 11:25	**778433**	**Acetaminophen (Tylenol) Level**	**<10**	**mcg/mL**	**10-25**	**L**	**F**		**ORCALAB Contributor_system**	**02/22/2013 15:41**	**Labs**	**SYSTEM**	**02/22/2013 15:41**	**University of Washington Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**02/22/2013 15:41:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448656948	F21693	02/22/2013 11:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 11:25	368959117
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Chest Pain Reflexive Troponin I		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	

Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 11:25	778409	Troponin-I	<0.01	ng/mL	0.00-0.39		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:57	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	778411	Troponin-I Interpretation	Troponin I of 0.40 ng/ml or greater: probable myocardial infarction.				F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:57	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448656943	F21693	02/22/2013 11:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 11:25	146584513
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count w/Diff		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 11:25	774298	HCT	39	%	36-45		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	774336	Hb	13.0	g/dL	11.5-15.5		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	774852	Immature Granulocytes	0.00	thousand/microL	0.00-0.05		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	775267	Lymphocytes	1.53	thousand/microL	1.00-4.80		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	775325	MCH	32.0	pg	27.3-33.6		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	775326	MCHC	33.0	g/dL	32.2-36.5		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	775327	MCV	97	fL	81-98		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	775518	Monocytes	0.24	thousand/microL	0.00-0.80		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	775588	Neutrophils	2.95	thousand/microL	1.80-7.00		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	776102	PLT	202	thousand/microL	150-400		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00

02/22/2013 11:25	776876	RBC	4.06	million/microL	3.80-5.00		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	778747	WBC	4.97	thousand/microL	4.3-10.0		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	773635	Eosinophils	0.21	thousand/microL	0.00-0.50		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	164763115	% Basophils	1	%	0-1		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	164763109	% Monocytes	5	%	5-13		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	164763106	% Lymphocytes	31	%	19-53		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	164763103	% Neutrophils	59	%	34-71		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	164763112	% Eosinophils	4	%	0-7		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	772363	Basophils	0.04	thousand/microL	0.00-0.20		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	43852231	RDW-CV	14.1	%	11.6-14.4		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00
02/22/2013 11:25	164763118	% Immature Granulocytes	0	%	0-1		F		ORCALAB Contributor_system	02/22/2013 11:56	Labs	SYSTEM	02/22/2013 11:56	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:56:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448656944	F21693	02/22/2013 11:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 11:25	146584993
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 11:25	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00

Notes:
Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html

02/22/2013 11:25	771898	ALT (GPT)	16	units/L	6-40		F		ORCALAB Contributor_system	02/22/2013 12:07	Labs	SYSTEM	02/22/2013 12:08	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:07:00
02/22/2013 11:25	771901	Albumin	4.0	g/dL	3.5-5.2		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	771938	Alk Phos (Total)	51	units/L	49-199		F		ORCALAB Contributor_system	02/22/2013 12:07	Labs	SYSTEM	02/22/2013 12:08	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:07:00
02/22/2013 11:25	772060	Anion Gap	8		3-11		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	772259	AST (GOT)	18	units/L	15-40		F		ORCALAB Contributor_system	02/22/2013 12:07	Labs	SYSTEM	02/22/2013 12:08	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:07:00
02/22/2013 11:25	772416	Bilirubin (Total)	0.9	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	02/22/2013 12:07	Labs	SYSTEM	02/22/2013 12:08	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:07:00
02/22/2013 11:25	772560	BUN	15	mg/dL	8-21		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	772694	CO2	26	mEq/L	22-32		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	**772899**	**Cl**	**112**	**mEq/L**	**98-108**	**H**	**F**		**ORCALAB Contributor_system**	**02/22/2013 12:04**	**Labs**	**SYSTEM**	**02/22/2013 12:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/22/2013 12:04:00**
02/22/2013 11:25	773230	Creatinine	0.82	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	**774139**	**Glucose Level**	**144**	**mg/dL**	**62-125**	**H**	**F**		**ORCALAB Contributor_system**	**02/22/2013 12:04**	**Labs**	**SYSTEM**	**02/22/2013 12:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/22/2013 12:04:00**
02/22/2013 11:25	776178	K	3.8	mEq/L	3.7-5.2		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	776290	Protein (Total)	7.0	g/dL	6.0-8.2		F		ORCALAB Contributor_system	02/22/2013 12:04	Labs	SYSTEM	02/22/2013 12:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:04:00
02/22/2013 11:25	**777764**	**Na**	**146**	**mEq/L**	**136-145**	**H**	**F**		**ORCALAB Contributor_system**	**02/22/2013 12:04**	**Labs**	**SYSTEM**	**02/22/2013 12:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/22/2013 12:04:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448656946	F21695	02/22/2013 11:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 11:25	368947807
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lactate Level, VEN WBLD		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 11:25	775070	L-Lactate, Venous Whole Blood	1.1	mmol/L	0.6-2.5		F		ORCALAB Contributor_system	02/22/2013 11:42	Labs	SYSTEM	02/22/2013 11:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 11:42:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448656947	F21693	02/22/2013 11:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 11:25	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 11:25	774942	Prothrombin Time INR	5.6		0.8-1.3	C	F		ORCALAB Contributor_system	02/22/2013 12:23	Labs	SYSTEM	02/22/2013 12:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:23:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on February 22 2013 12:23 Telephoned with read back to: RN HEIDI @1223																	
02/22/2013 11:25	776748	Prothrombin Time Patient	46.0	sec	10.7-15.6	H	F		ORCALAB Contributor_system	02/22/2013 12:23	Labs	SYSTEM	02/22/2013 12:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:23:00
02/22/2013 11:25	776768	PTT Patient	43	sec	22-35	H	F		ORCALAB Contributor_system	02/22/2013 12:23	Labs	SYSTEM	02/22/2013 12:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:23:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on February 22 2013 12:23 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
02/22/2013 11:25	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	02/22/2013 12:23	Labs	SYSTEM	02/22/2013 12:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/22/2013 12:23:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
448816076	F21693	02/22/2013 11:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/22/2013 11:25	146586438
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Salicylate		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Scott D Schwitz MD	
Encounter Number		
1762499436		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/22/2013 11:25	777664	Salicylate Level	<4	mg/dL	5-30	L	F		ORCALAB Contributor_system	02/22/2013 15:41	Labs	SYSTEM	02/22/2013 15:41	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	02/22/2013 15:41:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2890718048	T78003	02/12/2013 12:58
Order Priority	**Ordered Date**	**Order Test Code**
	02/12/2013 12:58	776334

Order Test Name	Collection Start Date Time	Collection End Date Time
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201302		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/12/2013 12:58	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		ORCALAB Contributor_system	02/12/2013 13:26	Labs	Neighbor Jr, MD, William E	03/11/2013 09:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/12/2013 13:26:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2878248728	M51187	02/04/2013 12:05
Order Priority	**Ordered Date**	**Order Test Code**
	02/04/2013 12:05	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201302		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/04/2013 12:05	776334	Prothrombin Time (Rapid INR)	3.2		0.8-1.3	H	F		ORCALAB Contributor_system	02/04/2013 12:37	Labs	Neighbor Jr, MD, William E	02/11/2013 12:55	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/04/2013 12:37:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2874523012	H36099	01/31/2013 12:06
Order Priority	**Ordered Date**	**Order Test Code**
	01/31/2013 12:06	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201301		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/31/2013 12:06	776334	Prothrombin Time (Rapid INR)	5.5		0.8-1.3	C	C		ORCALAB Contributor_system	02/01/2013 15:25	Labs	Neighbor Jr, MD, William E	02/11/2013 12:55	University of Washington Medical Center	Modified/Amended/Corrected	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/01/2013 15:25:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on February 01 2013 15:25 Result run in UWMC Coag Lab, not a rapid Protime result. Telephoned with read back to: Dr Neighbor @ 1525 2/1/13

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2851376121	H80912	01/17/2013 10:27
Order Priority	**Ordered Date**	**Order Test Code**
	01/17/2013 10:27	776334

Order Test Name	Collection Start Date Time	Collection End Date Time
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201301		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/17/2013 10:27	**776334**	**Prothrombin Time (Rapid INR)**	**3.0**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**01/17/2013 11:07**	**Labs**	**SYSTEM**	**01/17/2013 11:08**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**01/17/2013 11:07:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2840806923	W61810	01/10/2013 10:33
Order Priority	**Ordered Date**	**Order Test Code**
	01/10/2013 10:33	1932175
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Complete, Urine, Pkg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201301		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/10/2013 10:33	777788	Specific Gravity, URN	1.015	g/mL	1.002-1.027		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	776019	pH, URN	< or =5.0		5.0-8.0		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	775736	Occult Blood, URN	Negative		Negative		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	775612	Nitrite, URN	Negative		Negative		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	775158	Leukocyte Esterase, URN	Negative		Negative		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	775044	Ketones, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	773113	Color, URN	Yellow				F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00

01/10/2013 10:33	772970	Clarity, URN	Clear				F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	772414	Bilirubin Qual, URN	Negative		Negative		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF	LT6		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	13318812	Comments for Microscopic, URN	None		None		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	13318813	Comments for Macroscopic, URN	None		None		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00
01/10/2013 10:33	772308	Bacteria, URN	Not Seen		Not Seen		F		ORCALAB Contributor_system	01/10/2013 10:59	Labs	SYSTEM	01/10/2013 10:59	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/10/2013 10:59:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2830719431	H72408	01/03/2013 10:27
Order Priority	**Ordered Date**	**Order Test Code**
	01/03/2013 10:27	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201301		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/03/2013 10:27	**776334**	**Prothrombin Time (Rapid INR)**	**3.7**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**01/03/2013 11:00**	**Labs**	**SYSTEM**	**01/03/2013 11:00**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**01/03/2013 11:00:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2819843419	W61029	12/26/2012 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	12/26/2012 10:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	

Encounter Number		
LABN3927850201212		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/26/2012 10:25	776334	Prothrombin Time (Rapid INR)	3.7		0.8-1.3	H	F		ORCALAB Contributor_system	12/26/2012 11:15	Labs	SYSTEM	12/26/2012 11:16	Univ. of Washington Physicians Network	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/26/2012 11:15:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2810486855	W53422	12/19/2012 10:33
Order Priority	**Ordered Date**	**Order Test Code**
	12/19/2012 10:33	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201212		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/19/2012 10:33	774942	Prothrombin Time INR	2.1		0.8-1.3	H	F		ORCALAB Contributor_system	12/19/2012 11:48	Labs	SYSTEM	12/19/2012 11:48	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/19/2012 11:48:00
12/19/2012 10:33	776748	Prothrombin Time Patient	22.3	sec	10.7-15.6	H	F		ORCALAB Contributor_system	12/19/2012 11:48	Labs	SYSTEM	12/19/2012 11:48	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/19/2012 11:48:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2803188841	W45375	12/12/2012 11:29
Order Priority	**Ordered Date**	**Order Test Code**
	12/12/2012 11:29	16678022
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Vitamin D (25 Hydroxy) Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201212		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/12/2012 11:29	16678023	Vitamin D2 (25-Hydroxy) Level	<1.0	ng/mL			F		ORCALAB Contributor_system	12/14/2012 08:30	Labs	SYSTEM	12/14/2012 08:31	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/14/2012 08:30:00
12/12/2012 11:29	16678024	Vitamin D3 (25-Hydroxy) Level	32.2	ng/mL			F		ORCALAB Contributor_system	12/14/2012 08:30	Labs	SYSTEM	12/14/2012 08:31	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/14/2012 08:30:00
12/12/2012 11:29	16678025	Vit D (25-Hydroxy) Total Level	32.2	ng/mL	20.1-50.0		F		ORCALAB Contributor_system	12/14/2012 08:30	Labs	SYSTEM	12/14/2012 08:31	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/14/2012 08:30:00
12/12/2012 11:29	221463161	Vit D (25-Hydroxy) Interpretation					F		ORCALAB Contributor_system	12/14/2012 08:30	Labs	SYSTEM	12/14/2012 08:31	Univ. of Washington Physicians Network	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/14/2012 08:30:00
Notes: Value: Normal: 20.1-50.0 ng/mL For more information see http://web.labmed.washington.edu/tests/chemistry/VITDG2.																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2801998548	W45364	12/12/2012 11:27
Order Priority	**Ordered Date**	**Order Test Code**
	12/12/2012 11:27	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201212		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/12/2012 11:27	774344	Hemoglobin A1C by HPLC	6.0	%	4.0-6.0		F		ORCALAB Contributor_system	12/13/2012 13:33	Labs	SYSTEM	12/13/2012 13:33	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/13/2012 13:33:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2800463867	W45364	12/12/2012 11:27
Order Priority	**Ordered Date**	**Order Test Code**
	12/12/2012 11:27	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
LABN3927850201212		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/12/2012 11:27	**774942**	**Prothrombin Time INR**	**4.2**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**12/12/2012 14:56**	**Labs**	**SYSTEM**	**12/12/2012 14:56**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/12/2012 14:56:00**
12/12/2012 11:27	**776748**	**Prothrombin Time Patient**	**36.7**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**12/12/2012 14:56**	**Labs**	**SYSTEM**	**12/12/2012 14:56**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/12/2012 14:56:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2797437408	M60368	12/10/2012 16:47
Order Priority	**Ordered Date**	**Order Test Code**
	12/10/2012 16:47	62160622
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), HMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/10/2012 16:47	**62160622**	**Glucose Level (POC), HMC**	**203**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**12/10/2012 16:47**	**Labs**	**SYSTEM**	**12/10/2012 16:49**	**Harborview Medical Center**	**Authenticated**	**not available electronically**	**12/10/2012 16:47:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
401444309	M54755	12/10/2012 06:30
Order Priority	**Ordered Date**	**Order Test Code**
	12/10/2012 06:30	146588506
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
INR w/ Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Jeanie Christina Yoon MD	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/10/2012 06:30	776748	Prothrombin Time Patient	23.1	sec	10.7-15.6	H	F		ORCALAB Contributor_system	12/10/2012 06:50	Labs	Yoon MD, Jeanie Christina	12/19/2012 13:58	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/10/2012 06:50:00
12/10/2012 06:30	774942	Prothrombin Time INR	2.2		0.8-1.3	H	F		ORCALAB Contributor_system	12/10/2012 06:50	Labs	Yoon MD, Jeanie Christina	12/19/2012 13:58	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/10/2012 06:50:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
400956665	X15894	12/09/2012 06:50
Order Priority	**Ordered Date**	**Order Test Code**
	12/09/2012 06:50	146588506
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
INR w/ Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Jeanie Christina Yoon MD	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/09/2012 06:50	776748	Prothrombin Time Patient	26.5	sec	10.7-15.6	H	F		ORCALAB Contributor_system	12/09/2012 07:27	Labs	Yoon MD, Jeanie Christina	12/19/2012 13:58	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/09/2012 07:27:00
12/09/2012 06:50	774942	Prothrombin Time INR	2.7		0.8-1.3	H	F		ORCALAB Contributor_system	12/09/2012 07:27	Labs	Yoon MD, Jeanie Christina	12/19/2012 13:58	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/09/2012 07:27:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
400507064	S13980	12/08/2012 06:05
Order Priority	**Ordered Date**	**Order Test Code**
	12/08/2012 06:05	146588506
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
INR w/ Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Jeanie Christina Yoon MD	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/08/2012 06:05	776748	Prothrombin Time Patient	35.4	sec	10.7-15.6	H	F		ORCALAB Contributor_system	12/08/2012 08:03	Labs	Yoon MD, Jeanie Christina	12/19/2012 13:58	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/08/2012 08:03:00
12/08/2012 06:05	774942	Prothrombin Time INR	4.0		0.8-1.3	H	F		ORCALAB Contributor_system	12/08/2012 08:03	Labs	Yoon MD, Jeanie Christina	12/19/2012 13:58	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/08/2012 08:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
400005249	F72646	12/07/2012 08:30
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2012 08:30	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Bernadette Ambrose Thomas MD, MS	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2012 08:30	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	12/07/2012 09:27	Labs	Thomas MD, MS, Bernadette Ambrose	12/07/2012 19:56	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 09:27:00
12/07/2012 08:30	**776768**	**PTT Patient**	**49**	**sec**	**22-35**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2012 09:27**	**Labs**	**Thomas MD, MS, Bernadette Ambrose**	**12/07/2012 19:56**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**12/07/2012 09:27:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 07 2012 09:27 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
12/07/2012 08:30	**776748**	**Prothrombin Time Patient**	**43.1**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2012 09:27**	**Labs**	**Thomas MD, MS, Bernadette Ambrose**	**12/07/2012 19:56**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**12/07/2012 09:27:00**
12/07/2012 08:30	**774942**	**Prothrombin Time INR**	**5.1**		**0.8-1.3**	**C**	**F**		**ORCALAB Contributor_system**	**12/07/2012 09:27**	**Labs**	**Thomas MD, MS, Bernadette Ambrose**	**12/07/2012 19:56**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**12/07/2012 09:27:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 07 2012 09:27 Telephoned with read back to: SONG @ 0926																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
399982262	F72028	12/07/2012 01:00
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2012 01:00	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Brandon Heath Backlund MD	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2012 01:00	777764	Na	140	mEq/L	136-145		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	776178	K	4.0	mEq/L	3.7-5.2		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	774139	Glucose Level	108	mg/dL	62-125		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	773230	Creatinine	0.82	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	772899	Cl	104	mEq/L	98-108		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00

12/07/2012 01:00	772694	CO2	25	mEq/L	22-32		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	772647	Ca	9.1	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	772560	BUN	16	mg/dL	8-21		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	772060	Anion Gap	11		3-11		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
12/07/2012 01:00	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
12/07/2012 01:00	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
399982265	F72028	12/07/2012 01:00
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2012 01:00	368959117
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Chest Pain Reflexive Troponin I		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Brandon Heath Backlund MD	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2012 01:00	778409	Troponin-I	0.01	ng/mL	0.00-0.39		F		ORCALAB Contributor_system	12/07/2012 01:38	Labs	SYSTEM	12/07/2012 01:38	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:38:00
12/07/2012 01:00	778411	Troponin-I Interpretation	Troponin I of 0.40 ng/ml or greater: probable myocardial infarction.				F		ORCALAB Contributor_system	12/07/2012 01:38	Labs	SYSTEM	12/07/2012 01:38	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:38:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
399982259	F72028	12/07/2012 01:00
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2012 01:00	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Brandon Heath Backlund MD	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2012 01:00	778747	WBC	7.04	thousand/microL	4.30-10.00		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00

12/07/2012 01:00	776876	RBC	4.01	million/microL	3.80-5.00		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00
12/07/2012 01:00	776102	PLT	304	thousand/microL	150-400		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00
12/07/2012 01:00	775327	MCV	98	fL	81-98		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00
12/07/2012 01:00	775326	MCHC	33.0	g/dL	32.2-36.5		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00
12/07/2012 01:00	775325	MCH	32.2	pg	27.3-33.6		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00
12/07/2012 01:00	774336	Hb	12.9	g/dL	11.5-15.5		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00
12/07/2012 01:00	774298	HCT	39	%	36-45		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00
12/07/2012 01:00	43852231	RDW-CV	13.1	%	11.6-14.4		F		ORCALAB Contributor_system	12/07/2012 01:25	Labs	SYSTEM	12/07/2012 01:25	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:25:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
399982264	F72028	12/07/2012 01:00
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2012 01:00	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Brandon Heath Backlund MD	
Encounter Number		
1760571704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2012 01:00	**774942**	**Prothrombin Time INR**	**5.7**		**0.8-1.3**	**C**	**F**		**ORCALAB Contributor_system**	**12/07/2012 01:45**	**Labs**	**SYSTEM**	**12/07/2012 01:45**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**12/07/2012 01:45:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 07 2012 01:45 Telephoned with read back to: FRANCO @ 0144																	
12/07/2012 01:00	**776748**	**Prothrombin Time Patient**	**46.8**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2012 01:45**	**Labs**	**SYSTEM**	**12/07/2012 01:45**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**12/07/2012 01:45:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 07 2012 01:45 Telephoned with read back to: FRANCO @ 0144																	
12/07/2012 01:00	**776768**	**PTT Patient**	**47**	**sec**	**22-35**	**H**	**F**		**ORCALAB Contributor_system**	**12/07/2012 01:45**	**Labs**	**SYSTEM**	**12/07/2012 01:45**	**Harborview Medical Center**	**Authenticated**	**Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104**	**12/07/2012 01:45:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 07 2012 01:45 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
12/07/2012 01:00	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	12/07/2012 01:45	Labs	SYSTEM	12/07/2012 01:45	Harborview Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	12/07/2012 01:45:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2792404710	H42768	12/06/2012 23:24
Order Priority	**Ordered Date**	**Order Test Code**

	12/06/2012 23:24	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	ORCALAB Contributor_system	
Encounter Number		
1760547276		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/06/2012 23:24	16417975	Glucose Level (POC), UWMC	106	mg/dL	62-125		F		not available electronically	12/06/2012 23:24	Labs	SYSTEM	12/06/2012 23:26	University of Washington Medical Center	Authenticated	not available electronically	12/06/2012 23:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
399735145	H41225	12/06/2012 16:43
Order Priority	**Ordered Date**	**Order Test Code**
	12/06/2012 16:43	146588498
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin and PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Teresa Myers Erskine ARNP	
Encounter Number		
1760547276		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/06/2012 16:43	776771	PTT X-Mean	To calculate the PTT X Mean divide PTT value by 29.				F		ORCALAB Contributor_system	12/06/2012 17:50	Labs	Erskine ARNP, Teresa Myers	12/12/2012 07:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/06/2012 17:50:00
12/06/2012 16:43	**776768**	**PTT Patient**	**45**	**sec**	**22-35**	**H**	**F**		**ORCALAB Contributor_system**	**12/06/2012 17:50**	**Labs**	**Erskine ARNP, Teresa Myers**	**12/12/2012 07:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/06/2012 17:50:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 06 2012 17:50 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
12/06/2012 16:43	**776748**	**Prothrombin Time Patient**	**49.5**	**sec**	**10.7-15.6**	**H**	**F**		**ORCALAB Contributor_system**	**12/06/2012 17:50**	**Labs**	**Erskine ARNP, Teresa Myers**	**12/12/2012 07:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/06/2012 17:50:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 06 2012 17:50 Telephoned with read back to: CEZZAN E 1750 12/6/2012																	
12/06/2012 16:43	**774942**	**Prothrombin Time INR**	**6.2**		**0.8-1.3**	**C**	**F**		**ORCALAB Contributor_system**	**12/06/2012 17:50**	**Labs**	**Erskine ARNP, Teresa Myers**	**12/12/2012 07:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/06/2012 17:50:00**
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on December 06 2012 17:50 Telephoned with read back to: CEZZAN E 1750 12/6/2012																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2763789077	F52901	11/16/2012 10:34
Order Priority	**Ordered Date**	**Order Test Code**
	11/16/2012 10:34	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201211		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/16/2012 10:34	776334	Prothrombin Time (Rapid INR)	2.4		0.8-1.3	H	F		ORCALAB Contributor_system	11/16/2012 11:15	Labs	Neighbor Jr, MD, William E	11/20/2012 16:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/16/2012 11:15:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2750623846	M77733	11/07/2012 10:43
Order Priority	**Ordered Date**	**Order Test Code**
	11/07/2012 10:43	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201211		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/07/2012 10:43	776334	Prothrombin Time (Rapid INR)	5.0		0.8-1.3	H	F		ORCALAB Contributor_system	11/07/2012 12:08	Labs	Neighbor Jr, MD, William E	11/20/2012 16:34	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/07/2012 12:08:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, ORCALAB on November 07 2012 12:08 Telephoned with read back to: DR. W. NEIGHBOR JR. AT 1207 11/07/12

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2689892693	W27785	09/26/2012 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	09/26/2012 10:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201209		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/26/2012 10:22	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	09/26/2012 10:46	Labs	Neighbor Jr, MD, William E	10/04/2012 14:23	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/26/2012 10:46:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2678360207	M16315	09/18/2012 10:23
Order Priority	**Ordered Date**	**Order Test Code**
	09/18/2012 10:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201209		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/18/2012 10:23	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		ORCALAB Contributor_system	09/18/2012 11:29	Labs	Neighbor Jr, MD, William E	10/04/2012 14:23	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/18/2012 11:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2642853645	M58119	08/24/2012 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	08/24/2012 10:24	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201208		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/24/2012 10:24	**776334**	**Prothrombin Time (Rapid INR)**	**2.3**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**08/24/2012 11:23**	**Labs**	**Neighbor Jr, MD, William E**	**08/29/2012 09:18**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**08/24/2012 11:23:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2590847223	M28695	07/20/2012 10:40
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2012 10:40	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201207		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/20/2012 10:40	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	13604338	eGFR, Additional Information					F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
07/20/2012 10:40	772060	Anion Gap	5		3-11		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	772560	BUN	14	mg/dL	8-21		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:18	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	772647	Ca	9.4	mg/dL	8.9-10.2		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00

07/20/2012 10:40	772694	CO2	28	mEq/L	22-32		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	772899	Cl	105	mEq/L	98-108		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	773230	Creatinine	0.77	mg/dL	0.38-1.02		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	774139	Glucose Level	116	mg/dL	62-125		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	777764	Na	138	mEq/L	136-145		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00
07/20/2012 10:40	776178	K	4.1	mEq/L	3.7-5.2		F		ORCALAB Contributor_system	07/20/2012 12:03	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/20/2012 12:03:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2594626598	M28695	07/20/2012 10:40
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2012 10:40	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201207		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/20/2012 10:40	774344	Hemoglobin A1C by HPLC	5.9	%	4.0-6.0		F		ORCALAB Contributor_system	07/23/2012 11:08	Labs	Neighbor Jr, MD, William E	08/02/2012 18:18	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	07/23/2012 11:08:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2591022812	M28695	07/20/2012 10:40
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2012 10:40	774419
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hepatic Function Panel A		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201207		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

07/20/2012 10:40	776290	Protein (Total)	6.3	g/dL	6.0-8.2		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	772416	Bilirubin (Total)	0.5	mg/dL	0.2-1.3		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	772411	Bilirubin (Direct)	0.1	mg/dL	0.0-0.3		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	772259	AST (GOT)	26	units/L	15-40		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	771938	Alk Phos (Total)	57	units/L	49-199		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	771901	Albumin	3.7	g/dL	3.5-5.2		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	771898	ALT (GPT)	28	units/L	6-40		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2591022843	M28695	07/20/2012 10:40
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2012 10:40	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201207		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/20/2012 10:40	772911	Cholesterol (Total)	174	mg/dL	<200		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	772917	Cholesterol HDL	60	mg/dL	>40		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	772921	Cholesterol (LDL), Calculated	86	mg/dL	<130		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	772925	Cholesterol/HDL Ratio	2.9				F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	778392	Triglyceride Level	141	mg/dL	<150		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00
07/20/2012 10:40	96378002	Cholesterol Non-HDL	114	mg/dL	0-159		F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00

07/20/2012 10:40	96378003	Lipid Panel Additional Information					F		ORCALAB Contributor_system	07/20/2012 14:14	Labs	Neighbor Jr, MD, William E	08/02/2012 18:19	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/20/2012 14:14:00

Notes:
Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2590749539	M28695	07/20/2012 10:40
Order Priority	**Ordered Date**	**Order Test Code**
	07/20/2012 10:40	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201207		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/20/2012 10:40	**776334**	**Prothrombin Time (Rapid INR)**	**2.3**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**07/20/2012 10:57**	**Labs**	**Neighbor Jr, MD, William E**	**08/02/2012 18:19**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**07/20/2012 10:57:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2545930340	M71865	06/20/2012 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	06/20/2012 10:24	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135201206		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/20/2012 10:24	**776334**	**Prothrombin Time (Rapid INR)**	**2.3**		**0.8-1.3**	**H**	**F**		**ORCALAB Contributor_system**	**06/20/2012 10:59**	**Labs**	**Neighbor Jr, MD, William E**	**06/26/2012 20:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**06/20/2012 10:59:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2515577863	M46802	05/30/2012 10:48
Order Priority	**Ordered Date**	**Order Test Code**
	05/30/2012 10:48	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		

LABU8170135201205		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/30/2012 10:48	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		ORCALAB Contributor_system	05/30/2012 12:17	Labs	Neighbor Jr, MD, William E	06/11/2012 16:39	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/30/2012 12:17:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2398568493	F25301	03/09/2012 10:19
Order Priority	**Ordered Date**	**Order Test Code**
	03/09/2012 10:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201203		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/09/2012 10:19	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		not available electronically	03/09/2012 10:19	Labs	SYSTEM	03/09/2012 10:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/09/2012 10:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2354532515	W25007	02/08/2012 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	02/08/2012 10:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201202		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/08/2012 10:25	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	02/08/2012 10:25	Labs	SYSTEM	02/08/2012 11:08	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/08/2012 11:07:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2308838520	F42538	01/06/2012 09:28
Order Priority	**Ordered Date**	**Order Test Code**
	01/06/2012 09:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**

Encounter Number		
LABU8170135201201		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/06/2012 09:28	776334	Prothrombin Time (Rapid INR)	2.0		0.8-1.3	H	F		not available electronically	01/06/2012 09:28	Labs	SYSTEM	01/06/2012 10:07	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/06/2012 10:06:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2267927409	W42540	12/07/2011 10:20
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2011 10:20	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201112		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/07/2011 10:20	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	12/07/2011 10:20	Labs	SYSTEM	12/07/2011 11:04	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/07/2011 11:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2257852360	W36937	11/30/2011 12:01
Order Priority	**Ordered Date**	**Order Test Code**
	11/30/2011 12:01	12999986
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Macroscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABN3927850201111		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/30/2011 12:01	772970	Clarity, URN	Hazy				F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	772414	Bilirubin Qual, URN	Negative		Negative		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	13318813	Comments for Macroscopic, URN	None		None		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	773113	Color, URN	Yellow				F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00

11/30/2011 12:01	775044	Ketones, URN	Negative	mg/dL	Negative		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	**775158**	**Leukocyte Esterase, URN**	**Trace**		**Negative**	**A**	**F**		**not available electronically**	**11/30/2011 12:01**	**Labs**	**SYSTEM**	**11/30/2011 12:46**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**11/30/2011 12:45:00**
11/30/2011 12:01	775612	Nitrite, URN	Negative		Negative		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	775736	Occult Blood, URN	Negative		Negative		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	776019	pH, URN	< or =5.0		5.0-8.0		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	777788	Specific Gravity, URN	1.025	g/mL	1.002-1.027		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2257852400	W36937	11/30/2011 12:01
Order Priority	**Ordered Date**	**Order Test Code**
	11/30/2011 12:01	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABN3927850201111		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/30/2011 12:01	**13318783**	**Epith. Cells, Squamous, URN**	**>5(PRESENT)**	**/LPF**	**LT6**	**A**	**F**		**not available electronically**	**11/30/2011 12:01**	**Labs**	**SYSTEM**	**11/30/2011 12:46**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**11/30/2011 12:45:00**
11/30/2011 12:01	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF	LESS3		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	13318812	Comments for Microscopic, URN	None		None		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	**772308**	**Bacteria, URN**	**Present**		**Not Seen**	**A**	**F**		**not available electronically**	**11/30/2011 12:01**	**Labs**	**SYSTEM**	**11/30/2011 12:46**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116**	**11/30/2011 12:45:00**

11/30/2011 12:01	776889	RBC, URN	0-2(NEG)	/HPF	0-2(NEG)		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
11/30/2011 12:01	778746	WBC, URN	0-5(NEG)	/HPF	0-5(NEG)		F		not available electronically	11/30/2011 12:01	Labs	SYSTEM	11/30/2011 12:46	Univ. of Washington Physicians Network	Authenticated	UW Medicine Hall Health Lab 4000 Stevens Way Box 354410, Rm 112, Seattle WA 98116	11/30/2011 12:45:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2257756152	F54691	11/30/2011 10:26
Order Priority	**Ordered Date**	**Order Test Code**
	11/30/2011 10:26	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201111		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/30/2011 10:26	**776334**	**Prothrombin Time (Rapid INR)**	**3.7**		**0.8-1.3**	**H**	**F**		**not available electronically**	**11/30/2011 10:26**	**Labs**	**SYSTEM**	**11/30/2011 11:36**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/30/2011 11:36:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2211033623	H72112	10/27/2011 12:24
Order Priority	**Ordered Date**	**Order Test Code**
	10/27/2011 12:24	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201110		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/27/2011 12:24	**776334**	**Prothrombin Time (Rapid INR)**	**2.6**		**0.8-1.3**	**H**	**F**		**not available electronically**	**10/27/2011 12:24**	**Labs**	**SYSTEM**	**10/27/2011 13:32**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**10/27/2011 13:31:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2202624407	F54944	10/21/2011 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	10/21/2011 11:36	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**

Encounter Number		
LABN3927850201110		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/21/2011 11:36	777764	Na	138	mEq/L	136-145		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	776178	K	4.1	mEq/L	3.7-5.2		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	**774139**	**Glucose Level**	**145**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**10/21/2011 11:36**	**Labs**	**SYSTEM**	**10/21/2011 14:22**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/21/2011 14:20:00**
10/21/2011 11:36	773230	Creatinine	0.67	mg/dL	0.38-1.02		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, AMCIS LAB on October 21 2011 14:20 **Note new reference range.**																	
10/21/2011 11:36	772899	Cl	105	mEq/L	98-108		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	772694	CO2	25	mEq/L	22-32		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	772647	Ca	9.1	mg/dL	8.9-10.2		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	772560	BUN	16	mg/dL	8-21		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	772060	Anion Gap	8		3-11		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	13604338	eGFR, Additional Information					F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
10/21/2011 11:36	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2202582165	F54944	10/21/2011 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	10/21/2011 11:36	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABN3927850201110		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

10/21/2011 11:36	775267	Lymphocytes	1.99	thousand/microL	1.00-4.80		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	774852	Immature Granulocytes	0.01	thousand/microL	0.00-0.05		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	774336	Hb	12.8	g/dL	11.5-15.5		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	774298	HCT	39	%	36-45		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	773635	Eosinophils	0.27	thousand/microL	0.00-0.50		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	43852231	RDW-CV	13.6	%	11.6-14.4		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	164763118	% Immature Granulocytes	0	%	0-1		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	164763115	% Basophils	1	%	0-1		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	164763112	% Eosinophils	5	%	0-7		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	164763109	% Monocytes	12	%	5-13		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	164763106	% Lymphocytes	39	%	19-53		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	164763103	% Neutrophils	43	%	34-71		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	775325	MCH	31.1	pg	27.3-33.6		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	775326	MCHC	33.0	g/dL	32.2-36.5		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	775327	MCV	94	fL	81-98		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00

10/21/2011 11:36	778747	WBC	5.16	thousand/microL	4.3-10.0		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	776876	RBC	4.11	million/microL	3.80-5.00		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	776102	PLT	240	thousand/microL	150-400		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	775588	Neutrophils	2.26	thousand/microL	1.80-7.00		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00
10/21/2011 11:36	775518	Monocytes	0.60	thousand/microL	0.00-0.80		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 13:50	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 13:50:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2206243245	F54944	10/21/2011 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	10/21/2011 11:36	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABN3927850201110		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/21/2011 11:36	**774344**	**Hemoglobin A1C by HPLC**	**6.5**	**%**	**4.0-6.0**	**H**	**F**		**not available electronically**	**10/21/2011 11:36**	**Labs**	**SYSTEM**	**10/24/2011 11:12**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/24/2011 11:11:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2202624474	F54944	10/21/2011 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	10/21/2011 11:36	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABN3927850201110		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/21/2011 11:36	772911	Cholesterol (Total)	179	mg/dL	<200		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00

10/21/2011 11:36	772917	Cholesterol HDL	48	mg/dL	>40		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	772921	Cholesterol (LDL), Calculated	95	mg/dL	<130		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	772925	Cholesterol/HDL Ratio	3.7				F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	**778392**	**Triglyceride Level**	**181**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**10/21/2011 11:36**	**Labs**	**SYSTEM**	**10/21/2011 14:22**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/21/2011 14:20:00**
10/21/2011 11:36	96378002	Cholesterol Non-HDL	131	mg/dL	0-159		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00
10/21/2011 11:36	96378003	Lipid Panel Additional Information					F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:22	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:20:00

Notes:
Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2202591037	F54944	10/21/2011 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	10/21/2011 11:36	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABN3927850201110		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/21/2011 11:36	**774942**	**Prothrombin Time INR**	**2.0**		**0.8-1.3**	**H**	**F**		**not available electronically**	**10/21/2011 11:36**	**Labs**	**SYSTEM**	**10/21/2011 13:58**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/21/2011 13:57:00**
10/21/2011 11:36	**776748**	**Prothrombin Time Patient**	**22.0**	**sec**	**10.7-15.6**	**H**	**F**		**not available electronically**	**10/21/2011 11:36**	**Labs**	**SYSTEM**	**10/21/2011 13:58**	**Univ. of Washington Physicians Network**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**10/21/2011 13:57:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2202639290	F54944	10/21/2011 11:36
Order Priority	**Ordered Date**	**Order Test Code**
	10/21/2011 11:36	778418
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
TSH		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABN3927850201110		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

10/21/2011 11:36	778418	TSH	1.538	microIU/mL	0.400-5.000		F		not available electronically	10/21/2011 11:36	Labs	SYSTEM	10/21/2011 14:33	Univ. of Washington Physicians Network	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	10/21/2011 14:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2156695640	T72082	09/20/2011 10:32
Order Priority	**Ordered Date**	**Order Test Code**
	09/20/2011 10:32	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201109		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/20/2011 10:32	**776334**	**Prothrombin Time (Rapid INR)**	**2.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**09/20/2011 10:32**	**Labs**	**SYSTEM**	**09/20/2011 11:06**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**09/20/2011 11:05:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2150033620	H35814	09/15/2011 12:18
Order Priority	**Ordered Date**	**Order Test Code**
	09/15/2011 12:18	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201109		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/15/2011 12:18	**776334**	**Prothrombin Time (Rapid INR)**	**2.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**09/15/2011 12:18**	**Labs**	**SYSTEM**	**09/15/2011 12:57**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**09/15/2011 12:56:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2138424198	W35314	09/07/2011 13:38
Order Priority	**Ordered Date**	**Order Test Code**
	09/07/2011 13:38	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201109		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

09/07/2011 13:38	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	09/07/2011 13:38	Labs	SYSTEM	09/07/2011 14:25	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/07/2011 14:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2082101042	F57663	07/29/2011 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2011 10:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201107		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2011 10:25	776334	Prothrombin Time (Rapid INR)	2.4		0.8-1.3	H	F		not available electronically	07/29/2011 10:25	Labs	SYSTEM	07/29/2011 10:42	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/29/2011 10:41:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2048822528	W51970	07/06/2011 10:46
Order Priority	**Ordered Date**	**Order Test Code**
	07/06/2011 10:46	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201107		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/06/2011 10:46	776334	Prothrombin Time (Rapid INR)	2.4		0.8-1.3	H	F		not available electronically	07/06/2011 10:46	Labs	SYSTEM	07/06/2011 11:33	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/06/2011 11:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_2001752232	H15665	06/02/2011 10:20
Order Priority	**Ordered Date**	**Order Test Code**
	06/02/2011 10:20	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201106		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/02/2011 10:20	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	06/02/2011 10:20	Labs	SYSTEM	06/02/2011 12:04	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/02/2011 12:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1993614032	H80524	05/26/2011 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	05/26/2011 10:18	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201105		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/26/2011 10:18	774344	Hemoglobin A1C by HPLC	6.4	%	4.0-6.0	H	F		not available electronically	05/26/2011 10:18	Labs	SYSTEM	05/27/2011 12:54	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/27/2011 12:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1991823235	H80524	05/26/2011 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	05/26/2011 10:18	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201105		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/26/2011 10:18	776334	Prothrombin Time (Rapid INR)	3.7		0.8-1.3	H	F		not available electronically	05/26/2011 10:18	Labs	SYSTEM	05/26/2011 10:49	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/26/2011 10:48:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1943205549	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2011 10:21	259421757
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Anti Cyclic Citrullinated Peptide2 Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	259421767	Anti CCP2 Comment	Negative				F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/22/2011 11:31	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/22/2011 11:31:00
04/21/2011 10:21	259421762	Anti CCP2 Level	0.6	units/mL	0.0-1.5		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/22/2011 11:31	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/22/2011 11:31:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, AMCIS LAB on April 22 2011 11:31 New method in use as of 12/15/10. Please note new reference range.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1943392247	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2011 10:21	772121
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Anti Nuclear Abs Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	772203	Antibodies to Nuclear Ags by IF (ANA)	Negative		Negative		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/22/2011 13:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/22/2011 13:49:00
04/21/2011 10:21	772039	ANA Pattern by IF	None				F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/22/2011 13:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/22/2011 13:49:00
04/21/2011 10:21	197436367	ANA Screen Comment 2					F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/22/2011 13:49	University of Washington Medical Center	Authenticated	not available electronically	04/21/2011 10:21:00

Notes:
Value: IFA screen for anti nuclear antibodies which may not detect anti SSA/Ro or anti Jo1. For additional testing options contact the Clinical Immunology Laboratory at (206) 598 6149.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1941624100	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2011 10:21	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	777764	Na	144	mEq/L	136-145		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	776178	K	3.9	mEq/L	3.7-5.2		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00

04/21/2011 10:21	774139	Glucose Level	115	mg/dL	62-125		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	773230	Creatinine	0.75	mg/dL	0.20-1.10		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	**772899**	**Cl**	**111**	**mEq/L**	**98-108**	**H**	**F**		**not available electronically**	**04/21/2011 10:21**	**Labs**	**SYSTEM**	**04/21/2011 11:31**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**04/21/2011 11:30:00**
04/21/2011 10:21	772694	CO2	26	mEq/L	22-32		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	772647	Ca	9.1	mg/dL	8.9-10.2		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	772560	BUN	20	mg/dL	8-21		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	772060	Anion Gap	7		3-11		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	13604338	eGFR, Additional Information					F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
04/21/2011 10:21	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
04/21/2011 10:21	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:31	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1941606475	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2011 10:21	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	775267	Lymphocytes	1.32	thousand/microL	1.00-4.80		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	775325	MCH	31.0	pg	27.3-33.6		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00

04/21/2011 10:21	775326	MCHC	32.4	g/dL	32.2-36.5		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	775327	MCV	96	fL	81-98		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	775518	Monocytes	0.55	thousand/microL	0.00-0.80		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	774852	Immature Granulocytes	Not reported	thousand/microL	0.00-0.05		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	774336	Hb	12.2	g/dL	11.5-15.5		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	774298	HCT	38	%	36-45		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	773635	Eosinophils	0.47	thousand/microL	0.00-0.50		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	772363	Basophils	0.03	thousand/microL	0.00-0.20		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	43852231	RDW-CV	13.6	%	11.6-14.4		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	164763118	% Immature Granulocytes	Not reported	%	0-1		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	775588	Neutrophils	4.68	thousand/microL	1.80-7.00		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	776102	PLT	213	thousand/microL	150-400		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	164763115	% Basophils	0	%	0-1		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	164763112	% Eosinophils	7	%	0-7		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00

04/21/2011 10:21	164763109	% Monocytes	8	%	5-13		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	164763106	% Lymphocytes	19	%	19-53		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	164763103	% Neutrophils	66	%	34-71		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	776876	RBC	3.94	million/microL	3.80-5.00		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
04/21/2011 10:21	778747	WBC	7.05	thousand/microL	4.3-10.0		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 11:19	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:18:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1941844646	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2011 10:21	774419
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hepatic Function Panel A		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	776290	Protein (Total)	6.3	g/dL	6.0-8.2		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	772416	Bilirubin (Total)	0.5	mg/dL	0.2-1.3		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	772411	Bilirubin (Direct)	0.1	mg/dL	0.0-0.3		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	772259	AST (GOT)	26	units/L	15-40		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	**771938**	**Alk Phos (Total)**	**47**	**units/L**	**49-199**	**L**	**F**		**not available electronically**	**04/21/2011 10:21**	**Labs**	**SYSTEM**	**04/21/2011 14:17**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/21/2011 14:14:00**
04/21/2011 10:21	771901	Albumin	3.8	g/dL	3.5-5.2		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	771898	ALT (GPT)	23	units/L	6-40		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

CE_1941844668	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2011 10:21	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	96378003	Lipid Panel Additional Information					F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
Notes: Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://web.labmed.washington.edu/tests/chemistry/LIPID																	
04/21/2011 10:21	96378002	Cholesterol Non-HDL	111	mg/dL	0-159		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	**778392**	**Triglyceride Level**	**186**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**04/21/2011 10:21**	**Labs**	**SYSTEM**	**04/21/2011 14:17**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/21/2011 14:14:00**
04/21/2011 10:21	772925	Cholesterol/HDL Ratio	2.6				F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	772921	Cholesterol (LDL), Calculated	74	mg/dL	<130		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	772917	Cholesterol HDL	68	mg/dL	>40		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
04/21/2011 10:21	772911	Cholesterol (Total)	179	mg/dL	<200		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 14:17	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/21/2011 14:14:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1941569130	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2011 10:21	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	**776334**	**Prothrombin Time (Rapid INR)**	**2.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**04/21/2011 10:21**	**Labs**	**SYSTEM**	**04/21/2011 10:55**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**04/21/2011 10:54:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1941661813	H49311	04/21/2011 10:21
Order Priority	**Ordered Date**	**Order Test Code**

	04/21/2011 10:21	777691
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Sedimentation Rate (ESR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201104		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2011 10:21	777691	Sedimentation Rate (ESR)	17	mm/hr	0-20		F		not available electronically	04/21/2011 10:21	Labs	SYSTEM	04/21/2011 12:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2011 11:59:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1909295129	T63095	03/29/2011 10:19
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2011 10:19	771904
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Albumin (Micro), URN (spot)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201103		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2011 10:19	773238	Creatinine/unit	109	mg/dL			F		not available electronically	03/29/2011 10:19	Labs	SYSTEM	03/29/2011 14:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/29/2011 14:25:00
03/29/2011 10:19	771911	Albumin/Creatinine Ratio, URN	14.7	mg/g creatinine	<30		F		not available electronically	03/29/2011 10:19	Labs	SYSTEM	03/29/2011 14:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/29/2011 14:25:00
03/29/2011 10:19	771907	Albumin (Micro)/unit	1.60	mg/dL			F		not available electronically	03/29/2011 10:19	Labs	SYSTEM	03/29/2011 14:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/29/2011 14:25:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1908996205	T63089	03/29/2011 10:19
Order Priority	**Ordered Date**	**Order Test Code**
	03/29/2011 10:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201103		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/29/2011 10:19	**776334**	**Prothrombin Time (Rapid INR)**	**2.0**		**0.8-1.3**	**H**	**F**		**not available electronically**	**03/29/2011 10:19**	**Labs**	**SYSTEM**	**03/29/2011 10:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**03/29/2011 10:51:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1867530147	M22961	02/28/2011 10:26
Order Priority	**Ordered Date**	**Order Test Code**
	02/28/2011 10:26	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201102		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/28/2011 10:26	776334	Prothrombin Time (Rapid INR)	2.4		0.8-1.3	H	F		not available electronically	02/28/2011 10:26	Labs	SYSTEM	02/28/2011 10:45	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2011 10:42:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1841258301	W68281	02/09/2011 11:11
Order Priority	**Ordered Date**	**Order Test Code**
	02/09/2011 11:11	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201102		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/09/2011 11:11	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	02/09/2011 11:11	Labs	SYSTEM	02/09/2011 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/09/2011 11:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1806507347	F39880	01/14/2011 11:47
Order Priority	**Ordered Date**	**Order Test Code**
	01/14/2011 11:47	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201101		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/14/2011 11:47	776334	Prothrombin Time (Rapid INR)	1.3		0.8-1.3		F		not available electronically	01/14/2011 11:47	Labs	SYSTEM	01/14/2011 12:11	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/14/2011 12:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1767660872	H12519	12/16/2010 10:23
Order Priority	**Ordered Date**	**Order Test Code**
	12/16/2010 10:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201012		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/16/2010 10:23	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	12/16/2010 10:23	Labs	SYSTEM	12/16/2010 11:02	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/16/2010 11:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1746111656	W11123	12/01/2010 11:44
Order Priority	**Ordered Date**	**Order Test Code**
	12/01/2010 11:44	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201012		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/01/2010 11:44	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		not available electronically	12/01/2010 11:44	Labs	SYSTEM	12/01/2010 12:08	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/01/2010 12:07:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1717894228	T16842	11/09/2010 11:59
Order Priority	**Ordered Date**	**Order Test Code**
	11/09/2010 11:59	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201011		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/09/2010 11:59	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	11/09/2010 11:59	Labs	SYSTEM	11/09/2010 12:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/09/2010 12:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1692122988	H41324	10/21/2010 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	10/21/2010 10:21	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201010		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/21/2010 10:21	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	10/21/2010 10:21	Labs	SYSTEM	10/21/2010 10:59	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/21/2010 10:58:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1684503387	F44515	10/15/2010 10:17
Order Priority	**Ordered Date**	**Order Test Code**
	10/15/2010 10:17	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201010		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/15/2010 10:17	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		not available electronically	10/15/2010 10:17	Labs	SYSTEM	10/15/2010 11:13	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/15/2010 11:12:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1675534013	H79077	10/08/2010 12:22
Order Priority	**Ordered Date**	**Order Test Code**
	10/08/2010 12:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201009		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/08/2010 12:22	776334	Prothrombin Time (Rapid INR)	1.9		0.8-1.3	H	F		not available electronically	10/08/2010 12:22	Labs	SYSTEM	10/08/2010 13:03	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/08/2010 13:03:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1637544241	H78262	09/09/2010 11:49
Order Priority	**Ordered Date**	**Order Test Code**
	09/09/2010 11:49	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201009		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/09/2010 11:49	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		not available electronically	09/09/2010 11:49	Labs	SYSTEM	09/09/2010 12:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/09/2010 12:53:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1628468913	H71914	09/02/2010 10:17
Order Priority	**Ordered Date**	**Order Test Code**
	09/02/2010 10:17	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201009		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/02/2010 10:17	776334	Prothrombin Time (Rapid INR)	1.8		0.8-1.3	H	F		not available electronically	09/02/2010 10:17	Labs	SYSTEM	09/02/2010 10:47	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/02/2010 10:46:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1581972102	H43252	07/29/2010 10:28
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2010 10:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201007		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2010 10:28	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	07/29/2010 10:28	Labs	SYSTEM	07/29/2010 10:51	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/29/2010 10:50:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1563425671	H31798	07/15/2010 10:26
Order Priority	**Ordered Date**	**Order Test Code**
	07/15/2010 10:26	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201007		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/15/2010 10:26	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		not available electronically	07/15/2010 10:26	Labs	SYSTEM	07/15/2010 11:05	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/15/2010 11:05:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1524792662	T31648	06/15/2010 14:22
Order Priority	**Ordered Date**	**Order Test Code**
	06/15/2010 14:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201006		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/15/2010 14:22	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	06/15/2010 14:22	Labs	SYSTEM	06/15/2010 14:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 14:53:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1524830852	T31487	06/15/2010 13:51
Order Priority	**Ordered Date**	**Order Test Code**
	06/15/2010 13:51	775744
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Occult Blood, STL		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201006		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/15/2010 13:51	775734	Occult Bld 3 Result, STL	Negative		Negative		F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00

06/15/2010 13:51	775732	Occult Bld 3 Collect date, STL	Information not provided				F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00
06/15/2010 13:51	775731	Occult Bld 2 Result, STL	Negative		Negative		F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00
06/15/2010 13:51	775730	Occult Bld 2 Collect time, STL	Information not provided				F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00
06/15/2010 13:51	775729	Occult Bld 2 Collect date, STL	Information not provided				F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00
06/15/2010 13:51	775728	Occult Bld 1 Result, STL	Negative		Negative		F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00
06/15/2010 13:51	775733	Occult Bld 3 Collect time, STL	Information not provided				F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00
06/15/2010 13:51	775727	Occult Bld 1 Collect time, STL	Information not provided				F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00
06/15/2010 13:51	775726	Occult Bld 1 Collect date, STL	Information not provided				F		not available electronically	06/15/2010 13:51	Labs	SYSTEM	06/15/2010 15:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/15/2010 15:26:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1507473944	W70992	06/02/2010 10:17
Order Priority	**Ordered Date**	**Order Test Code**
	06/02/2010 10:17	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201006		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/02/2010 10:17	**776334**	**Prothrombin Time (Rapid INR)**	**1.8**		**0.8-1.3**	**H**	**F**		**not available electronically**	**06/02/2010 10:17**	**Labs**	**SYSTEM**	**06/02/2010 10:47**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**06/02/2010 10:47:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1500491709	H62032	05/27/2010 10:15
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2010 10:15	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		

LABU8170135201005		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2010 10:15	777764	Na	136	mEq/L	136-145		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	13604338	eGFR, Additional Information					F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
05/27/2010 10:15	772060	Anion Gap	5		3-11		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	772560	BUN	13	mg/dL	8-21		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	772647	Ca	9.3	mg/dL	8.9-10.2		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	772694	CO2	29	mEq/L	22-32		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	772899	Cl	102	mEq/L	98-108		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	773230	Creatinine	0.7	mg/dL	0.2-1.1		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	774139	Glucose Level	122	mg/dL	62-125		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
05/27/2010 10:15	776178	K	4.6	mEq/L	3.7-5.2		F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 11:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1501795954	H62032	05/27/2010 10:15
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2010 10:15	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201005		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

05/27/2010 10:15	774344	Hemoglobin A1C by HPLC	6.3	%	4.0-6.0	H	F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/28/2010 10:20	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	05/28/2010 10:19:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1500435085	H62032	05/27/2010 10:15
Order Priority	**Ordered Date**	**Order Test Code**
	05/27/2010 10:15	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201005		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/27/2010 10:15	776334	Prothrombin Time (Rapid INR)	1.4		0.8-1.3	H	F		not available electronically	05/27/2010 10:15	Labs	SYSTEM	05/27/2010 10:58	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/27/2010 10:57:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1464953197	H38814	04/29/2010 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/29/2010 10:21	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201004		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/29/2010 10:21	773230	Creatinine	0.8	mg/dL	0.2-1.1		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	774139	Glucose Level	111	mg/dL	62-125		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	772899	Cl	106	mEq/L	98-108		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	776178	K	4.0	mEq/L	3.7-5.2		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	777764	Na	142	mEq/L	136-145		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00

04/29/2010 10:21	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	13604338	eGFR, Additional Information					F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
04/29/2010 10:21	772060	Anion Gap	8		3-11		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	772560	BUN	17	mg/dL	8-21		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	772694	CO2	28	mEq/L	22-32		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
04/29/2010 10:21	772647	Ca	9.1	mg/dL	8.9-10.2		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:54	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:53:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1465241038	H38814	04/29/2010 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/29/2010 10:21	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201004		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/29/2010 10:21	96378003	Lipid Panel Additional Information					F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2010 15:42:00
Notes: Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://depts.washington.edu/labweb/test/bclim/lipd.html																	
04/29/2010 10:21	96378002	Cholesterol Non-HDL	122	mg/dL	0-159		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2010 15:42:00
04/29/2010 10:21	778392	Triglyceride Level	114	mg/dL	<150		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2010 15:42:00
04/29/2010 10:21	772925	Cholesterol/HDL Ratio	2.8				F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2010 15:42:00
04/29/2010 10:21	772921	Cholesterol (LDL), Calculated	99	mg/dL	<130		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2010 15:42:00
04/29/2010 10:21	772917	Cholesterol HDL	67	mg/dL	>40		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2010 15:42:00
04/29/2010 10:21	772911	Cholesterol (Total)	189	mg/dL	<200		F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2010 15:42:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1464932758	H38814	04/29/2010 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/29/2010 10:21	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201004		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/29/2010 10:21	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	04/29/2010 10:21	Labs	SYSTEM	04/29/2010 11:36	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2010 11:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1540744149	H38815	04/29/2010 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	04/29/2010 10:21	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201004		

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1416327290	M27413	03/22/2010 13:19
Order Priority	**Ordered Date**	**Order Test Code**
	03/22/2010 13:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201003		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2010 13:19	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		not available electronically	03/22/2010 13:19	Labs	SYSTEM	03/22/2010 13:36	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2010 13:36:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1474753079	M15551	03/08/2010 12:55

Order Priority	Ordered Date	Order Test Code
	03/08/2010 12:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201003		

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1399335986	M15549	03/08/2010 12:55
Order Priority	**Ordered Date**	**Order Test Code**
	03/08/2010 12:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201003		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/08/2010 12:55	776334	Prothrombin Time (Rapid INR)	3.4		0.8-1.3	H	F		not available electronically	03/08/2010 12:55	Labs	SYSTEM	03/08/2010 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/08/2010 13:34:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1459046884	W60960	02/24/2010 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2010 10:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201002		

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1384447229	W60959	02/24/2010 10:21
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2010 10:21	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201002		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2010 10:21	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		not available electronically	02/24/2010 10:21	Labs	SYSTEM	02/24/2010 11:41	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/24/2010 11:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1358919712	W45109	02/03/2010 15:19
Order Priority	**Ordered Date**	**Order Test Code**
	02/03/2010 15:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201002		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/03/2010 15:19	776334	Prothrombin Time (Rapid INR)	1.8		0.8-1.3	H	F		not available electronically	02/03/2010 15:19	Labs	SYSTEM	02/03/2010 15:55	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/03/2010 15:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1348403104	T55316	01/26/2010 09:25
Order Priority	**Ordered Date**	**Order Test Code**
	01/26/2010 09:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201001		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/26/2010 09:25	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	01/26/2010 09:25	Labs	SYSTEM	01/26/2010 10:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/26/2010 10:17:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1413637977	T51051	01/19/2010 14:19
Order Priority	**Ordered Date**	**Order Test Code**
	01/19/2010 14:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201001		

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1339987695	T51046	01/19/2010 14:18
Order Priority	**Ordered Date**	**Order Test Code**
	01/19/2010 14:18	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135201001		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/19/2010 14:18	776334	Prothrombin Time (Rapid INR)	3.7		0.8-1.3	H	F		not available electronically	01/19/2010 14:18	Labs	SYSTEM	01/19/2010 14:56	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/19/2010 14:55:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1314091596	T33627	12/29/2009 14:57
Order Priority	**Ordered Date**	**Order Test Code**
	12/29/2009 14:57	771898
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
ALT (GPT)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200912		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/29/2009 14:57	771898	ALT (GPT)	26	units/L	6-40		F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1314023451	T33627	12/29/2009 14:57
Order Priority	**Ordered Date**	**Order Test Code**
	12/29/2009 14:57	776178
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
K		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200912		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/29/2009 14:57	776178	K	3.7	mEq/L	3.7-5.2		F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 16:59	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/29/2009 16:58:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1314091612	T33627	12/29/2009 14:57
Order Priority	**Ordered Date**	**Order Test Code**
	12/29/2009 14:57	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200912		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/29/2009 14:57	96378003	Lipid Panel Additional Information					F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00
Notes: Value: (NOTE) For complete information to help interpret the lipid panel, please use the National Cholesterol Education Program (NCEP) guideline based reference range comments found here: http://depts.washington.edu/labweb/test/bclim/lipd.html																	
12/29/2009 14:57	96378002	Cholesterol Non-HDL	111	mg/dL	0-159		F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00
12/29/2009 14:57	**778392**	**Triglyceride Level**	**175**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**12/29/2009 14:57**	**Labs**	**SYSTEM**	**12/29/2009 18:11**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**12/29/2009 18:11:00**
12/29/2009 14:57	772925	Cholesterol/HDL Ratio	3.1				F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00
12/29/2009 14:57	772921	Cholesterol (LDL), Calculated	76	mg/dL	<130		F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00
12/29/2009 14:57	772917	Cholesterol HDL	53	mg/dL	>40		F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00
12/29/2009 14:57	772911	Cholesterol (Total)	164	mg/dL	<200		F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1314091632	T33627	12/29/2009 14:57
Order Priority	**Ordered Date**	**Order Test Code**
	12/29/2009 14:57	775300
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Mg		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200912		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/29/2009 14:57	775300	Mg	2.0	mg/dL	1.8-2.4		F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 18:11	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	12/29/2009 18:11:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1313982556	T33627	12/29/2009 14:57
Order Priority	**Ordered Date**	**Order Test Code**
	12/29/2009 14:57	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200912		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/29/2009 14:57	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		not available electronically	12/29/2009 14:57	Labs	SYSTEM	12/29/2009 16:27	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/29/2009 16:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1256549795	F75434	11/13/2009 16:08
Order Priority	**Ordered Date**	**Order Test Code**
	11/13/2009 16:08	771904
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Albumin (Micro), URN (spot)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200911		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/13/2009 16:08	773238	Creatinine/unit	203	mg/dL			F		not available electronically	11/13/2009 16:08	Labs	SYSTEM	11/13/2009 21:45	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/13/2009 21:44:00
11/13/2009 16:08	771911	Albumin/Creatinine Ratio, URN	12.3	mg/g creatinine	<30		F		not available electronically	11/13/2009 16:08	Labs	SYSTEM	11/13/2009 21:45	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/13/2009 21:44:00
11/13/2009 16:08	771907	Albumin (Micro)/unit	2.50	mg/dL			F		not available electronically	11/13/2009 16:08	Labs	SYSTEM	11/13/2009 21:45	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	11/13/2009 21:44:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1256178330	F74979	11/13/2009 14:31
Order Priority	**Ordered Date**	**Order Test Code**
	11/13/2009 14:31	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200911		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

11/13/2009 14:31	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		not available electronically	11/13/2009 14:31	Labs	SYSTEM	11/13/2009 15:16	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/13/2009 15:15:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1232742113	M49844	10/26/2009 13:29
Order Priority	**Ordered Date**	**Order Test Code**
	10/26/2009 13:29	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200910		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/26/2009 13:29	776334	Prothrombin Time (Rapid INR)	2.0		0.8-1.3	H	F		not available electronically	10/26/2009 13:29	Labs	SYSTEM	10/26/2009 14:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/26/2009 14:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1209535312	W23294	10/07/2009 14:53
Order Priority	**Ordered Date**	**Order Test Code**
	10/07/2009 14:53	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200910		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/07/2009 14:53	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	10/07/2009 14:53	Labs	SYSTEM	10/07/2009 15:23	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/07/2009 15:22:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1199384726	T30306	09/29/2009 11:17
Order Priority	**Ordered Date**	**Order Test Code**
	09/29/2009 11:17	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200909		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/29/2009 11:17	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	13604336	eGFR, Calculated, European American	60	mL/min	>59		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	13604338	eGFR, Additional Information					F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
09/29/2009 11:17	772060	Anion Gap	5		3-11		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	772560	BUN	18	mg/dL	8-21		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	772647	Ca	9.0	mg/dL	8.9-10.2		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	772694	CO2	29	mEq/L	22-32		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	772899	Cl	108	mEq/L	98-108		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	777764	Na	142	mEq/L	136-145		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	**776178**	**K**	**3.4**	**mEq/L**	**3.7-5.2**	**L**	**F**		**not available electronically**	**09/29/2009 11:17**	**Labs**	**SYSTEM**	**09/29/2009 12:17**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**09/29/2009 12:16:00**
09/29/2009 11:17	774139	Glucose Level	119	mg/dL	62-125		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
09/29/2009 11:17	773230	Creatinine	0.9	mg/dL	0.2-1.1		F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:16:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1200801689	T30306	09/29/2009 11:17
Order Priority	**Ordered Date**	**Order Test Code**
	09/29/2009 11:17	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200909		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

09/29/2009 11:17	774344	Hemoglobin A1C by HPLC	6.4	%	4.0-6.0	H	F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/30/2009 12:54	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	09/30/2009 12:49:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1199365069	T30306	09/29/2009 11:17
Order Priority	**Ordered Date**	**Order Test Code**
	09/29/2009 11:17	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200909		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/29/2009 11:17	776334	Prothrombin Time (Rapid INR)	1.8		0.8-1.3	H	F		not available electronically	09/29/2009 11:17	Labs	SYSTEM	09/29/2009 12:01	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/29/2009 12:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1165871904	W66765	09/02/2009 13:47
Order Priority	**Ordered Date**	**Order Test Code**
	09/02/2009 13:47	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200909		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/02/2009 13:47	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	09/02/2009 13:47	Labs	SYSTEM	09/02/2009 14:29	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/02/2009 14:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1149809823	H53620	08/20/2009 15:50
Order Priority	**Ordered Date**	**Order Test Code**
	08/20/2009 15:50	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200908		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

08/20/2009 15:50	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		not available electronically	08/20/2009 15:50	Labs	SYSTEM	08/20/2009 16:10	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/20/2009 16:10:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1119090189	M49897	07/27/2009 11:17
Order Priority	**Ordered Date**	**Order Test Code**
	07/27/2009 11:17	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200907		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/27/2009 11:17	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	07/27/2009 11:17	Labs	SYSTEM	07/27/2009 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/27/2009 11:44:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1055680591	F29525	06/05/2009 13:22
Order Priority	**Ordered Date**	**Order Test Code**
	06/05/2009 13:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200906		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/05/2009 13:22	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	06/05/2009 13:22	Labs	SYSTEM	06/05/2009 14:55	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/05/2009 14:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_1044965961	H58973	05/28/2009 11:47
Order Priority	**Ordered Date**	**Order Test Code**
	05/28/2009 11:47	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200905		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/28/2009 11:47	776334	Prothrombin Time (Rapid INR)	1.8		0.8-1.3	H	F		not available electronically	05/28/2009 11:47	Labs	SYSTEM	05/28/2009 12:25	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/28/2009 12:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_999470566	T46685	04/21/2009 12:55
Order Priority	**Ordered Date**	**Order Test Code**
	04/21/2009 12:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200904		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/21/2009 12:55	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	04/21/2009 12:55	Labs	SYSTEM	04/21/2009 13:37	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/21/2009 13:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_969764874	F48661	03/27/2009 10:40
Order Priority	**Ordered Date**	**Order Test Code**
	03/27/2009 10:40	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200903		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/27/2009 10:40	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	03/27/2009 10:40	Labs	SYSTEM	03/27/2009 11:18	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2009 11:17:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_934387848	W63603	02/25/2009 14:47
Order Priority	**Ordered Date**	**Order Test Code**
	02/25/2009 14:47	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200902		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/25/2009 14:47	776334	Prothrombin Time (Rapid INR)	2.0		0.8-1.3	H	F		not available electronically	02/25/2009 14:47	Labs	SYSTEM	02/25/2009 14:51	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/25/2009 14:49:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_902993259	H37776	01/29/2009 11:42
Order Priority	**Ordered Date**	**Order Test Code**
	01/29/2009 11:42	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200901		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/29/2009 11:42	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	01/29/2009 11:42	Labs	SYSTEM	01/29/2009 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/29/2009 12:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_850770791	F45232	12/12/2008 10:15
Order Priority	**Ordered Date**	**Order Test Code**
	12/12/2008 10:15	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200812		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/12/2008 10:15	776334	Prothrombin Time (Rapid INR)	2.0		0.8-1.3	H	F		not available electronically	12/12/2008 10:15	Labs	SYSTEM	12/12/2008 11:05	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/12/2008 11:04:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_839125771	T10970	12/02/2008 12:45
Order Priority	**Ordered Date**	**Order Test Code**
	12/02/2008 12:45	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200812		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/02/2008 12:45	776334	Prothrombin Time (Rapid INR)	1.8		0.8-1.3	H	F		not available electronically	12/02/2008 12:45	Labs	SYSTEM	12/02/2008 13:33	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/02/2008 13:33:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_783820564	W36399	10/15/2008 12:48
Order Priority	**Ordered Date**	**Order Test Code**
	10/15/2008 12:48	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/15/2008 12:48	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	10/15/2008 12:48	Labs	SYSTEM	10/15/2008 14:32	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/15/2008 14:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_768160217	H27870	10/02/2008 10:25
Order Priority	**Ordered Date**	**Order Test Code**
	10/02/2008 10:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200810		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/02/2008 10:25	776334	Prothrombin Time (Rapid INR)	3.2		0.8-1.3	H	F		not available electronically	10/02/2008 10:25	Labs	SYSTEM	10/02/2008 10:55	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/02/2008 10:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_748562250	T24733	09/16/2008 10:28
Order Priority	**Ordered Date**	**Order Test Code**
	09/16/2008 10:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/16/2008 10:28	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		not available electronically	09/16/2008 10:28	Labs	SYSTEM	09/16/2008 10:48	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/16/2008 10:47:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_732303412	T14536	09/02/2008 10:27
Order Priority	**Ordered Date**	**Order Test Code**
	09/02/2008 10:27	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200809		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/02/2008 10:27	776334	Prothrombin Time (Rapid INR)	3.8		0.8-1.3	H	F		not available electronically	09/02/2008 10:27	Labs	SYSTEM	09/02/2008 11:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	09/02/2008 11:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_725745692	W71445	08/27/2008 10:30
Order Priority	**Ordered Date**	**Order Test Code**
	08/27/2008 10:30	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200808		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/27/2008 10:30	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		not available electronically	08/27/2008 10:30	Labs	SYSTEM	08/27/2008 11:20	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2008 11:20:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_717859154	W66410	08/20/2008 10:29
Order Priority	**Ordered Date**	**Order Test Code**
	08/20/2008 10:29	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200808		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/20/2008 10:29	776334	Prothrombin Time (Rapid INR)	3.7		0.8-1.3	H	F		not available electronically	08/20/2008 10:29	Labs	SYSTEM	08/20/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/20/2008 11:44:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_700226712	T64940	08/05/2008 10:15
Order Priority	**Ordered Date**	**Order Test Code**
	08/05/2008 10:15	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200808		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/05/2008 10:15	776334	Prothrombin Time (Rapid INR)	1.6		0.8-1.3	H	F		not available electronically	08/05/2008 10:15	Labs	SYSTEM	08/05/2008 11:21	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/05/2008 11:20:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_688399954	F21435	07/25/2008 10:19
Order Priority	**Ordered Date**	**Order Test Code**
	07/25/2008 10:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/25/2008 10:19	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		not available electronically	07/25/2008 10:19	Labs	SYSTEM	07/25/2008 11:30	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/25/2008 11:29:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_683691110	M54656	07/21/2008 12:13
Order Priority	**Ordered Date**	**Order Test Code**
	07/21/2008 12:13	12999986
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Macroscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/21/2008 12:13	772970	Clarity, URN	Hazy				F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	773113	Color, URN	Yellow				F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	775044	Ketones, URN	Negative	mg/dL	Negative		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	**775158**	**Leukocyte Esterase, URN**	**Positive**		**Negative**	**A**	**F**		**not available electronically**	**07/21/2008 12:13**	**Labs**	**SYSTEM**	**07/21/2008 13:57**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**07/21/2008 13:57:00**
07/21/2008 12:13	775612	Nitrite, URN	Negative		Negative		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	775736	Occult Blood, URN	Negative		Negative		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	776019	pH, URN	7.5		5.0-8.0		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	777788	Specific Gravity, URN	1.018	g/mL	1.002-1.027		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00

07/21/2008 12:13	772414	Bilirubin Qual, URN	Negative		Negative		F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	13318813	Comments for Macroscopic, URN	None				F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_683691155	M54656	07/21/2008 12:13
Order Priority	**Ordered Date**	**Order Test Code**
	07/21/2008 12:13	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/21/2008 12:13	13318783	Epith. Cells, Squamous, URN	>5(PRESENT)	/LPF			F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF			F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	13318812	Comments for Microscopic, URN	None				F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	772308	Bacteria, URN	Present				F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	776889	RBC, URN	0-2(NEG)	/HPF			F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
07/21/2008 12:13	778746	WBC, URN	6-20(1+)	/HPF			F		not available electronically	07/21/2008 12:13	Labs	SYSTEM	07/21/2008 13:57	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:57:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_683641284	M54066	07/21/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	07/21/2008 10:24	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/21/2008 10:24	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	13604338	eGFR, Additional Information					F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/ test/bclim/cGFR.html																	
07/21/2008 10:24	772060	Anion Gap	5		3-11		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, AMCIS LAB on July 21 2008 13:00 **Note new reference range.**																	
07/21/2008 10:24	772560	BUN	16	mg/dL	8-21		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	772647	Ca	9.4	mg/dL	8.9-10.2		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	772694	CO2	29	mEq/L	22-32		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**not available electronically**	**07/21/2008 10:24**	**Labs**	**SYSTEM**	**07/21/2008 13:00**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**07/21/2008 13:00:00**
07/21/2008 10:24	773230	Creatinine	0.7	mg/dL	0.3-1.2		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	774139	Glucose Level	114	mg/dL	62-125		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	776178	K	4.1	mEq/L	3.7-5.2		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
07/21/2008 10:24	777764	Na	143	mEq/L	136-145		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 13:00	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 13:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

CE_683741882	M54066	07/21/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	07/21/2008 10:24	774028
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Folate, SRM		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/21/2008 10:24	774028	Folate, SRM	>20.0	ng/mL	>5.2		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 14:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/21/2008 14:46:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, AMCIS LAB on July 21 2008 14:46 Normal: >5.2 ng/mL Acute Folate Deficiency: <3.0 ng/mL by Beckman Dxl Sample checked before reporting.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_683786607	M54066	07/21/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	07/21/2008 10:24	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/21/2008 10:24	**774344**	**Hemoglobin A1C by HPLC**	**6.1**	**%**	**4.0-6.0**	**H**	**F**		**not available electronically**	**07/21/2008 10:24**	**Labs**	**SYSTEM**	**07/21/2008 15:33**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**07/21/2008 15:33:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_683538619	M54066	07/21/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	07/21/2008 10:24	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/21/2008 10:24	776334	Prothrombin Time (Rapid INR)	1.1		0.8-1.3		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 11:18	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/21/2008 11:18:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_683735069	M54066	07/21/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	07/21/2008 10:24	778664
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Vitamin B12 (Cobalamin) Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200807		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/21/2008 10:24	778664	Vitamin B12 (Cobalamin) Level	244	pg/mL	180-914		F		not available electronically	07/21/2008 10:24	Labs	SYSTEM	07/21/2008 14:40	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/21/2008 14:40:00
Notes: 1.) (Medium Importance) Result Comment by Contributor_system, AMCIS LAB on July 21 2008 14:40 Normal: 180-914 pg/mL Indeterminate: 145-179 pg/mL Deficient: <145 pg/mL by Beckman Dxl																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_630989110	T18777	06/03/2008 10:18
Order Priority	**Ordered Date**	**Order Test Code**
	06/03/2008 10:18	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200806		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/03/2008 10:18	**776334**	**Prothrombin Time (Rapid INR)**	**2.0**		**0.8-1.3**	**H**	**F**		**not available electronically**	**06/03/2008 10:18**	**Labs**	**SYSTEM**	**06/03/2008 11:35**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**06/03/2008 11:34:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_615834415	T80515	05/20/2008 12:55
Order Priority	**Ordered Date**	**Order Test Code**
	05/20/2008 12:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200805		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/20/2008 12:55	**776334**	**Prothrombin Time (Rapid INR)**	**1.7**		**0.8-1.3**	**H**	**F**		**not available electronically**	**05/20/2008 12:55**	**Labs**	**SYSTEM**	**05/20/2008 13:46**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**05/20/2008 13:45:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_592656441	T64576	04/29/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	04/29/2008 10:24	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200804		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/29/2008 10:24	777764	Na	142	mEq/L	136-145		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	776178	K	3.9	mEq/L	3.7-5.2		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	774139	Glucose Level	118	mg/dL	62-125		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	773230	Creatinine	0.8	mg/dL	0.3-1.2		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	772899	Cl	108	mEq/L	98-108		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	772694	CO2	31	mEq/L	22-32		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	772647	Ca	9.5	mg/dL	8.9-10.2		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	772560	BUN	18	mg/dL	8-21		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	**772060**	**Anion Gap**	**3**		**5-15**	**L**	**F**		**not available electronically**	**04/29/2008 10:24**	**Labs**	**SYSTEM**	**04/29/2008 11:44**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**04/29/2008 11:43:00**
04/29/2008 10:24	13604338	eGFR, Additional Information					F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/ test/bclim/cGFR.html																	
04/29/2008 10:24	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
04/29/2008 10:24	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:44	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:43:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_592879366	T64576	04/29/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	04/29/2008 10:24	774345
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C (Rapid)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200804		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/29/2008 10:24	774345	Hemoglobin A1C (Rapid)	6.2	%	4.0-6.0	H	F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 15:22	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/29/2008 15:22:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, AMCIS LAB on April 29 2008 15:22 Due to a significant change from previous results, the assay was repeated for quality assurance purposes.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_592646166	T64576	04/29/2008 10:24
Order Priority	**Ordered Date**	**Order Test Code**
	04/29/2008 10:24	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200804		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/29/2008 10:24	776334	Prothrombin Time (Rapid INR)	1.4		0.8-1.3	H	F		not available electronically	04/29/2008 10:24	Labs	SYSTEM	04/29/2008 11:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	04/29/2008 11:34:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_555812366	H32853	03/27/2008 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	03/27/2008 10:22	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/27/2008 10:22	772911	Cholesterol (Total)	198	mg/dL	<200		F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 14:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/27/2008 14:47:00
03/27/2008 10:22	772917	Cholesterol HDL	62	mg/dL	>40		F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 14:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/27/2008 14:47:00

03/27/2008 10:22	772921	Cholesterol (LDL), Calculated	89	mg/dL	<130		F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 14:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/27/2008 14:47:00
03/27/2008 10:22	772925	Cholesterol/HDL Ratio	3.2				F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 14:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/27/2008 14:47:00
03/27/2008 10:22	775941	Patient Fasting Status (Y/NO)	Yes				F				Labs	SYSTEM	03/27/2008 10:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 10:24:00
03/27/2008 10:22	**778392**	**Triglyceride Level**	**234**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**03/27/2008 10:22**	**Labs**	**SYSTEM**	**03/27/2008 14:48**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/27/2008 14:47:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_555743347	H32853	03/27/2008 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	03/27/2008 10:22	775744
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Occult Blood, STL		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/27/2008 10:22	775731	Occult Bld 2 Result, STL	Negative		Negative		F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775730	Occult Bld 2 Collect time, STL	Information not provided				F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775729	Occult Bld 2 Collect date, STL	03/19/08				F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775728	Occult Bld 1 Result, STL	Negative		Negative		F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775727	Occult Bld 1 Collect time, STL	Information not provided				F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775726	Occult Bld 1 Collect date, STL	03/18/08				F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775732	Occult Bld 3 Collect date, STL	03/20/08				F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775733	Occult Bld 3 Collect time, STL	Information not provided				F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
03/27/2008 10:22	775734	Occult Bld 3 Result, STL	Negative		Negative		F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	03/27/2008 13:38	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2008 13:38:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_555569012	H32853	03/27/2008 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	03/27/2008 10:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/27/2008 10:22	**776334**	**Prothrombin Time (Rapid INR)**	**2.2**		**0.8-1.3**	**H**	**F**		**not available electronically**	**03/27/2008 10:22**	**Labs**	**SYSTEM**	**03/27/2008 10:47**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**03/27/2008 10:47:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_560900980	H32853	03/27/2008 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	03/27/2008 10:22	16678022
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Vitamin D (25 Hydroxy) Level Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/27/2008 10:22	16678023	Vitamin D2 (25-Hydroxy) Level	<1.0	ng/mL			F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	04/01/2008 10:13	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	04/01/2008 10:12:00
03/27/2008 10:22	16678024	Vitamin D3 (25-Hydroxy) Level	20.5	ng/mL			F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	04/01/2008 10:13	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	04/01/2008 10:12:00
03/27/2008 10:22	16678025	Vit D (25-Hydroxy) Total Level	20.5	ng/mL	15.1-50.0		F		not available electronically	03/27/2008 10:22	Labs	SYSTEM	04/01/2008 10:13	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	04/01/2008 10:12:00

Notes:
1.) (Medium Importance) Result Comment by Contributor_system, AMCIS LAB on April 01 2008 10:12 Elevated: >50.0 ng/mL. Deficient: 8.0 -15.0 ng/mL. Severe deficiency: < 8.0 ng/mL This test was developed and its performance characteristics determined by UW Medicine, Department of Laboratory Medicine. It has not been cleared or approved by the U.S. Food and Drug Administration.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_541463128	T28893	03/11/2008 10:52
Order Priority	**Ordered Date**	**Order Test Code**
	03/11/2008 10:52	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/11/2008 10:52	774298	HCT	40	%	36-45		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00
03/11/2008 10:52	774336	Hb	13.5	g/dL	11.5-15.5		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00
03/11/2008 10:52	775325	MCH	32.3	pg	27.3-33.6		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00
03/11/2008 10:52	775326	MCHC	33.8	g/dL	32.3-35.7		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00
03/11/2008 10:52	775327	MCV	96	fL	81-98		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00
03/11/2008 10:52	776102	PLT	275	thousand/microL	150-400		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00
03/11/2008 10:52	776876	RBC	4.16	million/microL	3.80-5.00		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00
03/11/2008 10:52	778747	WBC	7.27	thousand/microL	4.3-10.0		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:24	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:24:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_542328868	T28893	03/11/2008 10:52
Order Priority	**Ordered Date**	**Order Test Code**
	03/11/2008 10:52	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/11/2008 10:52	**774344**	**Hemoglobin A1C by HPLC**	**6.4**	**%**	**4.0-6.0**	**H**	**F**		**not available electronically**	**03/11/2008 10:52**	**Labs**	**SYSTEM**	**03/12/2008 11:24**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/12/2008 11:24:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_541447069	T28893	03/11/2008 10:52
Order Priority	**Ordered Date**	**Order Test Code**
	03/11/2008 10:52	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**

Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/11/2008 10:52	776334	Prothrombin Time (Rapid INR)	1.6		0.8-1.3	H	F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 12:07	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/11/2008 12:06:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_541615242	T28893	03/11/2008 10:52
Order Priority	**Ordered Date**	**Order Test Code**
	03/11/2008 10:52	778418
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
TSH		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200803		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/11/2008 10:52	778418	TSH	1.821	microIU/mL	0.400-5.000		F		not available electronically	03/11/2008 10:52	Labs	SYSTEM	03/11/2008 15:42	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/11/2008 15:41:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_529252447	M19207	02/25/2008 12:56
Order Priority	**Ordered Date**	**Order Test Code**
	02/25/2008 12:56	774345
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C (Rapid)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/25/2008 12:56	774345	Hemoglobin A1C (Rapid)	9.3	%	4.0-6.0	H	F		not available electronically	02/25/2008 12:56	Labs	SYSTEM	02/25/2008 13:36	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/25/2008 13:36:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_529252574	M19207	02/25/2008 12:56
Order Priority	**Ordered Date**	**Order Test Code**
	02/25/2008 12:56	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**

Encounter Number		
LABU8170135200802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/25/2008 12:56	776334	Prothrombin Time (Rapid INR)	1.2		0.8-1.3		F		not available electronically	02/25/2008 12:56	Labs	SYSTEM	02/25/2008 13:36	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/25/2008 13:36:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_532556266	M19658	02/25/2008 12:37
Order Priority	**Ordered Date**	**Order Test Code**
	02/25/2008 12:37	771904
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Albumin (Micro), URN (spot)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/25/2008 12:37	771907	Albumin (Micro)/unit	0.65	mg/dL			F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/29/2008 09:36	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/29/2008 09:36:00
02/25/2008 12:37	771911	Albumin/Creatinine Ratio, URN	8.9	mg/g creatinine	<30		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/29/2008 09:36	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/29/2008 09:36:00
02/25/2008 12:37	773238	Creatinine/unit	73	mg/dL			F				Labs	SYSTEM	02/28/2008 18:37	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/28/2008 18:36:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_531853084	M19658	02/25/2008 12:37
Order Priority	**Ordered Date**	**Order Test Code**
	02/25/2008 12:37	12999987
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Workup Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/25/2008 12:37	775612	Nitrite, URN	Negative		Negative		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	775736	Occult Blood, URN	Negative		Negative		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00

02/25/2008 12:37	776019	pH, URN	5.5		5.0-8.0		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	777788	Specific Gravity, URN	1.017	g/mL	1.002-1.027		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	775158	Leukocyte Esterase, URN	Negative		Negative		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	775044	Ketones, URN	Negative	mg/dL	Negative		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	773113	Color, URN	Yellow				F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	772970	Clarity, URN	Clear				F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	772414	Bilirubin Qual, URN	Negative		Negative		F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00
02/25/2008 12:37	13318813	Comments for Macroscopic, URN	None				F		not available electronically	02/25/2008 12:37	Labs	SYSTEM	02/28/2008 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/28/2008 13:34:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_518585052	T75163	02/05/2008 14:07
Order Priority	**Ordered Date**	**Order Test Code**
	02/05/2008 14:07	771904
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Albumin (Micro), URN (spot)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200802		

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_513467213	T74838	02/05/2008 12:47
Order Priority	**Ordered Date**	**Order Test Code**
	02/05/2008 12:47	776334

Order Test Name	Collection Start Date Time	Collection End Date Time
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200802		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/05/2008 12:47	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	02/05/2008 12:47	Labs	SYSTEM	02/05/2008 13:41	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	02/05/2008 13:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_496956231	T58810	01/15/2008 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	01/15/2008 10:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200801		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/15/2008 10:22	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	01/15/2008 10:22	Labs	SYSTEM	01/15/2008 11:18	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	01/15/2008 11:17:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_470165804	T38709	12/11/2007 10:19
Order Priority	**Ordered Date**	**Order Test Code**
	12/11/2007 10:19	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200712		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/11/2007 10:19	776334	Prothrombin Time (Rapid INR)	2.6		0.8-1.3	H	F		not available electronically	12/11/2007 10:19	Labs	SYSTEM	12/11/2007 11:32	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	12/11/2007 11:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20071108	H78159	11/08/2007 17:37
Order Priority	**Ordered Date**	**Order Test Code**

	11/08/2007 17:37	778503
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200711		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/08/2007 17:37	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	11/08/2007 17:37	Labs	SYSTEM	11/10/2007 11:25	University of Washington Medical Center	Authenticated	not available electronically	11/08/2007 17:37:00
11/08/2007 17:37	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	11/08/2007 17:37	Micro	SYSTEM	11/10/2007 11:25	University of Washington Medical Center	Authenticated	not available electronically	11/08/2007 17:37:00
End of Report																	

Specimen Description: Urine Site not given
Special Requests: None
Direct Exam: No white blood cells seen
Direct Exam: Rare Gram Positive Cocci
Colony Count: 12500 Col/mL
Culture: 3+ Mixed flora at least 3 different colony types INCL 2+ Swarming Proteus
Report Status: Final 11102007

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_451230436	H77423	11/08/2007 14:44
Order Priority	**Ordered Date**	**Order Test Code**
	11/08/2007 14:44	12999986
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Macroscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200711		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/08/2007 14:44	775044	Ketones, URN	Negative	mg/dL	Negative		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	**777788**	**Specific Gravity, URN**	**1.031**	**g/mL**	**1.002-1.027**	**H**	**F**		**not available electronically**	**11/08/2007 14:44**	**Labs**	**SYSTEM**	**11/08/2007 17:40**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/08/2007 17:40:00**
11/08/2007 14:44	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	776019	pH, URN	6.0		5.0-8.0		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	773113	Color, URN	Yellow				F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	772970	Clarity, URN	Clear				F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	772414	Bilirubin Qual, URN	Negative		Negative		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00

11/08/2007 14:44	13318813	Comments for Macroscopic, URN	None				F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	775736	Occult Blood, URN	Negative		Negative		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	775612	Nitrite, URN	Negative		Negative		F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	**775158**	**Leukocyte Esterase, URN**	**Trace**		**Negative**	**A**	**F**		**not available electronically**	**11/08/2007 14:44**	**Labs**	**SYSTEM**	**11/08/2007 17:40**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/08/2007 17:40:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_451230464	H77423	11/08/2007 14:44
Order Priority	**Ordered Date**	**Order Test Code**
	11/08/2007 14:44	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200711		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/08/2007 14:44	772308	Bacteria, URN	Present				F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	776889	RBC, URN	0-2(NEG)	/HPF			F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	778746	WBC, URN	6-20(1+)	/HPF			F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	13318812	Comments for Microscopic, URN	None				F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00

11/08/2007 14:44	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF			F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
11/08/2007 14:44	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF			F		not available electronically	11/08/2007 14:44	Labs	SYSTEM	11/08/2007 17:40	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 17:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_451139850	H77180	11/08/2007 13:49
Order Priority	**Ordered Date**	**Order Test Code**
	11/08/2007 13:49	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200711		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/08/2007 13:49	772647	Ca	9.0	mg/dL	8.9-10.2		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	772560	BUN	21	mg/dL	8-21		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	772060	Anion Gap	7		5-15		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	13604338	eGFR, Additional Information					F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
Notes: Value: Calculated GFR in mL/min/1.73 m2 by MDRD equation. Fairly accurate in outpatients in chronic kidney disease. May underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labwb/test/bclim/cGFR.html																	
11/08/2007 13:49	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	777764	Na	142	mEq/L	136-145		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	776178	K	4.4	mEq/L	3.7-5.2		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00

11/08/2007 13:49	**774139**	**Glucose Level**	**146**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**11/08/2007 13:49**	**Labs**	**SYSTEM**	**11/08/2007 14:35**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/08/2007 14:35:00**
11/08/2007 13:49	772694	CO2	27	mEq/L	22-32		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	772899	Cl	108	mEq/L	98-108		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
11/08/2007 13:49	773230	Creatinine	0.9	mg/dL	0.3-1.2		F		not available electronically	11/08/2007 13:49	Labs	SYSTEM	11/08/2007 14:35	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	11/08/2007 14:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_451653494	H77180	11/08/2007 13:49
Order Priority	**Ordered Date**	**Order Test Code**
	11/08/2007 13:49	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200711		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/08/2007 13:49	**774344**	**Hemoglobin A1C by HPLC**	**7.1**	**%**	**4.0-6.0**	**H**	**F**		**not available electronically**	**11/08/2007 13:49**	**Labs**	**SYSTEM**	**11/09/2007 14:19**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**11/09/2007 14:18:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_451130416	H77180	11/08/2007 13:49
Order Priority	**Ordered Date**	**Order Test Code**
	11/08/2007 13:49	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200711		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/08/2007 13:49	**776334**	**Prothrombin Time (Rapid INR)**	**2.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**11/08/2007 13:49**	**Labs**	**SYSTEM**	**11/08/2007 14:19**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**11/08/2007 14:18:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20071016	T70346	10/16/2007 14:32
Order Priority	**Ordered Date**	**Order Test Code**
	10/16/2007 14:32	778501
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200710		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/16/2007 14:32	778501	Urine C and S	Urine C and S				F		not available electronically	10/16/2007 14:32	Labs	SYSTEM	10/18/2007 07:33	University of Washington Medical Center	Authenticated	not available electronically	10/16/2007 14:32:00
10/16/2007 14:32	778501	Urine C and S	Urine C and S				F		not available electronically	10/16/2007 14:32	Micro	SYSTEM	10/18/2007 07:33	University of Washington Medical Center	Authenticated	not available electronically	10/16/2007 14:32:00
End of Report																	

Category: Not Mapped
Date of Service: 10/16/2007 14:32
Document Status: Authenticated
Title: Urine C and S
Document Version : 0

Encounter Number: LABU8170135200710
Facility: UWMC
Encounter Type: Ancillary
Admit Date Time: 10/01/2007 00:01:00
Discharge Date Time: 10/31/2007 23:59:59

Specimen Description: Urine
Special Requests: None
Colony Count: >100000 Col/mL
Culture: 4+ Escherichia coli
Culture: 2+ Mixed flora : at least 4 different colony types
Report Status: Final 10182007

Performed By: UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105
Performed Date Time: 10/16/2007 14:32:00
Verified By: not available electronically
Verified Date Time: 10/16/2007 14:32:00

MRN: U8170135

Patient Name: JEANNE HOFFMAN
Printed/Viewed By: rebeca3
Printed/Viewed: 04/30/2025 10:04:09 AM

Escherichia coli

	MIC Interp
Amikacin	S
Ampicillin	S
Ampicillin/Sulbactam	S
Aztreonam	S
Cefazolin	S
Cefepime	S
Cefotetan	S
Ceftazidime	S
Ceftriaxone	S
Cefuroxime	S
Ciprofloxacin	S
Gentamicin	S
Imipenem	S
Levofloxacin	S
Meropenem	S
Nitrofurantoin	S
Piperacillin/Tazobactam	S
Tobramycin	S
Trimeth_Sulfamethoxazole	S

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_440517305	T70220	10/16/2007 14:05
Order Priority	**Ordered Date**	**Order Test Code**
	10/16/2007 14:05	12999986
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Macroscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200710		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/16/2007 14:05	13318813	Comments for Macroscopic, URN	None				F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	772414	Bilirubin Qual, URN	Negative		Negative		F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	772970	Clarity, URN	Cloudy				F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	773113	Color, URN	Yellow				F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	775044	Ketones, URN	Negative	mg/dL	Negative		F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	**775158**	**Leukocyte Esterase, URN**	**Positive**		**Negative**	**A**	**F**		**not available electronically**	**10/16/2007 14:05**	**Labs**	**SYSTEM**	**10/16/2007 14:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**10/16/2007 14:26:00**
10/16/2007 14:05	**775612**	**Nitrite, URN**	**Positive**		**Negative**	**A**	**F**		**not available electronically**	**10/16/2007 14:05**	**Labs**	**SYSTEM**	**10/16/2007 14:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**10/16/2007 14:26:00**
10/16/2007 14:05	775736	Occult Blood, URN	Negative		Negative		F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	776019	pH, URN	5.5		5.0-8.0		F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	**776288**	**Protein (Albumin Semi-Quant), URN**	**Trace**	**mg/dL**	**Negative**	**A**	**F**		**not available electronically**	**10/16/2007 14:05**	**Labs**	**SYSTEM**	**10/16/2007 14:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**10/16/2007 14:26:00**

10/16/2007 14:05	777788	Specific Gravity, URN	1.022	g/mL	1.002-1.027		F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_440517333	T70220	10/16/2007 14:05
Order Priority	**Ordered Date**	**Order Test Code**
	10/16/2007 14:05	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200710		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/16/2007 14:05	13318783	Epith. Cells, Squamous, URN	>5(PRESENT)	/LPF			F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF			F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	13318809	Mucus, URN	Present	/LPF			F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	13318812	Comments for Microscopic, URN	None				F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	772308	Bacteria, URN	Present				F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
10/16/2007 14:05	776889	RBC, URN	0-2(NEG)	/HPF			F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00

10/16/2007 14:05	778746	WBC, URN	51-1000(3+)	/HPF			F		not available electronically	10/16/2007 14:05	Labs	SYSTEM	10/16/2007 14:26	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	10/16/2007 14:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_437980974	W57630	10/10/2007 13:57
Order Priority	**Ordered Date**	**Order Test Code**
	10/10/2007 13:57	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200710		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/10/2007 13:57	**776334**	**Prothrombin Time (Rapid INR)**	**2.6**		**0.8-1.3**	**H**	**F**		**not available electronically**	**10/10/2007 13:57**	**Labs**	**SYSTEM**	**10/10/2007 15:13**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**10/10/2007 15:13:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_420030413	M37273	08/27/2007 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	08/27/2007 11:31	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/27/2007 11:31	777764	Na	144	mEq/L	136-145		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
08/27/2007 11:31	776178	K	4.1	mEq/L	3.7-5.2		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
08/27/2007 11:31	**774139**	**Glucose Level**	**134**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**08/27/2007 11:31**	**Labs**	**SYSTEM**	**08/27/2007 13:34**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**08/27/2007 13:34:00**
08/27/2007 11:31	773230	Creatinine	0.8	mg/dL	0.3-1.2		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
08/27/2007 11:31	772694	CO2	28	mEq/L	22-32		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00

08/27/2007 11:31	**772899**	**Cl**	**110**	**mEq/L**	**98-108**	**H**	**F**		**not available electronically**	**08/27/2007 11:31**	**Labs**	**SYSTEM**	**08/27/2007 13:34**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**08/27/2007 13:34:00**
08/27/2007 11:31	772647	Ca	9.3	mg/dL	8.9-10.2		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
08/27/2007 11:31	772560	BUN	13	mg/dL	8-21		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
08/27/2007 11:31	772060	Anion Gap	6		5-15		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
08/27/2007 11:31	13604338	eGFR, Additional Information					F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
Notes: Value: Calculated GFR by MDRD equation. Reasonably accurate in outpatients with chronic kidney disease. Tends to underestimate in others. Inaccurate with changing renal function. See http://depts.washington.edu/labweb/test/bclim/cGFR.html																	
08/27/2007 11:31	13604336	eGFR, Calculated, European American	>60	mL/min	>59		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
08/27/2007 11:31	13604337	eGFR, Calculated, African American	>60	mL/min	>59		F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 13:34	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 13:34:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_420728937	M37273	08/27/2007 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	08/27/2007 11:31	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/27/2007 11:31	**774344**	**Hemoglobin A1C by HPLC**	**6.3**	**%**	**4.0-6.0**	**H**	**F**		**not available electronically**	**08/27/2007 11:31**	**Labs**	**SYSTEM**	**08/29/2007 08:19**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**08/29/2007 08:19:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_419997588	M37273	08/27/2007 11:31
Order Priority	**Ordered Date**	**Order Test Code**
	08/27/2007 11:31	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200708		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/27/2007 11:31	776334	Prothrombin Time (Rapid INR)	1.9		0.8-1.3	H	F		not available electronically	08/27/2007 11:31	Labs	SYSTEM	08/27/2007 12:10	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	08/27/2007 12:10:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_408025269	H73779	07/26/2007 08:50
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2007 08:50	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	John Richard Evans DDS	
Encounter Number		
LABU8170135200707		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2007 08:50	774942	Prothrombin Time INR	1.0		0.8-1.3		F		not available electronically	07/26/2007 08:50	Labs	SYSTEM	07/26/2007 09:18	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/26/2007 09:18:00
07/26/2007 08:50	776748	Prothrombin Time Patient	12.9	sec	10.7-15.6		F		not available electronically	07/26/2007 08:50	Labs	SYSTEM	07/26/2007 09:18	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	07/26/2007 09:18:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_402476012	W66186	07/11/2007 10:36
Order Priority	**Ordered Date**	**Order Test Code**
	07/11/2007 10:36	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200707		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/11/2007 10:36	776334	Prothrombin Time (Rapid INR)	2.0		0.8-1.3	H	F		not available electronically	07/11/2007 10:36	Labs	SYSTEM	07/11/2007 12:32	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	07/11/2007 12:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_390329834	F27425	06/08/2007 13:35
Order Priority	**Ordered Date**	**Order Test Code**
	06/08/2007 13:35	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**

Encounter Number		
LABU8170135200706		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/08/2007 13:35	774298	HCT	38	%	36-45		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
06/08/2007 13:35	774336	Hb	12.7	g/dL	11.5-15.5		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
06/08/2007 13:35	775325	MCH	30.4	pg	27.3-33.6		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
06/08/2007 13:35	775326	MCHC	33.8	g/dL	32.3-35.7		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
06/08/2007 13:35	775327	MCV	90	fL	81-98		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
06/08/2007 13:35	776102	PLT	249	thousand/microL	150-400		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
06/08/2007 13:35	776876	RBC	4.19	million/microL	3.80-5.00		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
06/08/2007 13:35	778747	WBC	5.21	thousand/microL	4.3-10.0		F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 15:06:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_391210473	F27425	06/08/2007 13:35
Order Priority	**Ordered Date**	**Order Test Code**
	06/08/2007 13:35	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200706		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/08/2007 13:35	**774344**	**Hemoglobin A1C by HPLC**	**6.1**	**%**	**4.0-6.0**	**H**	**F**		**not available electronically**	**06/08/2007 13:35**	**Labs**	**SYSTEM**	**06/11/2007 14:28**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**06/11/2007 14:28:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_390307629	F27425	06/08/2007 13:35
Order Priority	**Ordered Date**	**Order Test Code**
	06/08/2007 13:35	776334

Order Test Name	Collection Start Date Time	Collection End Date Time
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200706		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/08/2007 13:35	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		not available electronically	06/08/2007 13:35	Labs	SYSTEM	06/08/2007 14:17	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	06/08/2007 14:16:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_386675709	T41955	05/29/2007 10:52
Order Priority	**Ordered Date**	**Order Test Code**
	05/29/2007 10:52	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200705		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/29/2007 10:52	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		not available electronically	05/29/2007 10:52	Labs	SYSTEM	05/29/2007 11:43	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	05/29/2007 11:43:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_363306486	W73054	04/04/2007 11:55
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2007 11:55	14031872
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hematocrit (Bty)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2007 11:55	774298	HCT	25	%	36-45	L	F		not available electronically	04/04/2007 11:55	Labs	SYSTEM	04/04/2007 12:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 12:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_363218371	W71242	04/04/2007 06:07
Order Priority	**Ordered Date**	**Order Test Code**

	04/04/2007 06:07	39650593
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP with Reflexive Ionized Ca Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2007 06:07	**777764**	**Na**	**129**	**mEq/L**	**136-145**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:41**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:40:00**
04/04/2007 06:07	**776178**	**K**	**3.3**	**mEq/L**	**3.7-5.2**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:41**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:40:00**
04/04/2007 06:07	**774139**	**Glucose Level**	**186**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:41**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:40:00**
04/04/2007 06:07	773230	Creatinine	0.7	mg/dL	0.3-1.2		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:41	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:40:00
04/04/2007 06:07	**772899**	**Cl**	**94**	**mEq/L**	**98-108**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:41**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:40:00**
04/04/2007 06:07	772694	CO2	26	mEq/L	22-32		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:41	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:40:00
04/04/2007 06:07	**772647**	**Ca**	**7.5**	**mg/dL**	**8.9-10.2**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:41**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:40:00**
04/04/2007 06:07	**772560**	**BUN**	**5**	**mg/dL**	**8-21**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:41**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:40:00**
04/04/2007 06:07	772060	Anion Gap	9		5-15		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:41	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:40:00
04/04/2007 06:07	39650592	Ca (Ionized) Reflex Status	See Ionized Calcium.				F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:41	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_363221501	W71242	04/04/2007 06:07
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2007 06:07	772649
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Ca (Ionized), SER		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2007 06:07	**772649**	**Ca (Ionized), SER**	**1.07**	**mmol/L**	**1.18-1.38**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:52**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:51:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_363208769	W71242	04/04/2007 06:07
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2007 06:07	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2007 06:07	**774298**	**HCT**	**24**	**%**	**36-45**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:04:00**
04/04/2007 06:07	**774336**	**Hb**	**8.1**	**g/dL**	**11.5-15.5**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:04:00**
04/04/2007 06:07	775325	MCH	31.6	pg	27.3-33.6		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:04:00
04/04/2007 06:07	775326	MCHC	34.2	g/dL	32.3-35.7		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:04:00
04/04/2007 06:07	775327	MCV	92	fL	81-98		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:04:00
04/04/2007 06:07	776102	PLT	178	thousand/microL	150-400		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:04	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:04:00
04/04/2007 06:07	**776876**	**RBC**	**2.57**	**million/microL**	**3.80-5.00**	**L**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:04:00**
04/04/2007 06:07	**778747**	**WBC**	**10.50**	**thousand/microL**	**4.3-10.0**	**H**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:04**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:04:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_363218393	W71242	04/04/2007 06:07
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2007 06:07	775300
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Mg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2007 06:07	775300	Mg	1.8	mg/dL	1.8-2.4		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:41	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_363218397	W71242	04/04/2007 06:07
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2007 06:07	776046
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Phosphate		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2007 06:07	776046	Phosphate	3.5	mg/dL	2.5-4.5		F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:41	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:40:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_363209906	W71242	04/04/2007 06:07
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2007 06:07	776767
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
PTT Partial Thromboplastin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2007 06:07	**776768**	**PTT Patient**	**83**	**sec**	**22-35**	**H**	**F**		**not available electronically**	**04/04/2007 06:07**	**Labs**	**SYSTEM**	**04/04/2007 07:10**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/04/2007 07:10:00**
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on April 04 2007 07:10 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
04/04/2007 06:07	776771	PTT X-Mean	2.9				F		not available electronically	04/04/2007 06:07	Labs	SYSTEM	04/04/2007 07:10	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/04/2007 07:10:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362734464	T76218	04/03/2007 20:20
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 20:20	776767
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
PTT Partial Thromboplastin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nathan Atkinson MD	

Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/03/2007 20:20	776771	PTT X-Mean	2.6				F		not available electronically	04/03/2007 20:20	Labs	Atkinson MD, Nathan	04/24/2007 10:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 21:00:00
04/03/2007 20:20	**776768**	**PTT Patient**	**75**	**sec**	**22-35**	**H**	**F**		**not available electronically**	**04/03/2007 20:20**	**Labs**	**Atkinson MD, Nathan**	**04/24/2007 10:23**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 21:00:00**

Notes:
1.) Result Comment by Contributor_system, AMCIS LAB on April 03 2007 21:00 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362642684	T76177	04/03/2007 20:00
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 20:00	776767
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
PTT Partial Thromboplastin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/03/2007 20:00	776771	PTT X-Mean	Test cancelled and credited. Improper Tube/Specimen Type, Rn Notified.				F		not available electronically	04/03/2007 20:00	Labs	SYSTEM	04/03/2007 20:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 20:21:00
04/03/2007 20:00	776768	PTT Patient	Test cancelled and credited.	sec	22-35		F		not available electronically	04/03/2007 20:00	Labs	SYSTEM	04/03/2007 20:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 20:21:00

Notes:
1.) Result Comment by Contributor_system, AMCIS LAB on April 03 2007 20:21 Improper Tube/Specimen Type, Rn Notified.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362173969	T72759	04/03/2007 06:28
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 06:28	39650593
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP with Reflexive Ionized Ca Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/03/2007 06:28	**777764**	**Na**	**130**	**mEq/L**	**136-145**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 07:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 07:38:00**
04/03/2007 06:28	776178	K	4.1	mEq/L	3.7-5.2		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:38:00

04/03/2007 06:28	**774139**	**Glucose Level**	**211**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 07:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 07:38:00**
04/03/2007 06:28	773230	Creatinine	0.8	mg/dL	0.3-1.2		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:38:00
04/03/2007 06:28	772899	Cl	99	mEq/L	98-108		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:38:00
04/03/2007 06:28	772694	CO2	26	mEq/L	22-32		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:38:00
04/03/2007 06:28	**772647**	**Ca**	**7.6**	**mg/dL**	**8.9-10.2**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 07:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 07:38:00**
04/03/2007 06:28	**772560**	**BUN**	**5**	**mg/dL**	**8-21**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 07:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 07:38:00**
04/03/2007 06:28	772060	Anion Gap	5		5-15		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:38:00
04/03/2007 06:28	39650592	Ca (Ionized) Reflex Status	See Ionized Calcium.				F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:38:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362177565	T72759	04/03/2007 06:28
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 06:28	772649
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Ca (Ionized), SER		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/03/2007 06:28	**772649**	**Ca (Ionized), SER**	**1.05**	**mmol/L**	**1.18-1.38**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 07:48**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 07:48:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362164119	T72759	04/03/2007 06:28
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 06:28	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

04/03/2007 06:28	778747	WBC	8.17	thousand/microL	4.3-10.0		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 06:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 06:58:00
04/03/2007 06:28	**776876**	**RBC**	**3.07**	**million/microL**	**3.80-5.00**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 06:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 06:58:00**
04/03/2007 06:28	776102	PLT	178	thousand/microL	150-400		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 06:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 06:58:00
04/03/2007 06:28	775327	MCV	93	fL	81-98		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 06:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 06:58:00
04/03/2007 06:28	775326	MCHC	33.2	g/dL	32.3-35.7		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 06:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 06:58:00
04/03/2007 06:28	775325	MCH	30.8	pg	27.3-33.6		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 06:58	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 06:58:00
04/03/2007 06:28	**774336**	**Hb**	**9.5**	**g/dL**	**11.5-15.5**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 06:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 06:58:00**
04/03/2007 06:28	**774298**	**HCT**	**29**	**%**	**36-45**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 06:58**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 06:58:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362173991	T72759	04/03/2007 06:28
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 06:28	775300
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Mg		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/03/2007 06:28	**775300**	**Mg**	**1.6**	**mg/dL**	**1.8-2.4**	**L**	**F**		**not available electronically**	**04/03/2007 06:28**	**Labs**	**SYSTEM**	**04/03/2007 07:38**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/03/2007 07:38:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362173995	T72759	04/03/2007 06:28
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 06:28	776046
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Phosphate		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		

LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/03/2007 06:28	776046	Phosphate	3.3	mg/dL	2.5-4.5		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:38	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:38:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_362169695	T72759	04/03/2007 06:28
Order Priority	**Ordered Date**	**Order Test Code**
	04/03/2007 06:28	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/03/2007 06:28	776771	PTT X-Mean	0.8				F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:20:00
04/03/2007 06:28	776768	PTT Patient	24	sec	22-35		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:20:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on April 03 2007 07:20 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
04/03/2007 06:28	776748	Prothrombin Time Patient	14.7	sec	10.7-15.6		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:20:00
04/03/2007 06:28	774942	Prothrombin Time INR	1.2		0.8-1.3		F		not available electronically	04/03/2007 06:28	Labs	SYSTEM	04/03/2007 07:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/03/2007 07:20:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_361296030	M79118	04/02/2007 19:09
Order Priority	**Ordered Date**	**Order Test Code**
	04/02/2007 19:09	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/02/2007 19:09	**16417975**	**Glucose Level (POC), UWMC**	**188**	**mg/dL**	**62-122**	**H**	**F**		**not available electronically**	**04/02/2007 19:09**	**Labs**	**SYSTEM**	**04/02/2007 19:16**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/02/2007 19:09:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

CE_361061775	M76333	04/02/2007 08:25
Order Priority	**Ordered Date**	**Order Test Code**
	04/02/2007 08:25	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/02/2007 08:25	**16417975**	**Glucose Level (POC), UWMC**	**176**	**mg/dL**	**62-122**	**H**	**F**		**not available electronically**	**04/02/2007 08:25**	**Labs**	**SYSTEM**	**04/02/2007 08:38**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/02/2007 08:25:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_361056751	M75358	04/02/2007 07:10
Order Priority	**Ordered Date**	**Order Test Code**
	04/02/2007 07:10	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Sumam Marion Abraham MD	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/02/2007 07:10	**777764**	**Na**	**133**	**mEq/L**	**136-145**	**L**	**F**		**not available electronically**	**04/02/2007 07:10**	**Labs**	**SYSTEM**	**04/02/2007 08:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/02/2007 08:26:00**
04/02/2007 07:10	**776178**	**K**	**3.6**	**mEq/L**	**3.7-5.2**	**L**	**F**		**not available electronically**	**04/02/2007 07:10**	**Labs**	**SYSTEM**	**04/02/2007 08:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/02/2007 08:26:00**
04/02/2007 07:10	**774139**	**Glucose Level**	**162**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**04/02/2007 07:10**	**Labs**	**SYSTEM**	**04/02/2007 08:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/02/2007 08:26:00**
04/02/2007 07:10	773230	Creatinine	0.6	mg/dL	0.3-1.2		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:26:00
04/02/2007 07:10	772899	Cl	101	mEq/L	98-108		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:26:00
04/02/2007 07:10	772694	CO2	25	mEq/L	22-32		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:26:00
04/02/2007 07:10	**772647**	**Ca**	**7.9**	**mg/dL**	**8.9-10.2**	**L**	**F**		**not available electronically**	**04/02/2007 07:10**	**Labs**	**SYSTEM**	**04/02/2007 08:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/02/2007 08:26:00**
04/02/2007 07:10	772560	BUN	9	mg/dL	8-21		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:26:00
04/02/2007 07:10	772060	Anion Gap	7		5-15		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:26	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_361051616	M75358	04/02/2007 07:10
Order Priority	**Ordered Date**	**Order Test Code**
	04/02/2007 07:10	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Sumam Marion Abraham MD	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/02/2007 07:10	**774298**	**HCT**	**33**	**%**	**36-45**	**L**	**F**		**not available electronically**	**04/02/2007 07:10**	**Labs**	**SYSTEM**	**04/02/2007 08:16**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/02/2007 08:16:00**
04/02/2007 07:10	**774336**	**Hb**	**10.8**	**g/dL**	**11.5-15.5**	**L**	**F**		**not available electronically**	**04/02/2007 07:10**	**Labs**	**SYSTEM**	**04/02/2007 08:16**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/02/2007 08:16:00**
04/02/2007 07:10	775325	MCH	31.0	pg	27.3-33.6		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:16	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:16:00
04/02/2007 07:10	775326	MCHC	33.0	g/dL	32.3-35.7		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:16	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:16:00
04/02/2007 07:10	775327	MCV	94	fL	81-98		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:16	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:16:00
04/02/2007 07:10	776102	PLT	192	thousand/microL	150-400		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:16	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:16:00
04/02/2007 07:10	**776876**	**RBC**	**3.49**	**million/microL**	**3.80-5.00**	**L**	**F**		**not available electronically**	**04/02/2007 07:10**	**Labs**	**SYSTEM**	**04/02/2007 08:16**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/02/2007 08:16:00**
04/02/2007 07:10	778747	WBC	7.84	thousand/microL	4.3-10.0		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:16	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:16:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_361047847	M75358	04/02/2007 07:10
Order Priority	**Ordered Date**	**Order Test Code**
	04/02/2007 07:10	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Sumam Marion Abraham MD	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/02/2007 07:10	776748	Prothrombin Time Patient	14.5	sec	10.7-15.6		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:07	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:07:00

04/02/2007 07:10	774942	Prothrombin Time INR	1.2		0.8-1.3		F		not available electronically	04/02/2007 07:10	Labs	SYSTEM	04/02/2007 08:07	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/02/2007 08:07:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360943385	X74469	04/01/2007 21:04
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 21:04	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 21:04	**16417975**	**Glucose Level (POC), UWMC**	**198**	**mg/dL**	**62-122**	**H**	**F**		**not available electronically**	**04/01/2007 21:04**	**Labs**	**SYSTEM**	**04/01/2007 23:13**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/01/2007 21:04:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360911722	X74152	04/01/2007 18:15
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 18:15	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 18:15	776771	PTT X-Mean	3.9				F		not available electronically	04/01/2007 18:15	Labs	SYSTEM	04/01/2007 18:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 18:49:00
04/01/2007 18:15	**776768**	**PTT Patient**	**114**	**sec**	**22-35**	**H**	**F**		**not available electronically**	**04/01/2007 18:15**	**Labs**	**SYSTEM**	**04/01/2007 18:49**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 18:49:00**
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on April 01 2007 18:49 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
04/01/2007 18:15	776748	Prothrombin Time Patient	15.3	sec	10.7-15.6		F		not available electronically	04/01/2007 18:15	Labs	SYSTEM	04/01/2007 18:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 18:49:00
04/01/2007 18:15	774942	Prothrombin Time INR	1.2		0.8-1.3		F		not available electronically	04/01/2007 18:15	Labs	SYSTEM	04/01/2007 18:49	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 18:49:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360908406	X74161	04/01/2007 18:06
Order Priority	**Ordered Date**	**Order Test Code**

	04/01/2007 18:06	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 18:06	**16417975**	**Glucose Level (POC), UWMC**	**149**	**mg/dL**	**62-122**	**H**	**F**		**not available electronically**	**04/01/2007 18:06**	**Labs**	**SYSTEM**	**04/01/2007 18:26**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/01/2007 18:06:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360900754	X74060	04/01/2007 12:15
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 12:15	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 12:15	**16417975**	**Glucose Level (POC), UWMC**	**221**	**mg/dL**	**62-122**	**H**	**F**		**not available electronically**	**04/01/2007 12:15**	**Labs**	**SYSTEM**	**04/01/2007 17:31**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/01/2007 12:15:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360791483	X72456	04/01/2007 06:55
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 06:55	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 06:55	777764	Na	139	mEq/L	136-145		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 08:02	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 08:02:00
04/01/2007 06:55	**776178**	**K**	**3.5**	**mEq/L**	**3.7-5.2**	**L**	**F**		**not available electronically**	**04/01/2007 06:55**	**Labs**	**SYSTEM**	**04/01/2007 08:02**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 08:02:00**
04/01/2007 06:55	**774139**	**Glucose Level**	**160**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**04/01/2007 06:55**	**Labs**	**SYSTEM**	**04/01/2007 08:02**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 08:02:00**
04/01/2007 06:55	773230	Creatinine	0.7	mg/dL	0.3-1.2		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 08:02	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 08:02:00

04/01/2007 06:55	772899	Cl	102	mEq/L	98-108		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 08:02	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 08:02:00
04/01/2007 06:55	772694	CO2	27	mEq/L	22-32		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 08:02	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 08:02:00
04/01/2007 06:55	**772647**	**Ca**	**8.8**	**mg/dL**	**8.9-10.2**	**L**	**F**		**not available electronically**	**04/01/2007 06:55**	**Labs**	**SYSTEM**	**04/01/2007 08:02**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 08:02:00**
04/01/2007 06:55	772560	BUN	11	mg/dL	8-21		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 08:02	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 08:02:00
04/01/2007 06:55	772060	Anion Gap	10		5-15		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 08:02	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 08:02:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360784117	X72456	04/01/2007 06:55
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 06:55	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 06:55	**774298**	**HCT**	**33**	**%**	**36-45**	**L**	**F**		**not available electronically**	**04/01/2007 06:55**	**Labs**	**SYSTEM**	**04/01/2007 07:35**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 07:35:00**
04/01/2007 06:55	**774336**	**Hb**	**11.3**	**g/dL**	**11.5-15.5**	**L**	**F**		**not available electronically**	**04/01/2007 06:55**	**Labs**	**SYSTEM**	**04/01/2007 07:35**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 07:35:00**
04/01/2007 06:55	778747	WBC	9.25	thousand/microL	4.3-10.0		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:35	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:35:00
04/01/2007 06:55	**776876**	**RBC**	**3.57**	**million/microL**	**3.80-5.00**	**L**	**F**		**not available electronically**	**04/01/2007 06:55**	**Labs**	**SYSTEM**	**04/01/2007 07:35**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 07:35:00**
04/01/2007 06:55	776102	PLT	182	thousand/microL	150-400		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:35	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:35:00
04/01/2007 06:55	775327	MCV	91	fL	81-98		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:35	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:35:00
04/01/2007 06:55	775326	MCHC	34.8	g/dL	32.3-35.7		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:35	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:35:00
04/01/2007 06:55	775325	MCH	31.7	pg	27.3-33.6		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:35	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360788384	X72456	04/01/2007 06:55
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 06:55	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 06:55	776748	Prothrombin Time Patient	17.8	sec	10.7-15.6	H	F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:51	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:51:00
04/01/2007 06:55	774942	Prothrombin Time INR	1.5		0.8-1.3	H	F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:51	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:51:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360788390	X72456	04/01/2007 06:55
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 06:55	776767
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
PTT Partial Thromboplastin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 06:55	776768	PTT Patient	28	sec	22-35		F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:51	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:51:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on April 01 2007 07:51 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
04/01/2007 06:55	776771	PTT X-Mean	1.0				F		not available electronically	04/01/2007 06:55	Labs	SYSTEM	04/01/2007 07:51	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 07:51:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360762575	X72905	04/01/2007 04:35
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 04:35	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

04/01/2007 04:35	776771	PTT X-Mean	1.7				F		not available electronically	04/01/2007 04:35	Labs	SYSTEM	04/01/2007 05:23	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 05:22:00
04/01/2007 04:35	**776768**	**PTT Patient**	**48**	**sec**	**22-35**	**H**	**F**		**not available electronically**	**04/01/2007 04:35**	**Labs**	**SYSTEM**	**04/01/2007 05:23**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 05:22:00**
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on April 01 2007 05:22 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
04/01/2007 04:35	**776748**	**Prothrombin Time Patient**	**19.4**	**sec**	**10.7-15.6**	**H**	**F**		**not available electronically**	**04/01/2007 04:35**	**Labs**	**SYSTEM**	**04/01/2007 05:23**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 05:22:00**
04/01/2007 04:35	**774942**	**Prothrombin Time INR**	**1.7**		**0.8-1.3**	**H**	**F**		**not available electronically**	**04/01/2007 04:35**	**Labs**	**SYSTEM**	**04/01/2007 05:23**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 05:22:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360730208	X72550	04/01/2007 00:30
Order Priority	**Ordered Date**	**Order Test Code**
	04/01/2007 00:30	776767
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
PTT Partial Thromboplastin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200704		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/01/2007 00:30	776771	PTT X-Mean	Unable to calculate				F		not available electronically	04/01/2007 00:30	Labs	SYSTEM	04/01/2007 01:48	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	04/01/2007 01:48:00
04/01/2007 00:30	**776768**	**PTT Patient**	**200**	**sec**	**22-35**	**H**	**F**		**not available electronically**	**04/01/2007 00:30**	**Labs**	**SYSTEM**	**04/01/2007 01:48**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**04/01/2007 01:48:00**
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on April 01 2007 01:48 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin. Telephoned with read back to: ERNIE @0150																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360678017	S21132	03/31/2007 20:13
Order Priority	**Ordered Date**	**Order Test Code**
	03/31/2007 20:13	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/31/2007 20:13	**16417975**	**Glucose Level (POC), UWMC**	**195**	**mg/dL**	**62-122**	**H**	**F**		**not available electronically**	**03/31/2007 20:13**	**Labs**	**SYSTEM**	**03/31/2007 20:27**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**03/31/2007 20:13:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360655741	S20964	03/31/2007 18:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/31/2007 18:00	776341
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/31/2007 18:00	776748	Prothrombin Time Patient	22.6	sec	10.7-15.6	H	F		not available electronically	03/31/2007 18:00	Labs	SYSTEM	03/31/2007 18:33	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 18:32:00
03/31/2007 18:00	774942	Prothrombin Time INR	2.0		0.8-1.3	H	F		not available electronically	03/31/2007 18:00	Labs	SYSTEM	03/31/2007 18:33	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 18:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360655305	S21001	03/31/2007 17:26
Order Priority	**Ordered Date**	**Order Test Code**
	03/31/2007 17:26	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/31/2007 17:26	16417975	Glucose Level (POC), UWMC	175	mg/dL	62-122	H	F		not available electronically	03/31/2007 17:26	Labs	SYSTEM	03/31/2007 18:31	University of Washington Medical Center	Authenticated	not available electronically	03/31/2007 17:26:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360624584	S20685	03/31/2007 15:43
Order Priority	**Ordered Date**	**Order Test Code**
	03/31/2007 15:43	16417975
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Glucose Level (POC), UWMC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/31/2007 15:43	16417975	Glucose Level (POC), UWMC	209	mg/dL	62-122	H	F		not available electronically	03/31/2007 15:43	Labs	SYSTEM	03/31/2007 15:50	University of Washington Medical Center	Authenticated	not available electronically	03/31/2007 15:43:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360525062	S19290	03/31/2007 06:50
Order Priority	**Ordered Date**	**Order Test Code**
	03/31/2007 06:50	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/31/2007 06:50	772060	Anion Gap	7		5-15		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:46	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:45:00
03/31/2007 06:50	772560	BUN	13	mg/dL	8-21		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:46	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:45:00
03/31/2007 06:50	**772647**	**Ca**	**8.7**	**mg/dL**	**8.9-10.2**	**L**	**F**		**not available electronically**	**03/31/2007 06:50**	**Labs**	**SYSTEM**	**03/31/2007 07:46**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/31/2007 07:45:00**
03/31/2007 06:50	772694	CO2	28	mEq/L	22-32		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:46	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:45:00
03/31/2007 06:50	772899	Cl	103	mEq/L	98-108		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:46	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:45:00
03/31/2007 06:50	773230	Creatinine	0.8	mg/dL	0.3-1.2		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:46	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:45:00
03/31/2007 06:50	**774139**	**Glucose Level**	**160**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**03/31/2007 06:50**	**Labs**	**SYSTEM**	**03/31/2007 07:46**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/31/2007 07:45:00**
03/31/2007 06:50	776178	K	3.8	mEq/L	3.7-5.2		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:46	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:45:00
03/31/2007 06:50	777764	Na	138	mEq/L	136-145		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:46	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:45:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360518498	S19290	03/31/2007 06:50
Order Priority	**Ordered Date**	**Order Test Code**
	03/31/2007 06:50	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	AMCIS LAB Contributor_system	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/31/2007 06:50	778747	WBC	9.61	thousand/microL	4.3-10.0		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:10	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:10:00

03/31/2007 06:50	**776876**	**RBC**	**3.73**	**million/microL**	**3.80-5.00**	**L**	**F**		**not available electronically**	**03/31/2007 06:50**	**Labs**	**SYSTEM**	**03/31/2007 07:10**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/31/2007 07:10:00**
03/31/2007 06:50	776102	PLT	190	thousand/microL	150-400		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:10	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:10:00
03/31/2007 06:50	775327	MCV	92	fL	81-98		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:10	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:10:00
03/31/2007 06:50	775326	MCHC	34.1	g/dL	32.3-35.7		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:10	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:10:00
03/31/2007 06:50	775325	MCH	31.5	pg	27.3-33.6		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:10	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:10:00
03/31/2007 06:50	774336	Hb	11.8	g/dL	11.5-15.5		F		not available electronically	03/31/2007 06:50	Labs	SYSTEM	03/31/2007 07:10	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/31/2007 07:10:00
03/31/2007 06:50	**774298**	**HCT**	**35**	**%**	**36-45**	**L**	**F**		**not available electronically**	**03/31/2007 06:50**	**Labs**	**SYSTEM**	**03/31/2007 07:10**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/31/2007 07:10:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360394398	F53659	03/30/2007 19:20
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2007 19:20	12999986
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Macroscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Laura E Fife MD	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2007 19:20	13318813	Comments for Macroscopic, URN	None				F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	772414	Bilirubin Qual, URN	Negative		Negative		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	772970	Clarity, URN	Clear				F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	773113	Color, URN	Yellow				F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	**774201**	**Glucose Qual, URN**	**Trace**	**mg/dL**	**Negative**	**A**	**F**		**not available electronically**	**03/30/2007 19:20**	**Labs**	**SYSTEM**	**03/30/2007 20:01**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/30/2007 20:01:00**
03/30/2007 19:20	775044	Ketones, URN	Negative	mg/dL	Negative		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00

03/30/2007 19:20	775158	Leukocyte Esterase, URN	Negative		Negative		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	775612	Nitrite, URN	Negative		Negative		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	775736	Occult Blood, URN	Negative		Negative		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	776019	pH, URN	5.5		5.0-8.0		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	777788	Specific Gravity, URN	1.018	g/mL	1.002-1.027		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360394438	F53659	03/30/2007 19:20
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2007 19:20	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Laura E Fife MD	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2007 19:20	778746	WBC, URN	0-5(NEG)	/HPF			F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	776889	RBC, URN	0-2(NEG)	/HPF			F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	772308	Bacteria, URN	Not Seen				F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	13318812	Comments for Microscopic, URN	None				F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	13318809	Mucus, URN	Present	/LPF			F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
03/30/2007 19:20	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF			F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00

03/30/2007 19:20	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF			F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	03/30/2007 20:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:01:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20070330	F53647	03/30/2007 19:20
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2007 19:20	778503
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urine C and S w/Gram		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Laura E Fife MD	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2007 19:20	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	03/30/2007 19:20	Labs	SYSTEM	04/01/2007 09:01	University of Washington Medical Center	Authenticated	not available electronically	03/30/2007 19:20:00
03/30/2007 19:20	778503	Urine C and S w/Gram	Urine C and S w/Gram				F		not available electronically	03/30/2007 19:20	Micro	SYSTEM	04/01/2007 09:01	University of Washington Medical Center	Authenticated	not available electronically	03/30/2007 19:20:00
End of Report																	

Specimen Description: Urine
Special Requests: None
Direct Exam: No white blood cells or organisms seen
Colony Count: <100 Col/mL
Culture: No growth 2 days
Report Status: Final 04012007

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360391550	F53597	03/30/2007 19:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2007 19:00	772722
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram) [Do Dif If]		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Laura E Fife MD	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2007 19:00	774298	HCT	37	%	36-45		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
03/30/2007 19:00	774336	Hb	12.7	g/dL	11.5-15.5		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
03/30/2007 19:00	775325	MCH	31.0	pg	27.3-33.6		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
03/30/2007 19:00	775326	MCHC	34.0	g/dL	32.3-35.7		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
03/30/2007 19:00	775327	MCV	91	fL	81-98		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
03/30/2007 19:00	776102	PLT	238	thousand/microL	150-400		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
03/30/2007 19:00	776876	RBC	4.10	million/microL	3.80-5.00		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
03/30/2007 19:00	778747	WBC	9.66	thousand/microL	4.3-10.0		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:43	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:43:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360425298	F53597	03/30/2007 19:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2007 19:00	15001632
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Chest Pain Reflexive Testing Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Laura E Fife MD	
Encounter Number		

LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2007 19:00	778411	Troponin-I Interpretation	Troponin I of 0.40 ng/ml or greater: probable myocardial infarction.				F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 22:24:00
03/30/2007 19:00	778409	Troponin-I	0.01	ng/mL	<0.40		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 22:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360396163	F53597	03/30/2007 19:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2007 19:00	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Laura E Fife MD	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2007 19:00	777764	Na	137	mEq/L	136-145		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	776290	Protein (Total)	6.3	g/dL	6.0-8.2		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	776178	K	3.7	mEq/L	3.7-5.2		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	**774139**	**Glucose Level**	**161**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**03/30/2007 19:00**	**Labs**	**SYSTEM**	**03/30/2007 20:06**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/30/2007 20:06:00**
03/30/2007 19:00	773230	Creatinine	0.8	mg/dL	0.3-1.2		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	772899	Cl	100	mEq/L	98-108		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	772694	CO2	29	mEq/L	22-32		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	772647	Ca	9.1	mg/dL	8.9-10.2		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	772560	BUN	15	mg/dL	8-21		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	772416	Bilirubin (Total)	0.5	mg/dL	0.2-1.3		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	772259	AST (GOT)	20	units/L	15-40		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00

03/30/2007 19:00	771898	ALT (GPT)	17	units/L	6-40		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	**771901**	**Albumin**	**3.4**	**g/dL**	**3.5-5.2**	**L**	**F**		**not available electronically**	**03/30/2007 19:00**	**Labs**	**SYSTEM**	**03/30/2007 20:06**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/30/2007 20:06:00**
03/30/2007 19:00	771938	Alk Phos (Total)	78	units/L	49-199		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
03/30/2007 19:00	772060	Anion Gap	8		5-15		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 20:06	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 20:06:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_360392178	F53597	03/30/2007 19:00
Order Priority	**Ordered Date**	**Order Test Code**
	03/30/2007 19:00	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Laura E Fife MD	
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/30/2007 19:00	776771	PTT X-Mean	0.8				F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:46:00
03/30/2007 19:00	776768	PTT Patient	23	sec	22-35		F		not available electronically	03/30/2007 19:00	Labs	SYSTEM	03/30/2007 19:47	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/30/2007 19:46:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on March 30 2007 19:46 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
03/30/2007 19:00	**776748**	**Prothrombin Time Patient**	**21.3**	**sec**	**10.7-15.6**	**H**	**F**		**not available electronically**	**03/30/2007 19:00**	**Labs**	**SYSTEM**	**03/30/2007 19:47**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/30/2007 19:46:00**
03/30/2007 19:00	**774942**	**Prothrombin Time INR**	**1.9**		**0.8-1.3**	**H**	**F**		**not available electronically**	**03/30/2007 19:00**	**Labs**	**SYSTEM**	**03/30/2007 19:47**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/30/2007 19:46:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_355972166	H60066	03/22/2007 12:10
Order Priority	**Ordered Date**	**Order Test Code**
	03/22/2007 12:10	771898
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
ALT (GPT)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2007 12:10	771898	ALT (GPT)	18	units/L	6-40		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 18:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/22/2007 18:25:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_355900993	H60066	03/22/2007 12:10
Order Priority	**Ordered Date**	**Order Test Code**
	03/22/2007 12:10	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2007 12:10	777764	Na	143	mEq/L	136-145		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 15:07:00
03/22/2007 12:10	776178	K	3.7	mEq/L	3.7-5.2		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 15:07:00
03/22/2007 12:10	**774139**	**Glucose Level**	**137**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**03/22/2007 12:10**	**Labs**	**SYSTEM**	**03/22/2007 15:06**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**03/22/2007 15:07:00**
03/22/2007 12:10	773230	Creatinine	0.9	mg/dL	0.3-1.2		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 15:07:00
03/22/2007 12:10	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**not available electronically**	**03/22/2007 12:10**	**Labs**	**SYSTEM**	**03/22/2007 15:06**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**03/22/2007 15:07:00**
03/22/2007 12:10	772694	CO2	29	mEq/L	22-32		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 15:07:00
03/22/2007 12:10	772647	Ca	9.1	mg/dL	8.9-10.2		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 15:07:00
03/22/2007 12:10	772560	BUN	18	mg/dL	8-21		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 15:07:00
03/22/2007 12:10	772060	Anion Gap	5		5-15		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 15:06	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 15:07:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_356279243	H60066	03/22/2007 12:10

Order Priority	Ordered Date	Order Test Code
	03/22/2007 12:10	774344
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2007 12:10	**774344**	**Hemoglobin A1C by HPLC**	**7.1**	**%**	**4.0-6.0**	**H**	**F**		**not available electronically**	**03/22/2007 12:10**	**Labs**	**SYSTEM**	**03/23/2007 14:07**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/23/2007 14:07:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_356008151	H60066	03/22/2007 12:10
Order Priority	**Ordered Date**	**Order Test Code**
	03/22/2007 12:10	774695
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Homocysteine (Total) by FPIA		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2007 12:10	774695	Homocysteine (Total) by FPIA	10.5	micromol/L	6.2-15.0		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 20:52	University of Washington Medical Center	Authenticated	Harborview Medical Center Labs 325 9th Ave Box 359743, Rm GWH 47, Seattle WA 98104	03/22/2007 20:52:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_355972181	H60066	03/22/2007 12:10
Order Priority	**Ordered Date**	**Order Test Code**
	03/22/2007 12:10	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2007 12:10	**778392**	**Triglyceride Level**	**150**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**03/22/2007 12:10**	**Labs**	**SYSTEM**	**03/22/2007 18:25**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**03/22/2007 18:25:00**

03/22/2007 12:10	775941	Patient Fasting Status (Y/NO)	Information not provided				F				Labs	SYSTEM	03/22/2007 13:02	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 13:03:00
03/22/2007 12:10	772925	Cholesterol/HDL Ratio	3.3				F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 18:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/22/2007 18:25:00
03/22/2007 12:10	772921	Cholesterol (LDL), Calculated	104	mg/dL	<130		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 18:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/22/2007 18:25:00
03/22/2007 12:10	772917	Cholesterol HDL	58	mg/dL	>40		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 18:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/22/2007 18:25:00
03/22/2007 12:10	772911	Cholesterol (Total)	192	mg/dL	<200		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/22/2007 18:25	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	03/22/2007 18:25:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_358921249	H60066	03/22/2007 12:10
Order Priority	**Ordered Date**	**Order Test Code**
	03/22/2007 12:10	775382
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Methylmalonic Acid Level (Sendout)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2007 12:10	775382	Methylmalonic Acid Level (Sendout)	0.26	micromol/L	0.0-0.40		F		not available electronically	03/22/2007 12:10	Labs	SYSTEM	03/27/2007 07:13	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/27/2007 07:13:00

Notes:
1.) Result Comment by Contributor_system, AMCIS LAB on March 27 2007 07:13 (NOTE) Test Performed by: Mayo Clinic Dpt of Lab Med and Pathology 200 First Street SW, Rochester, MN 55905 Laboratory Director: Franklin R. Cockerill, III, M.D.

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_355841625	H59712	03/22/2007 11:01
Order Priority	**Ordered Date**	**Order Test Code**
	03/22/2007 11:01	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/22/2007 11:01	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	03/22/2007 11:01	Labs	SYSTEM	03/22/2007 12:16	University of Washington Medical Center	Authenticated	UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105	03/22/2007 12:16:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_349103074	H55953	03/15/2007 14:57
Order Priority	**Ordered Date**	**Order Test Code**
	03/15/2007 14:57	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200703		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/15/2007 14:57	**776334**	**Prothrombin Time (Rapid INR)**	**1.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**03/15/2007 14:57**	**Labs**	**SYSTEM**	**03/15/2007 16:53**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**03/15/2007 16:53:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_342935182	T50845	02/27/2007 15:39
Order Priority	**Ordered Date**	**Order Test Code**
	02/27/2007 15:39	774419
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hepatic Function Panel A		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/27/2007 15:39	776290	Protein (Total)	6.2	g/dL	6.0-8.2		F		not available electronically	02/27/2007 15:39	Labs	SYSTEM	02/27/2007 22:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:20:00
02/27/2007 15:39	772416	Bilirubin (Total)	0.7	mg/dL	0.2-1.3		F		not available electronically	02/27/2007 15:39	Labs	SYSTEM	02/27/2007 22:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:20:00
02/27/2007 15:39	772411	Bilirubin (Direct)	0.1	mg/dL	0.0-0.3		F		not available electronically	02/27/2007 15:39	Labs	SYSTEM	02/27/2007 22:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:20:00
02/27/2007 15:39	772259	AST (GOT)	21	units/L	15-40		F		not available electronically	02/27/2007 15:39	Labs	SYSTEM	02/27/2007 22:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:20:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on February 27 2007 22:20 Note new reference range effective 12/04/06.																	
02/27/2007 15:39	771938	Alk Phos (Total)	78	units/L	49-199		F		not available electronically	02/27/2007 15:39	Labs	SYSTEM	02/27/2007 22:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:20:00
02/27/2007 15:39	771901	Albumin	3.8	g/dL	3.5-5.2		F		not available electronically	02/27/2007 15:39	Labs	SYSTEM	02/27/2007 22:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:20:00
02/27/2007 15:39	771898	ALT (GPT)	19	units/L	6-40		F		not available electronically	02/27/2007 15:39	Labs	SYSTEM	02/27/2007 22:21	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:20:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on February 27 2007 22:20 Note new reference range effective 12/04/06.																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_342936039	T50837	02/27/2007 15:38
Order Priority	**Ordered Date**	**Order Test Code**
	02/27/2007 15:38	772690
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Carbamazepine (Tegretol) Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/27/2007 15:38	772690	Carbamazepine (Tegretol) Level	7.6	mcg/mL	6.0-12.0		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_342936043	T50837	02/27/2007 15:38
Order Priority	**Ordered Date**	**Order Test Code**
	02/27/2007 15:38	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/27/2007 15:38	777764	Na	139	mEq/L	136-145		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	776290	Protein (Total)	6.1	g/dL	6.0-8.2		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	776178	K	3.9	mEq/L	3.7-5.2		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	**774139**	**Glucose Level**	**128**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**02/27/2007 15:38**	**Labs**	**SYSTEM**	**02/27/2007 22:24**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/27/2007 22:24:00**
02/27/2007 15:38	773230	Creatinine	0.7	mg/dL	0.3-1.2		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	772899	Cl	102	mEq/L	98-108		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	772694	CO2	26	mEq/L	22-32		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00

02/27/2007 15:38	772647	Ca	9.4	mg/dL	8.9-10.2		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	772560	BUN	11	mg/dL	8-21		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	772416	Bilirubin (Total)	0.5	mg/dL	0.2-1.3		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	772259	AST (GOT)	20	units/L	15-40		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on February 27 2007 22:24 Note new reference range effective 12/04/06.																	
02/27/2007 15:38	772060	Anion Gap	11		5-15		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	771938	Alk Phos (Total)	79	units/L	49-199		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	771901	Albumin	3.8	g/dL	3.5-5.2		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
02/27/2007 15:38	771898	ALT (GPT)	20	units/L	6-40		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 22:24	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 22:24:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on February 27 2007 22:24 Note new reference range effective 12/04/06.																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_343154765	T50837	02/27/2007 15:38
Order Priority	**Ordered Date**	**Order Test Code**
	02/27/2007 15:38	777107
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
RPR		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/27/2007 15:38	777107	RPR	Non-reactive				F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/28/2007 12:37	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/28/2007 12:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_342943070	T50837	02/27/2007 15:38
Order Priority	**Ordered Date**	**Order Test Code**
	02/27/2007 15:38	778418
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
TSH		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/27/2007 15:38	778418	TSH	1.228	microIU/mL	0.400-5.000		F		not available electronically	02/27/2007 15:38	Labs	SYSTEM	02/27/2007 23:01	University of Washington Medical Center	Authenticated	UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195	02/27/2007 23:01:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_343069893	T50837	02/27/2007 15:38
Order Priority	**Ordered Date**	**Order Test Code**
	02/27/2007 15:38	778664
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Vitamin B12 (Cobalamin) Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/27/2007 15:38	**778664**	**Vitamin B12 (Cobalamin) Level**	**217**	**pg/mL**	**224-1132**	**L**	**F**		**not available electronically**	**02/27/2007 15:38**	**Labs**	**SYSTEM**	**02/28/2007 09:18**	**University of Washington Medical Center**	**Authenticated**	**UW Medical Center Labs Lab Med Box 357110, 1959 NE Pacific St., Seattle WA 98195**	**02/28/2007 09:17:00**

Notes:
1.) Result Comment by Contributor_system, AMCIS LAB on February 28 2007 09:17 [Indeterminate: 180-223 pg/mL] [Deficient: <180 pg/mL]

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_342778669	T49798	02/27/2007 11:51
Order Priority	**Ordered Date**	**Order Test Code**
	02/27/2007 11:51	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200702		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/27/2007 11:51	**776334**	**Prothrombin Time (Rapid INR)**	**2.0**		**0.8-1.3**	**H**	**F**		**not available electronically**	**02/27/2007 11:51**	**Labs**	**SYSTEM**	**02/27/2007 13:26**	**University of Washington Medical Center**	**Authenticated**	**UW Medicine Roosevelt Clinic Lab 4245 Roosevelt Way NE Rm 160, Box 354710, Seattle WA 98105**	**02/27/2007 13:26:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_332583461	M34731	01/29/2007 12:16
Order Priority	**Ordered Date**	**Order Test Code**
	01/29/2007 12:16	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**

Encounter Number		
LABU8170135200701		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/29/2007 12:16	**776334**	**Prothrombin Time (Rapid INR)**	**2.0**		**0.8-1.3**	**H**	**F**		**not available electronically**	**01/29/2007 12:16**	**Labs**	**SYSTEM**	**01/29/2007 13:42**	**University of Washington Medical Center**	**Authenticated**	**RO - ROOSEVELT LAB,**	**01/29/2007 13:41:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_327547775	M25942	01/15/2007 15:10
Order Priority	**Ordered Date**	**Order Test Code**
	01/15/2007 15:10	772722
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram) [Do Dif If]		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Medley OKeefe Gatewood MD	
Encounter Number		
LABU8170135200701		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/15/2007 15:10	774298	HCT	42	%	36-45		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
01/15/2007 15:10	774336	Hb	13.8	g/dL	11.5-15.5		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
01/15/2007 15:10	775325	MCH	31.0	pg	27.3-33.6		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
01/15/2007 15:10	775326	MCHC	32.8	g/dL	32.3-35.7		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
01/15/2007 15:10	775327	MCV	95	fL	81-98		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
01/15/2007 15:10	776102	PLT	289	thousand/microL	150-400		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
01/15/2007 15:10	776876	RBC	4.46	million/microL	3.80-5.00		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
01/15/2007 15:10	778747	WBC	5.94	thousand/microL	4.3-10.0		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:29	University of Washington Medical Center	Authenticated	HU - HEMATOLOGY (UWMC),	01/15/2007 15:29:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_327551586	M25942	01/15/2007 15:10
Order Priority	**Ordered Date**	**Order Test Code**
	01/15/2007 15:10	773146
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Comprehensive Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Medley OKeefe Gatewood MD	
Encounter Number		
LABU8170135200701		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

01/15/2007 15:10	776178	K	3.7	mEq/L	3.7-5.2		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	**774139**	**Glucose Level**	**134**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**01/15/2007 15:10**	**Labs**	**SYSTEM**	**01/15/2007 15:46**	**University of Washington Medical Center**	**Authenticated**	**U - UNIVERSITY,**	**01/15/2007 15:45:00**
01/15/2007 15:10	773230	Creatinine	0.9	mg/dL	0.3-1.2		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	772899	Cl	102	mEq/L	98-108		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	772694	CO2	29	mEq/L	22-32		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	772647	Ca	9.6	mg/dL	8.9-10.2		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	772560	BUN	15	mg/dL	8-21		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	772416	Bilirubin (Total)	0.7	mg/dL	0.2-1.3		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	772259	AST (GOT)	26	units/L	15-40		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on January 15 2007 15:45 Note new reference range effective 12/04/06.																	
01/15/2007 15:10	772060	Anion Gap	9		5-15		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	771938	Alk Phos (Total)	80	units/L	49-199		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	771901	Albumin	3.9	g/dL	3.5-5.2		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	771898	ALT (GPT)	23	units/L	6-40		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on January 15 2007 15:45 Note new reference range effective 12/04/06.																	
01/15/2007 15:10	776290	Protein (Total)	7.1	g/dL	6.0-8.2		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
01/15/2007 15:10	777764	Na	140	mEq/L	136-145		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:46	University of Washington Medical Center	Authenticated	U - UNIVERSITY,	01/15/2007 15:45:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_327550023	M25942	01/15/2007 15:10
Order Priority	**Ordered Date**	**Order Test Code**
	01/15/2007 15:10	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Medley OKeefe Gatewood MD	
Encounter Number		
LABU8170135200701		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/15/2007 15:10	776771	PTT X-Mean	0.9				F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:39	University of Washington Medical Center	Authenticated	COU - COAGULATION (UWM,	01/15/2007 15:39:00
01/15/2007 15:10	776768	PTT Patient	26	sec	22-35		F		not available electronically	01/15/2007 15:10	Labs	SYSTEM	01/15/2007 15:39	University of Washington Medical Center	Authenticated	COU - COAGULATION (UWM,	01/15/2007 15:39:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on January 15 2007 15:39 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
01/15/2007 15:10	**776748**	**Prothrombin Time Patient**	**18.3**	**sec**	**10.7-15.6**	**H**	**F**		**not available electronically**	**01/15/2007 15:10**	**Labs**	**SYSTEM**	**01/15/2007 15:39**	**University of Washington Medical Center**	**Authenticated**	**COU - COAGULATION (UWM,**	**01/15/2007 15:39:00**
01/15/2007 15:10	**774942**	**Prothrombin Time INR**	**1.5**		**0.8-1.3**	**H**	**F**		**not available electronically**	**01/15/2007 15:10**	**Labs**	**SYSTEM**	**01/15/2007 15:39**	**University of Washington Medical Center**	**Authenticated**	**COU - COAGULATION (UWM,**	**01/15/2007 15:39:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_318870394	F57913	12/22/2006 11:54
Order Priority	**Ordered Date**	**Order Test Code**
	12/22/2006 11:54	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200612		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/22/2006 11:54	776334	Prothrombin Time (Rapid INR)	1.4		0.8-1.3	H	F		not available electronically	12/22/2006 11:54	Labs	SYSTEM	12/22/2006 13:19	University of Washington Medical Center	Authenticated	not available electronically	12/22/2006 11:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_301261933	T40273	10/31/2006 11:51
Order Priority	**Ordered Date**	**Order Test Code**
	10/31/2006 11:51	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200610		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/31/2006 11:51	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	10/31/2006 11:51	Labs	SYSTEM	10/31/2006 13:07	University of Washington Medical Center	Authenticated	not available electronically	10/31/2006 11:51:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_288583438	H16694	09/28/2006 13:23
Order Priority	**Ordered Date**	**Order Test Code**
	09/28/2006 13:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200609		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/28/2006 13:23	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		not available electronically	09/28/2006 13:23	Labs	SYSTEM	09/28/2006 14:05	University of Washington Medical Center	Authenticated	not available electronically	09/28/2006 13:23:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_276179746	W68701	08/23/2006 13:15
Order Priority	**Ordered Date**	**Order Test Code**
	08/23/2006 13:15	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200608		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/23/2006 13:15	776334	Prothrombin Time (Rapid INR)	2.3		0.8-1.3	H	F		not available electronically	08/23/2006 13:15	Labs	SYSTEM	08/23/2006 14:20	University of Washington Medical Center	Authenticated	not available electronically	08/23/2006 13:15:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_267287867	F27642	07/07/2006 13:49
Order Priority	**Ordered Date**	**Order Test Code**
	07/07/2006 13:49	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200607		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/07/2006 13:49	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	07/07/2006 13:49	Labs	SYSTEM	07/07/2006 14:05	University of Washington Medical Center	Authenticated	not available electronically	07/07/2006 13:49:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_262879124	M31272	06/12/2006 10:30
Order Priority	**Ordered Date**	**Order Test Code**
	06/12/2006 10:30	771980
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
ALT (GPT) and AST (GOT)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/12/2006 10:30	771898	ALT (GPT)	12	units/L	8-49		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772259	AST (GOT)	22	units/L	10-44		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_262837701	M31272	06/12/2006 10:30
Order Priority	**Ordered Date**	**Order Test Code**
	06/12/2006 10:30	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/12/2006 10:30	772060	Anion Gap	14		5-15		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772560	BUN	12	mg/dL	8-21		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772647	Ca	9.4	mg/dL	8.9-10.2		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772694	CO2	26	mEq/L	22-32		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772899	Cl	101	mEq/L	98-108		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	773230	Creatinine	0.8	mg/dL	0.3-1.2		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	**774139**	**Glucose Level**	**127**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**06/12/2006 10:30**	**Labs**	**Neighbor Jr, MD, William E**	**06/19/2006 12:47**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**06/12/2006 10:30:00**
06/12/2006 10:30	**776178**	**K**	**3.6**	**mEq/L**	**3.7-5.2**	**L**	**F**		**not available electronically**	**06/12/2006 10:30**	**Labs**	**Neighbor Jr, MD, William E**	**06/19/2006 12:47**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**06/12/2006 10:30:00**
06/12/2006 10:30	777764	Na	141	mEq/L	136-145		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_262832951	M31272	06/12/2006 10:30
Order Priority	**Ordered Date**	**Order Test Code**
	06/12/2006 10:30	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/12/2006 10:30	778747	WBC	5.61	thousand/microL	4.3-10.0		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	776876	RBC	4.49	million/microL	3.80-5.00		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	776102	PLT	201	thousand/microL	150-400		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	775327	MCV	93	fL	81-98		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	775326	MCHC	34.5	g/dL	32.3-35.7		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00

06/12/2006 10:30	775325	MCH	31.9	pg	27.3-33.6		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	774336	Hb	14.3	g/dL	11.5-15.5		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	774298	HCT	42	%	36-45		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_262879150	M31272	06/12/2006 10:30
Order Priority	**Ordered Date**	**Order Test Code**
	06/12/2006 10:30	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/12/2006 10:30	778392	Triglyceride Level	108	mg/dL	<150		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	775941	Patient Fasting Status (Y/NO)	Yes				F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772925	Cholesterol/HDL Ratio	2.9				F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772921	Cholesterol (LDL), Calculated	101	mg/dL	<130		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772917	Cholesterol HDL	65	mg/dL	>40		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
06/12/2006 10:30	772911	Cholesterol (Total)	188	mg/dL	<200		F		not available electronically	06/12/2006 10:30	Labs	Neighbor Jr, MD, William E	06/19/2006 12:47	University of Washington Medical Center	Authenticated	not available electronically	06/12/2006 10:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_262088236	W20296	06/07/2006 13:14
Order Priority	**Ordered Date**	**Order Test Code**
	06/07/2006 13:14	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200606		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/07/2006 13:14	**776334**	**Prothrombin Time (Rapid INR)**	**2.2**		**0.8-1.3**	**H**	**F**		**not available electronically**	**06/07/2006 13:14**	**Labs**	**SYSTEM**	**06/07/2006 14:07**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**06/07/2006 13:14:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_260666971	T7663	05/23/2006 14:24
Order Priority	**Ordered Date**	**Order Test Code**
	05/23/2006 14:24	772068
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Anti Cyclic Citrullinated Peptide (CCP)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200605		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/23/2006 14:24	772068	Anti Cyclic Citrullinated Peptide (CCP)	<10	units	0-19		F		not available electronically	05/23/2006 14:24	Labs	Neighbor Jr, MD, William E	06/06/2006 16:17	University of Washington Medical Center	Authenticated	not available electronically	05/23/2006 14:24:00

Notes:
1.) Result Comment by Contributor_system, AMCIS LAB on May 30 2006 14:58 Anti-CCP reference range: [<20 U negative] [20-39 U weak positive] [40-59 U moderate positive] [>59 U strong positive]

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_259558802	T7663	05/23/2006 14:24
Order Priority	**Ordered Date**	**Order Test Code**
	05/23/2006 14:24	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200605		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/23/2006 14:24	**776334**	**Prothrombin Time (Rapid INR)**	**2.0**		**0.8-1.3**	**H**	**F**		**not available electronically**	**05/23/2006 14:24**	**Labs**	**Neighbor Jr, MD, William E**	**05/24/2006 17:26**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**05/23/2006 14:24:00**

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_259703024	T7663	05/23/2006 14:24
Order Priority	**Ordered Date**	**Order Test Code**
	05/23/2006 14:24	777062
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Rheumatoid Factor		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200605		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/23/2006 14:24	777062	Rheumatoid Factor	<13	IU/mL	<13		F		not available electronically	05/23/2006 14:24	Labs	Neighbor Jr, MD, William E	05/24/2006 17:26	University of Washington Medical Center	Authenticated	not available electronically	05/23/2006 14:24:00

End of Report

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_259591016	T7663	05/23/2006 14:24
Order Priority	**Ordered Date**	**Order Test Code**
	05/23/2006 14:24	777691
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Sedimentation Rate (ESR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200605		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/23/2006 14:24	777691	Sedimentation Rate (ESR)	12	mm/hr	0-20		F		not available electronically	05/23/2006 14:24	Labs	Neighbor Jr, MD, William E	05/24/2006 17:26	University of Washington Medical Center	Authenticated	not available electronically	05/23/2006 14:24:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_257010904	T71392	05/09/2006 12:18
Order Priority	**Ordered Date**	**Order Test Code**
	05/09/2006 12:18	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200605		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/09/2006 12:18	**776334**	**Prothrombin Time (Rapid INR)**	**3.1**		**0.8-1.3**	**H**	**F**		**not available electronically**	**05/09/2006 12:18**	**Labs**	**Neighbor Jr, MD, William E**	**05/11/2006 14:13**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**05/09/2006 12:18:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_255177761	F58135	04/28/2006 11:12
Order Priority	**Ordered Date**	**Order Test Code**
	04/28/2006 11:12	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200604		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/28/2006 11:12	**776334**	**Prothrombin Time (Rapid INR)**	**3.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**04/28/2006 11:12**	**Labs**	**Neighbor Jr, MD, William E**	**05/04/2006 15:22**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/28/2006 11:12:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_246253658	F45305	04/07/2006 10:32
Order Priority	**Ordered Date**	**Order Test Code**
	04/07/2006 10:32	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200604		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/07/2006 10:32	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		not available electronically	04/07/2006 10:32	Labs	Ellsworth PharmD, PA-C, Allan Joseph	05/10/2006 08:43	University of Washington Medical Center	Authenticated	not available electronically	04/07/2006 10:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_243018763	M54030	03/27/2006 11:50
Order Priority	**Ordered Date**	**Order Test Code**
	03/27/2006 11:50	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200603		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/27/2006 11:50	776334	Prothrombin Time (Rapid INR)	1.9		0.8-1.3	H	F		not available electronically	03/27/2006 11:50	Labs	Ellsworth PharmD, PA-C, Allan Joseph	05/10/2006 08:43	University of Washington Medical Center	Authenticated	not available electronically	03/27/2006 11:50:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_238804571	M45691	03/13/2006 14:37
Order Priority	**Ordered Date**	**Order Test Code**
	03/13/2006 14:37	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200603		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/13/2006 14:37	776334	Prothrombin Time (Rapid INR)	1.7		0.8-1.3	H	F		not available electronically	03/13/2006 14:37	Labs	Ellsworth PharmD, PA-C, Allan Joseph	05/10/2006 08:43	University of Washington Medical Center	Authenticated	not available electronically	03/13/2006 14:37:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

CE_231609469	T8092	01/31/2006 15:55
Order Priority	**Ordered Date**	**Order Test Code**
	01/31/2006 15:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200601		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/31/2006 15:55	776334	Prothrombin Time (Rapid INR)	2.9		0.8-1.3	H	F		not available electronically	01/31/2006 15:55	Labs	Ellsworth PharmD, PA-C, Allan Joseph	02/21/2006 23:06	University of Washington Medical Center	Authenticated	not available electronically	01/31/2006 15:55:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_223375713	T30030	12/13/2005 12:28
Order Priority	**Ordered Date**	**Order Test Code**
	12/13/2005 12:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200512		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/13/2005 12:28	776334	Prothrombin Time (Rapid INR)	2.2		0.8-1.3	H	F		not available electronically	12/13/2005 12:28	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/31/2005 13:16	University of Washington Medical Center	Authenticated	not available electronically	12/13/2005 12:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_218501470	F13328	11/18/2005 10:53
Order Priority	**Ordered Date**	**Order Test Code**
	11/18/2005 10:53	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200511		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/18/2005 10:53	776334	Prothrombin Time (Rapid INR)	3.0		0.8-1.3	H	F		not available electronically	11/18/2005 10:53	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/31/2005 13:16	University of Washington Medical Center	Authenticated	not available electronically	11/18/2005 10:53:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	**Accession Number**	**Performed Date**
CE_213662349	F59565	10/21/2005 12:22

Order Priority	Ordered Date	Order Test Code
	10/21/2005 12:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200510		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/21/2005 12:22	776334	Prothrombin Time (Rapid INR)	2.5		0.8-1.3	H	F		not available electronically	10/21/2005 12:22	Labs	SYSTEM	10/21/2005 12:40	University of Washington Medical Center	Authenticated	not available electronically	10/21/2005 12:22:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_206003748	W44983	09/07/2005 12:28
Order Priority	**Ordered Date**	**Order Test Code**
	09/07/2005 12:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200509		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/07/2005 12:28	776334	Prothrombin Time (Rapid INR)	2.9		0.8-1.3	H	F		not available electronically	09/07/2005 12:28	Labs	SYSTEM	09/07/2005 13:24	University of Washington Medical Center	Authenticated	not available electronically	09/07/2005 12:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_199490880	M31266	08/01/2005 15:08
Order Priority	**Ordered Date**	**Order Test Code**
	08/01/2005 15:08	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200508		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/01/2005 15:08	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	08/01/2005 15:08	Labs	SYSTEM	08/01/2005 15:18	University of Washington Medical Center	Authenticated	not available electronically	08/01/2005 15:08:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_198549358	T2990	07/26/2005 15:01
Order Priority	**Ordered Date**	**Order Test Code**

	07/26/2005 15:01	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200507		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2005 15:01	777764	Na	145	mEq/L	136-145		F		not available electronically	07/26/2005 15:01	Labs	Neighbor Jr, MD, William E	07/26/2005 18:30	University of Washington Medical Center	Authenticated	not available electronically	07/26/2005 15:01:00
07/26/2005 15:01	**776178**	**K**	**3.6**	**mEq/L**	**3.7-5.2**	**L**	**F**		**not available electronically**	**07/26/2005 15:01**	**Labs**	**Neighbor Jr, MD, William E**	**07/26/2005 18:30**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**07/26/2005 15:01:00**
07/26/2005 15:01	**774139**	**Glucose Level**	**138**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**07/26/2005 15:01**	**Labs**	**Neighbor Jr, MD, William E**	**07/26/2005 18:30**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**07/26/2005 15:01:00**
07/26/2005 15:01	773230	Creatinine	0.8	mg/dL	0.3-1.2		F		not available electronically	07/26/2005 15:01	Labs	Neighbor Jr, MD, William E	07/26/2005 18:30	University of Washington Medical Center	Authenticated	not available electronically	07/26/2005 15:01:00
07/26/2005 15:01	772899	Cl	104	mEq/L	98-108		F		not available electronically	07/26/2005 15:01	Labs	Neighbor Jr, MD, William E	07/26/2005 18:30	University of Washington Medical Center	Authenticated	not available electronically	07/26/2005 15:01:00
07/26/2005 15:01	772694	CO2	25	mEq/L	22-32		F		not available electronically	07/26/2005 15:01	Labs	Neighbor Jr, MD, William E	07/26/2005 18:30	University of Washington Medical Center	Authenticated	not available electronically	07/26/2005 15:01:00
07/26/2005 15:01	772647	Ca	9.8	mg/dL	8.9-10.2		F		not available electronically	07/26/2005 15:01	Labs	Neighbor Jr, MD, William E	07/26/2005 18:30	University of Washington Medical Center	Authenticated	not available electronically	07/26/2005 15:01:00
07/26/2005 15:01	772560	BUN	17	mg/dL	8-21		F		not available electronically	07/26/2005 15:01	Labs	Neighbor Jr, MD, William E	07/26/2005 18:30	University of Washington Medical Center	Authenticated	not available electronically	07/26/2005 15:01:00
07/26/2005 15:01	**772060**	**Anion Gap**	**16**		**5-15**	**H**	**F**		**not available electronically**	**07/26/2005 15:01**	**Labs**	**Neighbor Jr, MD, William E**	**07/26/2005 18:30**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**07/26/2005 15:01:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_195060822	W6596	07/06/2005 12:17
Order Priority	**Ordered Date**	**Order Test Code**
	07/06/2005 12:17	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200507		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/06/2005 12:17	**776334**	**Prothrombin Time (Rapid INR)**	**2.5**		**0.8-1.3**	**H**	**F**		**not available electronically**	**07/06/2005 12:17**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**07/12/2005 06:58**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**07/06/2005 12:17:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_191598321	W56825	06/15/2005 11:35
Order Priority	**Ordered Date**	**Order Test Code**
	06/15/2005 11:35	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200506		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
06/15/2005 11:35	776334	Prothrombin Time (Rapid INR)	3.1		0.8-1.3	H	F		not available electronically	06/15/2005 11:35	Labs	Ellsworth PharmD, PA-C, Allan Joseph	07/03/2005 22:17	University of Washington Medical Center	Authenticated	not available electronically	06/15/2005 11:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_184676877	H27540	05/05/2005 14:30
Order Priority	**Ordered Date**	**Order Test Code**
	05/05/2005 14:30	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200505		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
05/05/2005 14:30	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	05/05/2005 14:30	Labs	Ellsworth PharmD, PA-C, Allan Joseph	07/03/2005 22:17	University of Washington Medical Center	Authenticated	not available electronically	05/05/2005 14:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_179360032	M25134	04/04/2005 15:30
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2005 15:30	12999986
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Macroscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Leonard Robert Frank, MD	
Encounter Number		
LABU8170135200504		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2005 15:30	778514	Urobilinogen, URN	0.1-1.9	Ehrlich units	0.1-1.9		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	777788	Specific Gravity, URN	1.015	g/mL	1.005-1.030		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	776288	Protein (Albumin Semi-Quant), URN	Negative	mg/dL	Negative		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	776019	pH, URN	6.5		5.0-8.0		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	775736	Occult Blood, URN	Negative		Negative		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	**775612**	**Nitrite, URN**	**Positive**		**Negative**	**A**	**F**		**not available electronically**	**04/04/2005 15:30**	**Labs**	**SYSTEM**	**04/04/2005 16:02**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/04/2005 15:30:00**
04/04/2005 15:30	**775158**	**Leukocyte Esterase, URN**	**Positive**		**Negative**	**A**	**F**		**not available electronically**	**04/04/2005 15:30**	**Labs**	**SYSTEM**	**04/04/2005 16:02**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/04/2005 15:30:00**
04/04/2005 15:30	775044	Ketones, URN	Negative	mg/dL	Negative		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00

04/04/2005 15:30	774201	Glucose Qual, URN	Negative	mg/dL	Negative		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	773113	Color, URN	Yellow				F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	772970	Clarity, URN	Hazy				F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	772414	Bilirubin Qual, URN	Negative		Negative		F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	13318813	Comments for Macroscopic, URN	<< Test Not Required >>				F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_179360104	M25134	04/04/2005 15:30
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2005 15:30	12999988
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Urinalysis Microscopic Bty		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Leonard Robert Frank, MD	
Encounter Number		
LABU8170135200504		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2005 15:30	13318783	Epith. Cells, Squamous, URN	0-5(NEG)	/LPF			F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	13318786	Epith. Cells, Renal/Transitional, URN	<3(NEG)	/HPF			F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	13318787	Cast, Hyaline, URN	1-5(1+)	/LPF			F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	13318803	Crystal, Amorphous, URN	Present	/LPF			F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	13318809	Mucus, URN	Present	/LPF			F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	13318812	Comments for Microscopic, URN	<< Test Not Required >>				F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	772308	Bacteria, URN	Present				F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	776889	RBC, URN	0-2(NEG)	/HPF			F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
04/04/2005 15:30	778746	WBC, URN	51-1000(3+)	/HPF			F		not available electronically	04/04/2005 15:30	Labs	SYSTEM	04/04/2005 16:02	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 15:30:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_179344357	M24801	04/04/2005 14:00
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2005 14:00	772727
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

CBC, Diff/Smear Evaluation		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Leonard Robert Frank, MD	
Encounter Number		
LABU8170135200504		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2005 14:00	771174	% Basophils	0	%			F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	771265	% Eosinophils	1	%			F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	771269	% Lymphocytes	14	%			F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	771273	% Monocytes	6	%			F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	771281	% Neutrophils	79	%			F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	772363	Basophils	0.03	thousand/microL	0-0.20		F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	773635	Eosinophils	0.11	thousand/microL	0-0.50		F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	774298	HCT	41	%	36-45		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	774336	Hb	14.4	g/dL	11.5-15.5		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	775267	Lymphocytes	1.15	thousand/microL	1.00-4.80		F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	775325	MCH	32.4	pg	27.3-33.6		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	775326	MCHC	34.9	g/dL	32.3-35.7		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	775327	MCV	93	fL	81-98		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	775518	Monocytes	0.53	thousand/microL	0-0.80		F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	775588	Neutrophils	6.41	thousand/microL	1.80-7.00		F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	776102	PLT	172	thousand/microL	150-400		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	776107	PLT Morphology	See PLT count				F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	776876	RBC	4.45	million/microL	3.80-5.00		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00

04/04/2005 14:00	776883	RBC Morphology	See RBC data				F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	778747	WBC	8.23	thousand/microL	4.3-10.0		F				Labs	SYSTEM	04/04/2005 14:48	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	778758	WBC Morphology	See Diff				F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 14:49	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_179350113	M24801	04/04/2005 14:00
Order Priority	**Ordered Date**	**Order Test Code**
	04/04/2005 14:00	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Leonard Robert Frank, MD	
Encounter Number		
LABU8170135200504		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
04/04/2005 14:00	774942	Prothrombin Time INR	1.7				F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 15:14	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
04/04/2005 14:00	**776748**	**Prothrombin Time Patient**	**19.9**	**sec**	**10.7-15.6**	**H**	**F**		**not available electronically**	**04/04/2005 14:00**	**Labs**	**SYSTEM**	**04/04/2005 15:14**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**04/04/2005 14:00:00**
04/04/2005 14:00	776768	PTT Patient	26	sec	22-35		F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 15:14	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on April 04 2005 15:13 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
04/04/2005 14:00	776771	PTT X-Mean	0.9				F		not available electronically	04/04/2005 14:00	Labs	SYSTEM	04/04/2005 15:14	University of Washington Medical Center	Authenticated	not available electronically	04/04/2005 14:00:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_170181248	F36649	02/11/2005 13:28
Order Priority	**Ordered Date**	**Order Test Code**
	02/11/2005 13:28	772690
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Carbamazepine (Tegretol) Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200502		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/11/2005 13:28	772690	Carbamazepine (Tegretol) Level	9.6	mcg/mL	6.0-12.0		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 21:22	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_170146095	F36649	02/11/2005 13:28
Order Priority	**Ordered Date**	**Order Test Code**
	02/11/2005 13:28	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200502		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/11/2005 13:28	778747	WBC	5.70	thousand/microL	4.3-10.0		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
02/11/2005 13:28	776876	RBC	4.51	million/microL	3.80-5.00		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
02/11/2005 13:28	776102	PLT	224	thousand/microL	150-400		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
02/11/2005 13:28	775327	MCV	95	fL	81-98		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
02/11/2005 13:28	775326	MCHC	32.9	g/dL	32.3-35.7		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
02/11/2005 13:28	775325	MCH	31.1	pg	27.3-33.6		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
02/11/2005 13:28	774336	Hb	14.1	g/dL	11.5-15.5		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
02/11/2005 13:28	774298	HCT	43	%	36-45		F		not available electronically	02/11/2005 13:28	Labs	SYSTEM	02/11/2005 16:56	University of Washington Medical Center	Authenticated	not available electronically	02/11/2005 13:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_170138764	F36649	02/11/2005 13:28
Order Priority	**Ordered Date**	**Order Test Code**
	02/11/2005 13:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200502		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/11/2005 13:28	**776334**	**Prothrombin Time (Rapid INR)**	**2.2**		**0.8-1.3**	**H**	**F**		**not available electronically**	**02/11/2005 13:28**	**Labs**	**SYSTEM**	**02/11/2005 16:30**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**02/11/2005 13:28:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_165309066	H22551	01/13/2005 12:23
Order Priority	**Ordered Date**	**Order Test Code**
	01/13/2005 12:23	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**

Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200501		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/13/2005 12:23	**772911**	**Cholesterol (Total)**	**226**	**mg/dL**	**<200**	**H**	**F**		**not available electronically**	**01/13/2005 12:23**	**Labs**	**SYSTEM**	**01/13/2005 17:32**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**01/13/2005 12:23:00**
01/13/2005 12:23	772917	Cholesterol HDL	59	mg/dL	>40		F		not available electronically	01/13/2005 12:23	Labs	SYSTEM	01/13/2005 17:32	University of Washington Medical Center	Authenticated	not available electronically	01/13/2005 12:23:00
01/13/2005 12:23	772921	Cholesterol (LDL), Calculated	104	mg/dL	<130		F		not available electronically	01/13/2005 12:23	Labs	SYSTEM	01/13/2005 17:32	University of Washington Medical Center	Authenticated	not available electronically	01/13/2005 12:23:00
01/13/2005 12:23	772925	Cholesterol/HDL Ratio	3.8				F		not available electronically	01/13/2005 12:23	Labs	SYSTEM	01/13/2005 17:32	University of Washington Medical Center	Authenticated	not available electronically	01/13/2005 12:23:00
01/13/2005 12:23	775941	Patient Fasting Status (Y/NO)	Yes				F				Labs	SYSTEM	01/13/2005 14:16	University of Washington Medical Center	Authenticated	not available electronically	01/13/2005 12:23:00
01/13/2005 12:23	**778392**	**Triglyceride Level**	**317**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**01/13/2005 12:23**	**Labs**	**SYSTEM**	**01/13/2005 17:32**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**01/13/2005 12:23:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_165263222	H22551	01/13/2005 12:23
Order Priority	**Ordered Date**	**Order Test Code**
	01/13/2005 12:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200501		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/13/2005 12:23	**776334**	**Prothrombin Time (Rapid INR)**	**2.5**		**0.8-1.3**	**H**	**F**		**not available electronically**	**01/13/2005 12:23**	**Labs**	**SYSTEM**	**01/13/2005 13:30**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**01/13/2005 12:23:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_158763397	T41585	12/07/2004 13:20
Order Priority	**Ordered Date**	**Order Test Code**
	12/07/2004 13:20	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200412		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

12/07/2004 13:20	**776334**	**Prothrombin Time (Rapid INR)**	**2.8**		**0.8-1.3**	**H**	**F**		**not available electronically**	**12/07/2004 13:20**	**Labs**	**SYSTEM**	**12/07/2004 14:03**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**12/07/2004 13:20:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_151942695	F42472	10/29/2004 11:54
Order Priority	**Ordered Date**	**Order Test Code**
	10/29/2004 11:54	774419
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hepatic Function Panel A		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/29/2004 11:54	771898	ALT (GPT)	18	units/L	8-49		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	771901	Albumin	4.1	g/dL	3.5-5.2		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	771938	Alk Phos (Total)	80	units/L	49-199		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	772259	AST (GOT)	19	units/L	10-44		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	772411	Bilirubin (Direct)	0.1	mg/dL	0.0-0.3		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	772416	Bilirubin (Total)	0.9	mg/dL	0.1-1.0		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	776290	Protein (Total)	7.1	g/dL	6.0-8.2		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_151942718	F42472	10/29/2004 11:54
Order Priority	**Ordered Date**	**Order Test Code**
	10/29/2004 11:54	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/29/2004 11:54	**778392**	**Triglyceride Level**	**263**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**10/29/2004 11:54**	**Labs**	**SYSTEM**	**10/29/2004 15:37**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**10/29/2004 11:54:00**
10/29/2004 11:54	775941	Patient Fasting Status (Y/NO)	Yes				F				Labs	SYSTEM	10/29/2004 11:57	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	772925	Cholesterol/HDL Ratio	5.8				F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	**772921**	**Cholesterol (LDL), Calculated**	**251**	**mg/dL**	**<130**	**H**	**F**		**not available electronically**	**10/29/2004 11:54**	**Labs**	**SYSTEM**	**10/29/2004 15:37**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**10/29/2004 11:54:00**

10/29/2004 11:54	772917	Cholesterol HDL	64	mg/dL	>40		F		not available electronically	10/29/2004 11:54	Labs	SYSTEM	10/29/2004 15:37	University of Washington Medical Center	Authenticated	not available electronically	10/29/2004 11:54:00
10/29/2004 11:54	**772911**	**Cholesterol (Total)**	**368**	**mg/dL**	**<200**	**H**	**F**		**not available electronically**	**10/29/2004 11:54**	**Labs**	**SYSTEM**	**10/29/2004 15:37**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**10/29/2004 11:54:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_151901996	F42472	10/29/2004 11:54
Order Priority	**Ordered Date**	**Order Test Code**
	10/29/2004 11:54	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200410		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/29/2004 11:54	**776334**	**Prothrombin Time (Rapid INR)**	**2.0**		**0.8-1.3**	**H**	**F**		**not available electronically**	**10/29/2004 11:54**	**Labs**	**SYSTEM**	**10/29/2004 12:40**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**10/29/2004 11:54:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_144966770	F18891	09/17/2004 13:20
Order Priority	**Ordered Date**	**Order Test Code**
	09/17/2004 13:20	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200409		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/17/2004 13:20	**776334**	**Prothrombin Time (Rapid INR)**	**2.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**09/17/2004 13:20**	**Labs**	**SYSTEM**	**09/17/2004 17:29**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**09/17/2004 13:20:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
ORD_20040817	T31448	08/17/2004 10:01
Order Priority	**Ordered Date**	**Order Test Code**
	08/17/2004 10:01	778772
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Wet Mount Exam		
Sending Facility	**Ordering Physician**	**Orderstatus**
	William E Neighbor Jr, MD	
Encounter Number		
LABU8170135200408		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/17/2004 10:01	778772	Wet Mount Exam	Wet Mount Exam				F		not available electronically	08/17/2004 10:01	Labs	Neighbor Jr, MD, William E	08/19/2004 16:20	University of Washington Medical Center	Authenticated	not available electronically	08/17/2004 10:01:00
08/17/2004 10:01	778772	Wet Mount Exam	Wet Mount Exam				F		not available electronically	08/17/2004 10:01	Micro	Neighbor Jr, MD, William E	08/19/2004 16:20	University of Washington Medical Center	Authenticated	not available electronically	08/17/2004 10:01:00
End of Report																	

Specimen Description: Vaginal Specimen
Special Requests: Vaginal Specimen
Wet Mount: 1+ White blood cells
Wet Mount: 1+ Squamous epithelial cells
Wet Mount: 2+ BACTERIA
Wet Mount: No fungi seen
Wet Mount: NO CLUE CELLS
Wet Mount: No Trichomonas seen
Wet Mount: AMINE NEGATIVE
Report Status: Final 08172004

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_137491434	W57557	08/04/2004 15:21
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2004 15:21	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200408		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2004 15:21	**772060**	**Anion Gap**	**17**		**5-15**	**H**	**F**		**not available electronically**	**08/04/2004 15:21**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**08/10/2004 14:35**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**08/04/2004 15:21:00**
08/04/2004 15:21	**772560**	**BUN**	**24**	**mg/dL**	**8-21**	**H**	**F**		**not available electronically**	**08/04/2004 15:21**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**08/10/2004 14:35**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**08/04/2004 15:21:00**
08/04/2004 15:21	772647	Ca	9.4	mg/dL	8.9-10.2		F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
08/04/2004 15:21	772694	CO2	26	mEq/L	22-32		F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
08/04/2004 15:21	772899	Cl	104	mEq/L	98-108		F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
08/04/2004 15:21	773230	Creatinine	1.1	mg/dL	0.3-1.2		F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
08/04/2004 15:21	774139	Glucose Level	119	mg/dL	62-125		F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
08/04/2004 15:21	776178	K	4.0	mEq/L	3.7-5.2		F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
08/04/2004 15:21	**777764**	**Na**	**147**	**mEq/L**	**136-145**	**H**	**F**		**not available electronically**	**08/04/2004 15:21**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**08/10/2004 14:35**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**08/04/2004 15:21:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_137511526	W57557	08/04/2004 15:21
Order Priority	**Ordered Date**	**Order Test Code**
	08/04/2004 15:21	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200408		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/04/2004 15:21	776771	PTT X-Mean	1.2				F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:36	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
08/04/2004 15:21	776768	PTT Patient	35	sec	22-35		F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00

Notes:
1.) Result Comment by Contributor_system, AMCIS LAB on August 04 2004 19:41 Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.

08/04/2004 15:21	**776748**	**Prothrombin Time Patient**	**28.7**	**sec**	**10.7-15.6**	**H**	**F**		**not available electronically**	**08/04/2004 15:21**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**08/10/2004 14:35**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**08/04/2004 15:21:00**
08/04/2004 15:21	774942	Prothrombin Time INR	2.7				F		not available electronically	08/04/2004 15:21	Labs	Ellsworth PharmD, PA-C, Allan Joseph	08/10/2004 14:35	University of Washington Medical Center	Authenticated	not available electronically	08/04/2004 15:21:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_115140049	T2510	03/23/2004 12:30
Order Priority	**Ordered Date**	**Order Test Code**
	03/23/2004 12:30	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200403		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/23/2004 12:30	**776334**	**Prothrombin Time (Rapid INR)**	**1.9**		**0.8-1.3**	**H**	**F**		**not available electronically**	**03/23/2004 12:30**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**03/24/2004 07:37**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**03/23/2004 12:30:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_111693474	T52733	03/02/2004 12:32
Order Priority	**Ordered Date**	**Order Test Code**
	03/02/2004 12:32	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200403		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/02/2004 12:32	**777764**	**Na**	**147**	**mEq/L**	**136-145**	**H**	**F**		**not available electronically**	**03/02/2004 12:32**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**03/15/2004 17:45**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**03/02/2004 12:32:00**
03/02/2004 12:32	776178	K	4.1	mEq/L	3.7-5.2		F		not available electronically	03/02/2004 12:32	Labs	Ellsworth PharmD, PA-C, Allan Joseph	03/15/2004 17:45	University of Washington Medical Center	Authenticated	not available electronically	03/02/2004 12:32:00
03/02/2004 12:32	**774139**	**Glucose Level**	**137**	**mg/dL**	**62-125**	**H**	**F**		**not available electronically**	**03/02/2004 12:32**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**03/15/2004 17:45**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**03/02/2004 12:32:00**
03/02/2004 12:32	773230	Creatinine	1.0	mg/dL	0.3-1.2		F		not available electronically	03/02/2004 12:32	Labs	Ellsworth PharmD, PA-C, Allan Joseph	03/15/2004 17:45	University of Washington Medical Center	Authenticated	not available electronically	03/02/2004 12:32:00
03/02/2004 12:32	**772899**	**Cl**	**109**	**mEq/L**	**98-108**	**H**	**F**		**not available electronically**	**03/02/2004 12:32**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**03/15/2004 17:45**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**03/02/2004 12:32:00**
03/02/2004 12:32	772694	CO2	25	mEq/L	22-32		F		not available electronically	03/02/2004 12:32	Labs	Ellsworth PharmD, PA-C, Allan Joseph	03/15/2004 17:45	University of Washington Medical Center	Authenticated	not available electronically	03/02/2004 12:32:00

03/02/2004 12:32	772647	Ca	9.4	mg/dL	8.9-10.2		F		not available electronically	03/02/2004 12:32	Labs	Ellsworth PharmD, PA-C, Allan Joseph	03/15/2004 17:45	University of Washington Medical Center	Authenticated	not available electronically	03/02/2004 12:32:00
03/02/2004 12:32	772560	BUN	21	mg/dL	8-21		F		not available electronically	03/02/2004 12:32	Labs	Ellsworth PharmD, PA-C, Allan Joseph	03/15/2004 17:45	University of Washington Medical Center	Authenticated	not available electronically	03/02/2004 12:32:00
03/02/2004 12:32	772060	Anion Gap	13		5-15		F		not available electronically	03/02/2004 12:32	Labs	Ellsworth PharmD, PA-C, Allan Joseph	03/15/2004 17:45	University of Washington Medical Center	Authenticated	not available electronically	03/02/2004 12:32:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_111691629	T52733	03/02/2004 12:32
Order Priority	**Ordered Date**	**Order Test Code**
	03/02/2004 12:32	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200403		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/02/2004 12:32	**776334**	**Prothrombin Time (Rapid INR)**	**2.3**		**0.8-1.3**	**H**	**F**		**not available electronically**	**03/02/2004 12:32**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**03/15/2004 17:45**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**03/02/2004 12:32:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_110502799	T48748	02/24/2004 13:23
Order Priority	**Ordered Date**	**Order Test Code**
	02/24/2004 13:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200402		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/24/2004 13:23	**776334**	**Prothrombin Time (Rapid INR)**	**1.4**		**0.8-1.3**	**H**	**F**		**not available electronically**	**02/24/2004 13:23**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**03/15/2004 17:45**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**02/24/2004 13:23:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_103128687	M5896	01/12/2004 10:27
Order Priority	**Ordered Date**	**Order Test Code**
	01/12/2004 10:27	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**

	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200401		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/12/2004 10:27	**776334**	**Prothrombin Time (Rapid INR)**	**2.5**		**0.8-1.3**	**H**	**F**		**not available electronically**	**01/12/2004 10:27**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**01/27/2004 09:30**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**01/12/2004 10:27:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_97200501	H40658	12/04/2003 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	12/04/2003 10:22	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/04/2003 10:22	**772911**	**Cholesterol (Total)**	**250**	**mg/dL**	**<200**	**H**	**F**		**not available electronically**	**12/04/2003 10:22**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**12/13/2003 21:12**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**12/04/2003 10:22:00**
12/04/2003 10:22	772917	Cholesterol HDL	62	mg/dL	>40		F		not available electronically	12/04/2003 10:22	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/13/2003 21:12	University of Washington Medical Center	Authenticated	not available electronically	12/04/2003 10:22:00
12/04/2003 10:22	**772921**	**Cholesterol (LDL), Calculated**	**148**	**mg/dL**	**<130**	**H**	**F**		**not available electronically**	**12/04/2003 10:22**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**12/13/2003 21:12**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**12/04/2003 10:22:00**
12/04/2003 10:22	772925	Cholesterol/HDL Ratio	4.0				F		not available electronically	12/04/2003 10:22	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/13/2003 21:12	University of Washington Medical Center	Authenticated	not available electronically	12/04/2003 10:22:00
12/04/2003 10:22	775941	Patient Fasting Status (Y/NO)	Yes				F		not available electronically	12/04/2003 10:22	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/13/2003 21:12	University of Washington Medical Center	Authenticated	not available electronically	12/04/2003 10:22:00
12/04/2003 10:22	**778392**	**Triglyceride Level**	**201**	**mg/dL**	**<150**	**H**	**F**		**not available electronically**	**12/04/2003 10:22**	**Labs**	**Ellsworth PharmD, PA-C, Allan Joseph**	**12/13/2003 21:12**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**12/04/2003 10:22:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_97159500	H40658	12/04/2003 10:22
Order Priority	**Ordered Date**	**Order Test Code**
	12/04/2003 10:22	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200312		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
12/04/2003 10:22	776334	Prothrombin Time (Rapid INR)	2.4		0.8-1.3	H	F		not available electronically	12/04/2003 10:22	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/13/2003 21:12	University of Washington Medical Center	Authenticated	not available electronically	12/04/2003 10:22:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_92007954	W18951	11/05/2003 13:28
Order Priority	**Ordered Date**	**Order Test Code**
	11/05/2003 13:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200311		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
11/05/2003 13:28	776334	Prothrombin Time (Rapid INR)	2.8		0.8-1.3	H	F		not available electronically	11/05/2003 13:28	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/13/2003 21:21	University of Washington Medical Center	Authenticated	not available electronically	11/05/2003 13:28:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_89665875	W10999	10/22/2003 13:52
Order Priority	**Ordered Date**	**Order Test Code**
	10/22/2003 13:52	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		
LABU8170135200310		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/22/2003 13:52	776334	Prothrombin Time (Rapid INR)	3.6		0.8-1.3	H	F		not available electronically	10/22/2003 13:52	Labs	Ellsworth PharmD, PA-C, Allan Joseph	11/05/2003 07:56	University of Washington Medical Center	Authenticated	not available electronically	10/22/2003 13:52:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_85172399	M6780	09/29/2003 13:35
Order Priority	**Ordered Date**	**Order Test Code**
	09/29/2003 13:35	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Allan Joseph Ellsworth PharmD, PA-C	
Encounter Number		

LABU8170135200309		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/29/2003 13:35	776334	Prothrombin Time (Rapid INR)	1.4		0.8-1.3	H	F		not available electronically	09/29/2003 13:35	Labs	Ellsworth PharmD, PA-C, Allan Joseph	12/13/2003 21:21	University of Washington Medical Center	Authenticated	not available electronically	09/29/2003 13:35:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_70445043	H39173	08/14/2003 12:59
Order Priority	**Ordered Date**	**Order Test Code**
	08/14/2003 12:59	775744
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Occult Blood, STL		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200308		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/14/2003 12:59	775734	Occult Bld 3 Result, STL	Negative		Negative		F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775733	Occult Bld 3 Collect time, STL	Information not provided				F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775732	Occult Bld 3 Collect date, STL	Information not provided				F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775731	Occult Bld 2 Result, STL	Negative		Negative		F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775730	Occult Bld 2 Collect time, STL	Information not provided				F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775729	Occult Bld 2 Collect date, STL	Information not provided				F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775728	Occult Bld 1 Result, STL	Negative		Negative		F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775727	Occult Bld 1 Collect time, STL	Information not provided				F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
08/14/2003 12:59	775726	Occult Bld 1 Collect date, STL	Information not provided				F		not available electronically	08/14/2003 12:59	Labs	SYSTEM	08/28/2003 16:08	University of Washington Medical Center	Authenticated	not available electronically	08/14/2003 12:59:00
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_67097989	F26638	08/01/2003 09:02
Order Priority	**Ordered Date**	**Order Test Code**
	08/01/2003 09:02	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
LABU8170135200308		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/01/2003 09:02	**776334**	**Prothrombin Time (Rapid INR)**	**1.9**		**0.8-1.3**	**H**	**F**		**not available electronically**	**08/01/2003 09:02**	**Labs**	**SYSTEM**	**08/27/2003 11:22**	**University of Washington Medical Center**	**Authenticated**	**not available electronically**	**08/01/2003 09:02:00**
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24257063	H2283210060	07/17/2003 13:26
Order Priority	**Ordered Date**	**Order Test Code**
	07/17/2003 13:26	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
MIGU8170135200307		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/17/2003 13:26	**776334**	**Prothrombin Time (Rapid INR)**	**3.3**		**0.8-1.3**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 09:03**	**University of Washington Medical Center**	**Authenticated**		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24174993	M187969938	03/17/2003 15:36
Order Priority	**Ordered Date**	**Order Test Code**
	03/17/2003 15:36	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356704921		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/17/2003 15:36	772560	BUN	18	mg/dL	8-21		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	772647	Ca	9.7	mg/dL	8.9-10.2		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	772694	CO2	28	mEq/L	22-32		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	772899	Cl	106	mEq/L	98-108		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	773230	Creatinine	0.9	mg/dL	0.3-1.2		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	**774139**	**Glucose Level**	**132**	**mg/dL**	**62-125**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 08:33**	**University of Washington Medical Center**	**Authenticated**		
03/17/2003 15:36	776178	K	4.2	mEq/L	3.7-5.2		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	777764	Na	143	mEq/L	136-145		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	772060	Anion Gap	9		5-15		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24175025	M187969938	03/17/2003 15:36
Order Priority	**Ordered Date**	**Order Test Code**
	03/17/2003 15:36	772690
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Carbamazepine (Tegretol) Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356704921		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/17/2003 15:36	772690	Carbamazepine (Tegretol) Level	7.4	mcg/mL	6.0-12.0		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24175041	M187969938	03/17/2003 15:36
Order Priority	**Ordered Date**	**Order Test Code**
	03/17/2003 15:36	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356704921		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/17/2003 15:36	774298	HCT	40	%	36-45		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	774336	Hb	13.3	g/dL	11.5-15.5		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	775325	MCH	30.8	pg	27.3-33.6		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	775326	MCHC	33.5	g/dL	32.3-35.7		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	775327	MCV	92	fL	81-98		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	776876	RBC	4.33	million/microL	3.80-5.00		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
03/17/2003 15:36	778747	WBC	5.89	thousand/microL	4.3-10.0		F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24174853	M181599938	03/17/2003 12:34
Order Priority	**Ordered Date**	**Order Test Code**
	03/17/2003 12:34	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356704921		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
03/17/2003 12:34	776334	Prothrombin Time (Rapid INR)	2		0.8-1.3	H	F				Labs	SYSTEM	08/08/2003 08:33	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24140925	M608309903	02/10/2003 13:28
Order Priority	**Ordered Date**	**Order Test Code**
	02/10/2003 13:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356618051		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
02/10/2003 13:28	776334	Prothrombin Time (Rapid INR)	1.9		0.8-1.3	H	F				Labs	SYSTEM	08/08/2003 08:20	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24119263	F441669879	01/17/2003 11:55
Order Priority	**Ordered Date**	**Order Test Code**
	01/17/2003 11:55	772361
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356563498		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/17/2003 11:55	772060	Anion Gap	11		5-15		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	772560	BUN	13	mg/dL	8-21		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	772647	Ca	9	mg/dL	8.9-10.2		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		

01/17/2003 11:55	772694	CO2	26	mEq/L	22-32		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	772899	Cl	108	mEq/L	98-108		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	773230	Creatinine	0.7	mg/dL	0.3-1.2		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	**774139**	**Glucose Level**	**127**	**mg/dL**	**62-125**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 08:12**	**University of Washington Medical Center**	**Authenticated**		
01/17/2003 11:55	776178	K	4.3	mEq/L	3.7-5.2		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	777764	Na	145	mEq/L	136-145		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24119309	F441669879	01/17/2003 11:55
Order Priority	**Ordered Date**	**Order Test Code**
	01/17/2003 11:55	772730
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC [Do Dif If], Platelet		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356563498		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/17/2003 11:55	774298	HCT	39	%	36-45		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	774336	Hb	12.9	g/dL	11.5-15.5		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	775325	MCH	31.1	pg	27.3-33.6		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	775326	MCHC	33.3	g/dL	32.3-35.7		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	775327	MCV	93	fL	81-98		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	776102	PLT	214	thousand/microL	150-400		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	776876	RBC	4.16	million/microL	3.80-5.00		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	778747	WBC	5.83	thousand/microL	4.3-10.0		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24119353	F441669879	01/17/2003 11:55
Order Priority	**Ordered Date**	**Order Test Code**

	01/17/2003 11:55	776335
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin & PTT		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356563498		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/17/2003 11:55	774942	Prothrombin Time INR	3				F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	**776748**	**Prothrombin Time Patient**	**31.5**	**sec**	**10.7-15.6**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 08:12**	**University of Washington Medical Center**	**Authenticated**		
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on January 17 2003 11:55 Sample hemolyzed, results may be affected.																	
01/17/2003 11:55	776771	PTT X-Mean	1.2				F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
01/17/2003 11:55	776768	PTT Patient	34	sec	22-35		F				Labs	SYSTEM	08/08/2003 08:12	University of Washington Medical Center	Authenticated		
Notes: 1.) Result Comment by Contributor_system, AMCIS LAB on January 17 2003 11:55 Sample hemolyzed, results may be affected. Therapeutic PTT range is 60-100 seconds for patients on continuous IV infusion of standard heparin.																	
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24116615	T554729876	01/14/2003 14:23
Order Priority	**Ordered Date**	**Order Test Code**
	01/14/2003 14:23	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356563498		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
01/14/2003 14:23	**776334**	**Prothrombin Time (Rapid INR)**	**2.7**		**0.8-1.3**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 08:11**	**University of Washington Medical Center**	**Authenticated**		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24085473	W185009835	12/04/2002 11:30
Order Priority	**Ordered Date**	**Order Test Code**
	12/04/2002 11:30	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356462476		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

12/04/2002 11:30	776334	Prothrombin Time (Rapid INR)	2.1		0.8-1.3	H	F				Labs	SYSTEM	08/08/2003 08:00	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24056843	T106799799	10/29/2002 13:25
Order Priority	**Ordered Date**	**Order Test Code**
	10/29/2002 13:25	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356385046		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
10/29/2002 13:25	776334	Prothrombin Time (Rapid INR)	2.9		0.8-1.3	H	F				Labs	SYSTEM	08/08/2003 07:50	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24035257	W404409765	09/25/2002 12:26
Order Priority	**Ordered Date**	**Order Test Code**
	09/25/2002 12:26	771980
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
ALT (GPT) and AST (GOT)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356293116		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/25/2002 12:26	771898	ALT (GPT)	14	units/L	11-39		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	772259	AST (GOT)	20	units/L	10-44		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24035369	W404409765	09/25/2002 12:26
Order Priority	**Ordered Date**	**Order Test Code**
	09/25/2002 12:26	772690
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Carbamazepine (Tegretol) Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356293116		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/25/2002 12:26	772690	Carbamazepine (Tegretol) Level	8.3	mcg/mL	6.0-12.0		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24035275	W404409765	09/25/2002 12:26
Order Priority	**Ordered Date**	**Order Test Code**
	09/25/2002 12:26	772721
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC (Hemogram)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356293116		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/25/2002 12:26	774298	HCT	41	%	36-45		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	774336	Hb	13.6	g/dL	11.5-15.5		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	775325	MCH	31.4	pg	27.3-33.6		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	775326	MCHC	33.1	g/dL	32.3-35.7		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	775327	MCV	95	fL	81-98		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	776876	RBC	4.33	million/microL	3.80-5.00		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	778747	WBC	5.88	thousand/microL	4.3-10.0		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24035335	W404409765	09/25/2002 12:26
Order Priority	**Ordered Date**	**Order Test Code**
	09/25/2002 12:26	775168
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Lipid Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356293116		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date

09/25/2002 12:26	**772911**	**Cholesterol (Total)**	**238**	**mg/dL**	**<200**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 07:43**	**University of Washington Medical Center**	**Authenticated**		
09/25/2002 12:26	772917	Cholesterol HDL	52	mg/dL	>40		F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	**772921**	**Cholesterol (LDL), Calculated**	**143**	**mg/dL**	**<130**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 07:43**	**University of Washington Medical Center**	**Authenticated**		
09/25/2002 12:26	772925	Cholesterol/HDL Ratio	4.6				F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	775941	Patient Fasting Status (Y/NO)	Yes				F				Labs	SYSTEM	08/08/2003 07:43	University of Washington Medical Center	Authenticated		
09/25/2002 12:26	**778392**	**Triglyceride Level**	**216**	**mg/dL**	**<150**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 07:43**	**University of Washington Medical Center**	**Authenticated**		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24035193	W402269765	09/25/2002 11:20
Order Priority	**Ordered Date**	**Order Test Code**
	09/25/2002 11:20	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356293116		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
09/25/2002 11:20	**776334**	**Prothrombin Time (Rapid INR)**	**2.7**		**0.8-1.3**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 07:43**	**University of Washington Medical Center**	**Authenticated**		
End of Report																	

Labs

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_24016901	T378899736	08/27/2002 12:55
Order Priority	**Ordered Date**	**Order Test Code**
	08/27/2002 12:55	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356227719		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
08/27/2002 12:55	**776334**	**Prothrombin Time (Rapid INR)**	**1.9**		**0.8-1.3**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 07:36**	**University of Washington Medical Center**	**Authenticated**		
End of Report																	

Labs

Patient Name	Date of Birth	Gender

JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
CE_23995625	M134209707	07/29/2002 10:28
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2002 10:28	776334
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Prothrombin Time (Rapid INR)		
Sending Facility	**Ordering Physician**	**Orderstatus**
Encounter Number		
HXU81701356169863		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2002 10:28	**776334**	**Prothrombin Time (Rapid INR)**	**2.4**		**0.8-1.3**	**H**	**F**				**Labs**	**SYSTEM**	**08/08/2003 07:28**	**University of Washington Medical Center**	**Authenticated**		
End of Report																	

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4297297037		07/30/2019 06:22
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 06:22	146589452
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Ronald V Maier MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 06:22	632687	NURSE COLLECT	Done				F				Nurse Collect	Krona RN, Gayle M	07/30/2019 06:37	Harborview Medical Center	Authenticated	Krona RN, Gayle M	07/30/2019 06:22:00
End of Report																	

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4295810883		07/30/2019 06:00
Order Priority	**Ordered Date**	**Order Test Code**
	07/30/2019 06:00	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
BMP		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/30/2019 06:00	632687	NURSE COLLECT	Done				F				Nurse Collect	Krona RN, Gayle M	07/30/2019 06:37	Harborview Medical Center	Authenticated	Krona RN, Gayle M	07/30/2019 06:00:00
End of Report																	

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4294099355		07/29/2019 06:00
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2019 06:00	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
CBC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Nicholas R Smiley DDS, MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2019 06:00	632687	NURSE COLLECT	Not Appropriate at this Time				O				Nurse Collect	Hatcher RN, Elizabeth J	07/28/2019 21:45	Harborview Medical Center	NotDone	Hatcher RN, Elizabeth J	07/29/2019 06:00:00

Notes:
1.) Result Note by Hatcher RN, Elizabeth J on July 28 2019 21:45 labs ordered for every other day, last draw am of 7/28/19

End of Report

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4293715923		07/29/2019 06:00
Order Priority	**Ordered Date**	**Order Test Code**
	07/29/2019 06:00	146589452
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Hemoglobin A1C by HPLC		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Judith K Glann ARNP, DNP	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/29/2019 06:00	632687	NURSE COLLECT	Done				F				Nurse Collect	Payne RN, Callie E	08/03/2019 21:35	Harborview Medical Center	Authenticated	Payne RN, Callie E	07/29/2019 06:00:00

End of Report

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4288813731		07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146588217
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Basic Metabolic Panel		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 06:00	632687	NURSE COLLECT	Done				F				Nurse Collect	Santos BSN, RN, Frances Kate	07/26/2019 02:28	Harborview Medical Center	Authenticated	Santos BSN, RN, Frances Kate	07/26/2019 06:00:00

End of Report

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date

4288813743		07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146585906
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Complete Blood Count		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 06:00	632687	NURSE COLLECT	Done				F				Nurse Collect	Santos BSN, RN, Frances Kate	07/26/2019 02:28	Harborview Medical Center	Authenticated	Santos BSN, RN, Frances Kate	07/26/2019 06:00:00
End of Report																	

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4288813765		07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146585349
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Magnesium Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 06:00	632687	NURSE COLLECT	Done				F				Nurse Collect	Santos BSN, RN, Frances Kate	07/26/2019 02:28	Harborview Medical Center	Authenticated	Santos BSN, RN, Frances Kate	07/26/2019 06:00:00
End of Report																	

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4288813719		07/26/2019 02:25
Order Priority	**Ordered Date**	**Order Test Code**
	07/26/2019 02:25	146588416
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Phosphate Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/26/2019 06:00	632687	NURSE COLLECT	Done				F				Nurse Collect	Santos BSN, RN, Frances Kate	07/26/2019 02:28	Harborview Medical Center	Authenticated	Santos BSN, RN, Frances Kate	07/26/2019 06:00:00
End of Report																	

Nurse Collect

Patient Name	Date of Birth	Gender
JEANNE HOFFMAN	01/06/1925 (Age - 100)	Female

Order Number	Accession Number	Performed Date
4287522747		07/25/2019 06:00
Order Priority	**Ordered Date**	**Order Test Code**

	07/25/2019 06:00	146585813
Order Test Name	**Collection Start Date Time**	**Collection End Date Time**
Vitamin D 25-OH COMMON Deficiency Level		
Sending Facility	**Ordering Physician**	**Orderstatus**
	Joshua Rosen MD	
Encounter Number		
1839533752		

Event Time	Result Code	Result Name	Value	Units	Range	Abnormal Flag	Result Status	Performing Site	Reviewed By	Reviewed Date	Category	Updated By	Updated Date	Facility	Status	Performed By	Performed Date
07/25/2019 06:00	632687	NURSE COLLECT	Done				F				Nurse Collect	Santos BSN, RN, Frances Kate	07/25/2019 06:09	Harborview Medical Center	Authenticated	Santos BSN, RN, Frances Kate	07/25/2019 06:00:00
End of Report																	